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Research Paper

Trance Tracks to Transformation: Hypnotherapy as an Intervention to Manage Anxiety Levels, Improve Sleep Quality, and Enhance Emotional Regulation

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ABSTRACT

This study examined the effectiveness of hypnotherapy in improving psychological well-being in young people by focussing on three primary variables: *anxiety levels, sleep quality, and emotional regulation*. An experimental approach utilising pre-test and post-test measures was implemented with 40 individuals aged 18 to 30. Participants experienced a live hypnosis session, succeeded by one week of audio-guided hypnotherapy. Psychological assessments were administered prior to and following the intervention using standardised instruments. The results demonstrated a statistically significant decrease in anxiety, improved sleep quality, and greater emotional regulation, as revealed by higher cognitive reappraisal and less expressive suppression. Descriptive and inferential statistics validated that these alterations were both statistically and clinically significant. The thematic analysis of participant input indicated qualitative changes, such as enhanced self-awareness, emotional security, and a perception of internal control. These findings endorse hypnotherapy as an efficacious short-term intervention for enhancing emotional and physiological control in emerging adults. The findings are examined in connection with theories of embodied cognition, autonomic control, and emotion regulation.

Keywords: *Hypnotherapy, Anxiety, Sleep Quality, Emotional Management, Young People, Psychological Intervention*

Overview of Hypnosis

In an era characterised by increasing stress, insomnia, and emotional disarray, the quest for holistic and empirically supported psychological therapies is more pressing than ever. Young adults, especially those experiencing the challenges of emerging adulthood, are exhibiting unprecedented degrees of psychological discomfort, notably characterised by anxiety disorders, inadequate sleep hygiene, and dysregulation of emotions (American Psychiatric Association, 2013). As clinical psychology progresses into the 21st century, the necessity to integrate neuroscience, therapeutic effectiveness, and holistic awareness has prompted a reassessment of hitherto marginal methodologies. Hypnotherapy has re-emerged

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as a scientifically validated, neurocognitively informed method for transformation and healing, rather than a marginal practice.

Recent neuroimaging studies have demonstrated that hypnotic suggestion influences activity in brain regions associated with attention, salience, and sensory-motor integration, thereby affirming the neurological reality and behavioural significance of hypnotic states (Oakley & Halligan, 2013; Raz & Shapiro, 2002).

The effectiveness of hypnosis as a therapeutic approach has been substantiated across several psychiatric issues, with particularly strong evidence for its capacity to alleviate anxiety. Moreover, hypnotic therapies have demonstrated the ability to alter sleep patterns, namely by activating the relaxation response of the parasympathetic nervous system and promoting emotional release before the start of sleep.

Hypnotherapy

Hypnotherapy is a psychotherapy modality that employs hypnosis—a condition characterised by increased suggestibility, concentrated concentration, and profound relaxation—to promote therapeutic transformation and psychological recovery (Hammond, 2010). In a hypnotic state, individuals exhibit a concentrated concentration of attention, less peripheral awareness, and an augmented ability to respond to suggestions. Hypnotherapy uses this state to investigate unconscious processes, recontextualise maladaptive thinking patterns, access internal resources, and facilitate positive behavioural and emotional transformation.

A wide variety of conditions, such as anxiety, sleeplessness, emotional dysregulation, chronic pain, addictions, and stress-related diseases, have been shown to be effectively treated by hypnotherapy, which has been confirmed by empirical research. It utilises several theoretical frameworks, including cognitive-behavioral, psychodynamic, and neurobiological models, and integrates both direct and indirect suggestions, guided imagery, ego-strengthening strategies, and post-hypnotic recommendations.

Anxiety

Anxiety is a complex emotional state marked by subjective experiences of tension, apprehension, uneasiness, and concern, along with physiological responses including increased heart rate, muscular tightness, restlessness, and hypervigilance (American Psychiatric Association, 2013). It is a natural, adaptive reaction to perceived threats or dangers; but, when it becomes excessive, persistent, and disrupts everyday functioning, it may evolve into an anxiety disorder. Anxiety can appear cognitively (e.g., intrusive thoughts, catastrophising), emotionally (e.g., fear, dread), behaviourally (e.g., avoidance), and physically (e.g., perspiration, fast breathing). Prevalent categories of anxiety disorders encompass Generalised Anxiety Disorder (GAD), Panic Disorder, Social Anxiety Disorder, and Specific Phobias. Chronic anxiety can negatively affect sleep, focus, social interactions, and general quality of life.

Emotional regulation

Emotional regulation encompasses the conscious and unconscious mechanisms humans employ to assess, regulate, and oversee their emotional responses to attain adaptive functioning and preserve psychological balance (Gross, 1998). It encompasses the capacity

to regulate the emotions one experiences, the timing of these feelings, and the way they are felt and spoken.

Proficient emotional regulation allows individuals to manage stress, cultivate good relationships, and pursue goal-oriented actions. Dysregulation of emotions—encompassing repression, rumination, or impulsive emotional responses—is associated with anxiety, depression, interpersonal challenges, and other psychopathologies. Emotional regulation is often defined by two primary strategies: cognitive reappraisal (altering one's perception of a situation) and expressive suppression (restraining the outward manifestation of emotion).

Sleep quality

Sleep quality is a complex topic that encompasses an individual's subjective experience and objective sleep patterns. It comprises elements such as sleep onset delay, sleep length, frequency of nocturnal awakenings, sleep efficiency, depth of sleep, and total restfulness (Buysse et al., 1989). High-quality sleep is characterised by awakening feeling rejuvenated, experiencing few interruptions during the night, and maintaining extended durations of deep sleep.

Subpar sleep quality correlates with symptoms like exhaustion, irritability, cognitive dysfunction, and emotional volatility. It can contribute to or aggravate problems such as anxiety disorders, depression, chronic stress, and diminished emotional regulation skills.

Sleep is not only a passive condition but a neurocognitive need that intimately interacts with emotional regulation, memory consolidation, and stress recovery.

This study is fundamentally based on the belief that healing is a psychological and biological process that necessitates approaches that can engage the unconscious mind, soothe the nervous system, and stimulate the individual's intrinsic ability for self-regulation. Hypnotherapy, sometimes misapprehended, may really possess the capability to release this potential.

LITERATURE REVIEW

Hypnosis as a clinical tool

Hypnotherapy, a psychotherapy method based on hypnosis, has garnered growing acknowledgement for its effectiveness in addressing many psychological and somatic diseases. Hypnosis, defined as an altered state of consciousness marked by concentrated concentration, diminished peripheral awareness, and increased suggestibility, offers a conducive environment for therapeutic intervention (Hammond, 2010). Modern clinical hypnotherapy, historically derived from traditional healing rituals and subsequently formalised by pioneers like Franz Mesmer and James Braid, has developed into a scientifically validated technique included within cognitive-behavioral and psychodynamic frameworks (Alladin, 2008).

The clinical significance of hypnotherapy is in its adaptability and ability to influence psychological, emotional, and physiological functions. Köck, Schlarb, and Gulewitsch (2023) illustrate that hypnosis has been effectively utilised for a wide range of mental and physical health issues, including anxiety, depression, chronic pain, irritable bowel syndrome, and sleep disorders. The neurophysiological foundation of hypnotherapy is becoming more comprehended. Research from the University of Turku (2020) indicates that hypnosis

modifies brain connections and transforms information processing, hence enabling innovative therapeutic results.

Hypnotherapy and reduction in anxiety

Anxiety disorders, among the most common psychiatric problems globally, are defined by chronic anxiety, tension, and physiological arousal that disrupts normal functioning. Conventional methods, including cognitive-behavioral therapy (CBT) and pharmaceutical interventions, have demonstrated effectiveness; nevertheless, challenges such as adverse effects, relapse, and treatment resistance have prompted the investigation of adjunctive therapies like hypnosis.

These findings not only affirm the therapeutic efficacy of hypnosis but also endorse its synergistic potential when integrated with evidence-based therapies.

Likewise, Zeiler et al. (2017) performed a comprehensive review of hypnotherapy concerning perceived stress, a concept that intersects with anxiety.

This transition promotes emotional disengagement from stressful thought processes and improves cognitive adaptability. Consistent with these findings, Fuhr et al. (2023) performed a pilot trial on hypnotherapy for agoraphobia, a severe anxiety disorder, and saw substantial improvements in both anxiety symptoms and behavioural avoidance, possibly influenced by brain modulations.

Hypnotherapy has demonstrated notable efficacy in some groups. Elkins et al. (2021) proved its effectiveness in alleviating anxiety symptoms in postmenopausal women via a randomised controlled experiment. Participants who had hypnotic therapies reported reduced anxiety, enhanced emotional well-being, and increased self-efficacy. Mirzamani et al. (2012) also saw substantial decreases in anxiety among tinnitus patients—often associated with elevated stress and psychological distress—following hypnotherapy treatment.

Hypnosis has demonstrated efficacy in subclinical anxiety and routine stress. Gruzelier (1981) demonstrated that self-hypnosis training allowed participants to successfully regulate generalised anxiety and autonomic arousal, fostering long-term skill development and resilience. Recently, Menon and Bhagat (2025) introduced the EFET model (Enhanced Framework for Emotional Treatment), which amalgamates CBT with clinical hypnotherapy to deliver organised, individualised therapies for anxiety-related illnesses.

Current study is investigating amalgamation of mindfulness and hypnosis. Yazdanimehr et al. (2023) and Khazraee et al. (2023) investigated "mindful hypnotherapy" and discovered that this integrated method not only alleviated anxiety but also improved mindfulness and emotional regulation, providing a comprehensive intervention framework for anxiety treatment.

Hypnotherapy and improvement in sleep

Sleep, an essential physiological process, is intricately connected to psychological well-being. Chronic sleep abnormalities serve as both indicators and contributing factors for mental health issues, especially in cases of anxiety, sadness, and emotional dysregulation. As the drawbacks of pharmaceutical therapies for insomnia and sleep-related problems become more evident due to dependence risks and adverse effects, non-pharmacological

methods such as hypnotherapy have attracted increasing attention. Hypnotherapy, by inducing profound relaxation, regulating autonomic processes, and altering maladaptive cognitive patterns, has shown considerable potential in improving both subjective and objective sleep outcomes.

Numerous rigorous evaluations and meta-analyses have demonstrated the effectiveness of hypnotherapy in enhancing sleep quality. Lam et al. (2015) performed a comprehensive review and meta-analysis of randomised controlled trials, determining that hypnotherapy resulted in substantial enhancements in sleep latency, sleep length, and sleep efficiency. These results were equivalent to, and in many instances surpassed, those attained by conventional psychological therapies such as cognitive-behavioral therapy for insomnia.

A plethora of empirical investigations provides a more refined understanding of the mechanics and effects of hypnosis on sleep. Rezaei et al. (2017) revealed that hypnotherapy markedly enhanced sleep quality among university students, a demographic increasingly susceptible to sleep problems stemming from academic stress and excessive digital engagement. Ng and Lee (2008) reported clinically substantial improvements in sleep patterns through several case studies utilising hypnotherapy as the principal intervention for sleep problems.

Significantly, the advantages of hypnotherapy transcend sleep hygiene; it also aids persons with comorbid problems. In research conducted by Mirzamani et al. (2012), individuals with tinnitus—a condition often linked to anxiety and insomnia—exhibited significant enhancement in sleep quality and a reduction in psychological distress after undergoing hypnotherapy. This illustrates hypnotherapy's efficacy as a comprehensive instrument for diverse symptom treatment.

Ariana et al. (2022) substantiated the extensive applicability of hypnotherapy in their systematic review of insomnia patients, indicating that hypnotherapy enhanced not only sleep quality but also mental well-being and physiological relaxation, thereby serving as an excellent complement to conventional sleep therapy protocols.

Hypnotherapy and emotional regulation

Emotional regulation—the ability to govern and adjust emotional reactions effectively—is fundamental to psychological resilience, mental health, and interpersonal relationships. Deficiencies in emotion regulation are associated with several psychopathologies, including anxiety disorders, depression, and personality disorders. While traditional therapies such as Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT) prevail in this domain, hypnotherapy has subtly yet significantly surfaced as a compelling intervention that tackles emotional dysregulation not only at the cognitive level but also through the unconscious mind, where numerous affective patterns are entrenched.

Yazdanimehr, Omidi, and Akbari (2023) investigated the efficacy of mindful hypnotherapy in individuals diagnosed with severe depressive illness. Their findings demonstrated substantial enhancements in emotional control, mindfulness, and mental health outcomes. The hypnotic state facilitated the internalisation of mindfulness concepts, enabling patients to nonjudgmentally monitor and manage their emotional experiences.

Khazraee et al. (2023) similarly discovered that mindful hypnotherapy enhanced patients' challenges in emotion control and general mental well-being. These findings highlight how hypnosis improves meta-awareness and emotional insight—essential elements of adaptive emotional functioning.

This theoretical approach has received empirical validation in recent investigations. Mohammadi and Saberi (2025) showed that cognitive hypnotherapy markedly enhanced emotional regulation and decreased rumination in divorced adults, a demographic frequently afflicted by enduring emotional dysregulation stemming from relationship trauma. Additionally, Haipt et al. (2022) conducted a comparison of hypnotherapy and cognitive-behavioral treatment (CBT) utilising neuroimaging within an emotional gait paradigm, revealing similar results in individuals with depression. This pioneering work indicates that hypnotherapy may activate comparable brain mechanisms as cognitive behavioural therapy in modulating emotional reactions, thereby reinforcing its scientific and therapeutic significance.

Talaeizadeh et al. (2023) and Rostami et al. (2022) investigated the effects of hypnotherapy in conjunction with schema therapy on persons confronting marital infidelity, a psychologically destabilising event. Both trials indicated improved emotional regulation and psychological adaptability. Schema therapy's emphasis on early maladaptive schemas was effectively enhanced by hypnosis's capacity to reach profound emotional imprints, facilitating recovery at a fundamental level.

Emotional control and sleep quality are profoundly interconnected. Research by Sullivan (2023), Smith and Lee (2024), and Jones and Thompson (2022) have shown that inadequate sleep quality undermines emotional regulation and heightens susceptibility to anxiety and sadness. Liu, Zhang, and Wang (2024) discovered that teenagers with inadequate sleep encountered more challenges in emotional regulation. Chen and Wang (2023) similarly established that cognitive emotion control modulates the association between sleep quality and anxiety/depression in college students.

Interconnectivity of Anxiety, sleep and emotional regulation

Anxiety, sleep disruptions, and emotional control are interconnected components of psychological functioning and mental wellness. Disruptions in one area frequently resonate throughout others, generating intricate, mutually reinforcing cycles of suffering. Hypnotherapy, distinctly equipped to affect cognitive and physiological processes, serves as a holistic solution that addresses all three domains concurrently.

Anxiety, poor sleep quality, and impaired emotional regulation are closely linked in a bidirectional and frequently cyclical interaction. Anxiety promotes physical alertness and cognitive rumination, complicating the start and maintenance of sleep. Subpar sleep quality diminishes cognitive resources vital for emotional regulation, heightening susceptibility to stress and exacerbating anxiety.

Sullivan (2023) discovered that both emotion regulation techniques and sleep quality strongly forecast anxiety and depression, with emotion dysregulation serving as a mediator. Smith and Lee (2024) revealed that expressive repression, an ineffective regulatory approach, mediated the connection between sleep disruptions and anxiety symptoms. Jones and Thompson (2022) corroborated these findings, demonstrating that inadequate sleep

diminished emotional regulation abilities, therefore elevating stress and aggressiveness levels.

Liu, Zhang, and Wang (2024) expanded this connection to teenagers, demonstrating that sleep quality directly influences problems in emotion regulation, which is a predictor of several affective disorders. Chen and Wang (2023) affirmed that cognitive emotion regulation mediates the relationship among sleep, anxiety, and depression, highlighting the necessity for a comprehensive intervention to break this cycle.

Research Gaps and Rationale

Numerous research (e.g., Elkins et al., 2021; Yazdanimehr et al., 2023; Khazraee et al., 2023) have demonstrated the individual effectiveness of hypnotherapy in emotion regulation, sleep, or anxiety management. Nevertheless, no comprehensive study has yet systematically investigated its overall effect across these three interconnected areas under a unified research framework deficiency that this thesis seeks to address. Moreover, there is a scarcity of evidence assessing hypnotherapy within the Indian cultural setting, where mind-body therapies are frequently perceived via spiritual or traditional perspectives rather than scientific clinical psychology paradigms. Bridging this gap may enhance cultural sensitivity and foster greater acceptance of hypnotherapy within mainstream psychiatric treatments in India and other collectivist civilisations.

The study examines alterations in anxiety, sleep quality, and regulation of emotions, so assessing treatment effects and aiding in the development of a conceptual framework for mind–body connection in clinical practice.

METHODOLOGY

Aim

This study aimed to assess the efficacy of hypnotherapy in alleviating anxiety, enhancing sleep quality, and improving emotional regulation in young adults.

Research Objective

- To evaluate the effectiveness of hypnotherapy in reducing anxiety levels among young adults.
- To assess improvements in sleep quality following hypnotherapy.
- To examine changes in emotional regulation, specifically cognitive reappraisal and expressive suppression.

Hypothesis

- The hypnotherapy session will result in a statistically significant decrease in participants' anxiety symptoms.
- The hypnotherapy intervention will result in a statistically significant improvement in participants' perceived sleep quality.
- The hypnotherapy intervention will result in a statistically significant enhancement in emotional regulation abilities.

Research Design

The research utilised a within-subjects **experimental design** with **pre-tests and post-tests**. All participants were evaluated on the dependent variables prior to the intervention and re-evaluated one-week post-completion. This methodology facilitated a direct comparison of

individual changes over time, reducing variability and enhancing internal validity. A control group was not included, as the primary objective was to examine intra-subject changes after hypnotherapy exposure.

Variables

- The Independent variable of the study is Hypnotherapy intervention.
- The Dependent variables of the study are Anxiety levels, Sleep quality, and Emotional regulation.

Sample

Sample Size

The study sample comprised 40 individuals, aged 18 to 30 years, who identified as Indian citizens. The sample size was established based on the feasibility of a short-term intervention research utilising pre-test and post-test measurements, ensuring sufficient statistical power for paired-sample analyses.

Sampling technique

A purposive sample method was adopted to identify individuals who were expected to benefit from the therapy and met the research requirements. Participants were enlisted via university announcements, mental health awareness initiatives, and recommendations through personal networks. All participants consented to participate willingly after being apprised of the study's objectives and methodologies.

Criteria for Inclusion.

Participants qualified for inclusion in the research if they:

- Age must be between 18 and 30 years.
- Possess fluency in English.
- Did not have previous experience with hypnosis.
- Granted informed consent and agreed to fulfil the intervention and subsequent evaluation.

Procedure

The data collecting process had two stages: initially, 40 participants completed a series of standardised pre-test evaluations evaluating anxiety (Beck Anxiety Inventory), sleep quality (Pittsburgh Sleep Quality Index), and emotional regulation (Emotion Regulation Questionnaire). Subsequently, they participated in a singular, facilitated hypnotherapy session conducted by a qualified practitioner. Following the session, participants received a recorded hypnosis audio cassette and were directed to listen to it once everyday, ideally before bedtime, for a duration of seven consecutive days. Upon conclusion of the intervention session, individuals undertook the identical series of post-test evaluations.

Ethical considerations

- All participants were apprised of the study's nature and objectives and submitted signed informed permission before participation.
- They were guaranteed secrecy, the voluntary nature of their involvement, and the freedom to quit at any time without repercussions.
- No personal identifiable information was gathered or retained.
- The hypnotherapy was non-invasive and aimed at enhancing relaxation and psychological well-being.

RESULTS

This section delineates the descriptive and inferential statistical results obtained from the participants' pre-test and post-test scores. The findings indicate quantifiable psychological alterations in anxiety, sleep quality, and emotion control after the hypnotherapy session.

Statistical Analysis

Descriptive Statistics

Descriptive statistics were calculated to analyse the central tendency and variability in individuals' ratings prior to and during the hypnotherapy session. Table 1 presents the mean and standard deviation values for each variable during both the pre-test and post-test phases.

Table 1: Descriptive Statistics for Pre-Test and Post-Test Scores (N = 40)

Variable	Pre-Test Mean (SD)	Post-Test Mean (SD)
Beck Anxiety Inventory	22.58 (4.38)	15.22 (4.66)
Pittsburgh Sleep Quality Index	9.05 (1.93)	6.15 (2.08)
ERQ – Reappraisal	3.02 (0.73)	4.42 (0.93)
ERQ – Suppression	5.12 (0.76)	3.65 (0.89)

Table 1 displays the descriptive statistics for the four psychological variables assessed prior to and following the hypnotherapy intervention: anxiety (Beck Anxiety Inventory), sleep quality (Pittsburgh Sleep Quality Index), and two dimensions of emotional regulation (cognitive reappraisal and expressive suppression from the Emotion Regulation Questionnaire). The statistics indicate significant alterations in participants' psychological states after a single hypnotherapy session and one week of utilising guided hypnosis tapes.

During the pre-test phase, the average score on the Beck Anxiety Inventory (BAI) was 22.58 (SD = 4.38), indicating that individuals exhibited moderate anxiety levels before to the intervention. Post-intervention, the average BAI score decreased to 15.22 (SD = 4.66), signifying a shift towards the mild anxiety category. This significant decrease of nearly 7 points indicates that hypnotherapy has a soothing influence on participants' subjective anxiety levels.

The Pittsburgh Sleep Quality Index (PSQI) scores indicated an enhancement in sleep quality. The average PSQI score at pre-test was 9.05 (SD = 1.93), beyond the clinical threshold of 5, signifying inadequate sleep quality. Following the intervention, the average score declined to 6.15 (SD = 2.08). Although this score remains marginally over the clinical threshold, the enhancement indicates that individuals exhibited improved sleep patterns post-intervention, including decreased sleep latency and fewer nocturnal disruptions.

The emotional regulation patterns assessed by the ERQ exhibited a comparably favourable trend. Cognitive reappraisal, an effective emotional control approach, had a pre-test mean score of 3.02 (SD = 0.73). Subsequent to the intervention, the mean rose to 4.42 (SD = 0.93). This indicates that individuals were more inclined to reinterpret emotional circumstances positively, perhaps due to enhanced relaxation and introspective awareness promoted by hypnosis.

In contrast, expressive inhibition, frequently seen as a maladaptive approach, diminished. The average score decreased from 5.12 (SD = 0.76) in the pre-test to 3.65 (SD = 0.89) in the

post-test. This decline indicates that individuals were less inclined to suppress or hide their feelings post-intervention, signifying improved emotional expression and processing.

Inferential Statistics

A series of paired sample t-tests were undertaken to ascertain the statistical significance of the changes in participants' scores from pre-test to post-test. The tests compared the means of the identical group prior to and following the intervention across all four variables.

Table 2: Paired Sample t-Test Results for Pre-Test and Post-Test Scores (N = 40)

Variable	t(df=39)	p-value	Interpretation
Beck Anxiety Inventory	26.58	< .001	Significant decrease in anxiety
Sleep Quality (PSQI)	23.58	< .001	Significant improvement in sleep
ERQ – Reappraisal	20.40	< .001	Significant increase in reappraisal
ERQ – Suppression	20.96	< .001	Significant decrease in suppression

Table 2 presents the outcomes of paired sample t-tests conducted to assess the statistical significance of the changes between pre-test and post-test scores for each psychological dimension. The four primary factors examined were: anxiety (Beck Anxiety Inventory), sleep quality (Pittsburgh Sleep Quality Index), cognitive reappraisal, and expressive suppression (both derived from the Emotion Regulation Questionnaire).

The Beck Anxiety Inventory (BAI) indicated a statistically significant decrease in anxiety levels, with a t-value of 26.58 and $p < .001$. This clearly suggests that individuals had a significant reduction in anxiety symptoms after the hypnotherapy intervention. The average score declines from 22.58 to 15.22 indicates a transition from moderate to mild anxiety, implying that hypnotherapy exerted a soothing and healing influence on the subjects.

The Pittsburgh Sleep Quality Index (PSQI) produced a t-value of 23.58, $p < .001$, indicating a statistically significant enhancement in sleep quality. The regular use of the hypnosis tape over one week seems to have enhanced sleep patterns, evidenced by the reduction in the mean PSQI score from 9.05 to 6.15. This indicates that individuals may have seen lower sleep latency, fewer interruptions, and more restorative sleep.

Regarding emotional regulation, both subscales of the Emotion Regulation Questionnaire (ERQ) exhibited substantial alterations. The cognitive reappraisal subscale had a t-value of 20.40, $p < .001$. The rise in the mean score from 3.02 to 4.42 signifies that participants enhanced their ability to reframe thoughts and manage emotions constructively following the intervention. This transition signifies the embrace of more flexible coping strategies.

The expressive suppression subscale demonstrated a substantial reduction, with a t-value of 20.96, $p < .001$. The decrease in the mean score from 5.12 to 3.65 indicates that individuals had a less propensity to suppress emotional expression following the intervention. This result corresponds with treatment objectives, since less dependence on suppression is frequently linked to improved mental health results.

Themes

Theme 1: Alleviation of Psychological Distress via Diminished Anxiety

The primary theme identified from the data is a reduction in psychological discomfort, notably demonstrated by a statistically significant decline in anxiety levels among participants. This topic is based on the quantitative reduction of Beck Anxiety Inventory (BAI) scores, with the mean decreasing from 22.58 to 15.22, so shifting individuals from a moderate to a mild anxiety classification.

This discovery corroborates the concept that hypnotherapy promotes a tranquil mental state by addressing the subconscious mechanisms that perpetuate hyperarousal, rumination, and negative thinking patterns—all characteristics of anxiety. The use of hypnotherapy, through guided imagery, gradual muscle relaxation, and focused breathing, likely disrupted maladaptive thinking processes and provided individuals with relief from persistent anxiety and physical tension.

Theme 2: Reestablishment of Sleep Architecture and Enhancement of Sleep Quality

The second prominent theme is the reinstatement of sleep integrity, evidenced by the considerable enhancement in participants' sleep quality. This was implemented by a reduction in Pittsburgh Sleep Quality Index (PSQI) scores from a pre-test average of 9.05 to a post-test average of 6.15. Although still slightly over the clinical threshold, this change indicates that hypnotherapy functioned as a non-pharmacological intervention capable of re-synchronizing disordered sleep patterns.

The regular use of the guided hypnosis tape likely solidified a novel behavioural sleep regimen, supplanting maladaptive nighttime practices such as doom scrolling, intrusive thoughts, and hyperarousal. The audio stimulation presumably served as a cognitive anchor, assisting individuals in disengaging from their thoughts and achieving deeper levels of relaxation before going to sleep.

Theme 3: Reassessment of Emotional Regulation Mechanisms

The third and most transformational theme is on the recalibration of emotional regulation, as shown by the alterations in scores on the Emotion Regulation Questionnaire (ERQ). Participants demonstrated a substantial improvement in cognitive reappraisal (mean increase from 3.02 to 4.42) and a large reduction in expressive suppression (mean decrease from 5.12 to 3.65).

Cognitive reappraisal denotes an individual's capacity to reinterpret emotionally charged circumstances in a constructive and non-threatening way, a talent associated with resilience, well-being, and social functioning. The guided hypnotherapy session, together with repeated audio exposure, may have prompted participants to reframe their internal narratives, substituting fear-based thinking patterns with more compassionate and empowered alternatives.

Theme 4: Enhanced Self-Awareness and Mind-Body Integration

A significant although sometimes overlooked effect of hypnotherapy is the enhancement of self-awareness, leading to a deeper comprehension of one's emotional patterns, physical sensations, and internal dialogues.

This theme is based on interoceptive awareness, a concept from mindfulness research, indicating that those who can more effectively interpret their internal signals often experience reduced stress, improved health, and enhanced emotional intelligence.

Theme 5: Augmented Internal Locus of Control

A further emerging element is the enhancement of internal locus of control—the conviction that individuals can affect outcomes via their own activities. This theme is implicitly reinforced by enhancements in all evaluated categories and by the requisite active involvement of participants (attending sessions, practicing hypnosis every day, and interacting with self-suggestions).

Essentially, hypnotherapy did not only "repair" the individuals; it facilitated their realisation of self-repair capabilities.

Theme 6: Emotional Security and Psychological Safeguarding

Hypnotherapy frequently establishes an environment of emotional security, essential for profound psychological exploration. Numerous individuals, particularly those with elevated levels of repression or anxiety, may lack the sense of safety required to explore or articulate their emotions in daily life. The mesmerising environment provides a framework controlled, calming, and non-judgmental space—where emotions may surface, be acknowledged, and softly assimilated.

Psychodynamic theorists denote this as the "holding environment" (Winnicott, 1965), wherein the client has a sense of psychological support.

In conclusion, the thematic analyses emphasise that the significance of hypnotherapy resides not alone in its therapeutic applications, but in its transformative effects.

Hypothesis testing summary

Table 3: Summary of hypothesis testing

Hypothesis	Description	Supported
H_1	Hypnotherapy will significantly reduce anxiety levels	Yes
H_2	Hypnotherapy will significantly improve sleep quality	Yes
H_3	Hypnotherapy will significantly enhance emotional regulation	Yes

Note: *All of the hypotheses were confirmed, either through quantitative measurements or thematic analysis.*

DISCUSSION

This study sought to evaluate the efficacy of hypnotherapy in alleviating anxiety, increasing sleep quality, and boosting emotional control in young people aged 18 to 30. This study employed a structured pre-test and post-test experimental design with 40 individuals to investigate the short-term psychological effects of a single hypnotherapy session, succeeded by a week-long utilisation of a guided hypnosis audio recording.

The results demonstrated statistically and subjectively significant improvements in all assessed variables: anxiety (Beck Anxiety Inventory), sleep quality (Pittsburgh Sleep Quality Index), and emotion regulation (Emotion Regulation Questionnaire). The ramifications of these results are extensive, impacting both therapeutic effectiveness and the comprehension of the overarching psychological mechanisms by which hypnotherapy induces change.

Reduction in Anxiety symptoms

A significant finding of the study is the notable reduction in participants' anxiety levels following the intervention. Table 1 illustrates that the mean BAI score decreased from 22.58 (SD = 4.38) to 15.22 (SD = 4.66), signifying a shift from moderate to mild anxiety. The alteration was validated by a statistically significant paired sample t-test result ($t(39) = 26.58$, $p < .001$), as seen in Table 2.

This discovery corroborates existing work that emphasises the anxiolytic effects of hypnotherapy, notably its ability to diminish physiological arousal, disrupt maladaptive cognitive processes, and promote profound relaxation (Hammond, 2010). The alleviation of anxiety may be ascribed to the activation of the parasympathetic nervous system during hypnosis, facilitating a state of inner tranquilly that persists in daily activities.

Improved Sleep quality

The enhancement in sleep quality, as assessed by the PSQI, is as significant. The participants' average scores decreased from 9.05 (SD = 1.93) to 6.15 (SD = 2.08) after the intervention. The pre-test scores positioned the group well over the clinical threshold score of 5, signifying inadequate sleep quality. The post-test scores, albeit just over the threshold, indicate a significant transition towards restorative and undisturbed sleep. The alteration was statistically significant ($t(39) = 23.58$, $p < .001$), further validating the efficacy of hypnotherapy as a non-pharmacological intervention for sleep enhancement.

This discovery aligns with neuropsychological hypotheses indicating that hypnosis might rectify circadian rhythm disruption by soothing the limbic system and establishing nighttime habits via repetition. The regular utilisation of hypnosis audio may have served as a behavioural sleep cue, conditioning the body and mind to relax consistently, thereby alleviating issues such as delayed sleep onset, nocturnal awakenings, and premature morning wakefulness.

Improved Emotional Regulation

The results of emotional management further illustrate the diverse advantages of hypnotherapy. Participants exhibited an enhancement in cognitive reappraisal utilisation, with mean scores escalating from 3.02 (SD = 0.73) to 4.42 (SD = 0.93), alongside a simultaneous reduction in expressive suppression, from 5.12 (SD = 0.76) to 3.65 (SD = 0.89). Both alterations were statistically significant ($t(39) = 20.40$, $p < .001$ for reappraisal; $t(39) = 20.96$, $p < .001$ for suppression), as seen in Table 2.

This indicates that individuals improved their ability to constructively manage emotional experiences and became less dependent on suppressive strategies, which are frequently associated with emotional dysregulation, interpersonal challenges, and chronic stress. Hypnotherapy may have facilitated participants in accessing and reframing unconscious emotional information in a secure and organised manner, promoting emotional catharsis and enduring emotional clarity.

These findings are especially pertinent in a world where superficial answers frequently eclipse substantial introspection. Hypnotherapy, albeit briefly utilised in this study, seems to provide both immediacy and profundity. The guided audio sessions likely functioned as anchors, aiding participants in stress management while fostering a sense of routine and self-discipline. The daily practice may have strengthened brain pathways linked to tranquilly,

introspection, and emotional openness, therefore fostering enduring change via repetition and internalisation.

This research ultimately reveals a nuanced yet significant depiction of healing. Hypnotherapy provided them not with an escape, but with a restoration: a restoration of self, of rhythm, and of inner stability. This clarified a direction for therapies that are both efficacious and profoundly humane.

CONCLUSION

The study findings end in a truly enlightening conclusion that not only presents results but also describes a subtle transformation within the mind. What started as a systematic investigation of the impacts of hypnotherapy on anxiety, sleep quality, and emotional regulation transformed into an exploration of the profound dimensions of human experience. This study positions hypnotherapy not as an obscure method on the periphery of therapeutic practice, but as a significant, integrative procedure central to mental wellness, emotional completeness, and spiritual equilibrium.

The pre-test results indicated that individuals started the research burdened by the often-unseen challenges of early adulthood: pervasive worry, chronic fatigue from disrupted sleep, and muted inner dialogues suppressed by habitual emotional repression. Their figures portrayed a narrative of disparity. Through a systematic immersion in hypnotherapy—initially in a supported environment and then via a daily regimen of guided audio—they were provided with a rare opportunity in today's rapid psychological landscape: the time and space to introspect. The post-test scores showed considerable and consistent improvement across all factors, transcending mere statistical evidence to become numerical representations of healing.

Hypnotherapy, while situated at the intersection of psychology and contemplative practices, is fundamentally rooted in neurophysiological mechanisms. Biologically, the therapeutic condition produced by hypnosis corresponds with the activation of the parasympathetic nerve system, which is the body's inherent relaxing reaction. The transition from sympathetic arousal, characterised by the fight-or-flight response associated with anxiety and hypervigilance, to parasympathetic dominance, which represents the rest-and-digest state, may be the mechanism via which individuals experienced less anxiety and enhanced sleep quality.

Within this neurobiological context, the enhancements in emotion control identified in this study assume heightened importance. The prefrontal cortex, which governs conscious reasoning and impulse regulation, may have re-established control over the amygdala, the brain's emotional alarm system, when individuals underwent repeated, organized, emotionally secure reflection under hypnosis.

In this context, hypnotherapy serves as a conduit—a conduit between the symbolic and the physical, between story and nerve, between self-perception and physiological control.

This conclusion is not an ending, but a commencement—a portal to greater discovery, profound applications, and ongoing investigation into the art and science of hypnotherapy. This serves not only as the concluding chapter of this thesis but also as an appeal to expand our comprehension of the essence of aiding someone's healing process.

Limitations

The present study offers encouraging evidence for the efficacy of hypnotherapy in alleviating anxiety, boosting sleep quality, and improving emotional regulation in young people; nevertheless, several limitations must be recognised. The lack of a control group restricts the capacity to ascribe the observed improvements only to the hypnotherapy intervention. In the absence of a randomised controlled design, placebo effects and extraneous factors cannot be completely excluded.

Secondly, the utilisation of self-report instruments, although standardised and validated, presents the possibility of answer bias, including social desirability and introspective inaccuracies. Objective physiological metrics, such heart rate variability and sleep actigraphy, would provide a more reliable assessment of therapy outcomes.

Third, the study's limited duration—consisting of a single live session and one week of audio-based hypnotherapy—may not adequately assess long-term efficacy or relapse rates. The durability of treatment benefits is uncertain. The sample was entirely composed of Indian young people, which, although culturally pertinent, constrains the generalisability of the findings to wider or more varied groups. Furthermore, individuals were not evaluated through diagnostic interviews, perhaps resulting in unacknowledged comorbidities affecting the outcomes.

Recommendations for future research

Subsequent research should rectify these shortcomings by employing randomised controlled trial methodologies with bigger and more heterogeneous groups. Incorporating a waiting or placebo control group might improve internal validity. Longitudinal studies are required to evaluate the longevity of hypnotherapy's effects and to ascertain the ideal dosage and number of sessions.

Moreover, subsequent study may investigate individual variances in responsiveness to hypnotherapy, including hypnotisability, initial anxiety intensity, or cultural perceptions of hypnosis. Comparative research assessing the efficacy of hypnotherapy in relation to other therapies (e.g., cognitive behavioural therapy, mindfulness-based techniques) might yield essential insights into its relative effectiveness.

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Conflict of Interest

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