

Hypnotherapy Intervention for the Treatment of Insomnia in A 26 Years-Old Woman with General Anxiety Disorder: A Case Report

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ARTICLE INFO	ABSTRACT
Keywords: <i>Hypnotherapy, insomnia, sleep disorder, general anxiety disorder</i>	<p><i>Hypnotherapy is a method that engages a person in relaxation and leads them into a trance-like condition. There are many benefits that can be obtained by doing hypnotherapy, one of which is to overcome sleep disorders or insomnia. Insomnia refers to a disruption or irregularity in sleep manifested as ongoing challenges in falling asleep or staying asleep and/or waking up too early. Anxiety is often linked to difficulties with sleep. Increased anxiety and fear can hinder the ability to both initially fall asleep and remain asleep throughout the night. In this case report, we report a female patient who complained of insomnia for 2 years. Patients complain that it is very difficult to start sleeping. In addition, patients also experience various symptoms such as fatigue, lack of focus and muscle tension in the neck and several places. This patient underwent hypnotherapy and found that the root of the problem was an anxiety disorder that she had not been aware of. This anxiety disorder is also confirmed by anamnesis and symptoms experienced by the patient and assessment using the Hamilton Rating Scale for Anxiety (HAM-A). After the hypnotherapy session, we followed up with the patient for one week after the therapy session. Patients show significant changes with better sleep quality and reduced patient anxiety symptoms.</i></p>

INTRODUCTION

Insomnia refers to a disruption or irregularity in sleep manifested as ongoing challenges in falling asleep or staying asleep and/or waking up too early (Karl D, 2006). These symptoms are often accompanied by functional issues upon waking and associated daytime activities, such as fatigue, irritability, diminished memory and concentration, and lethargy, which disrupt various facets of daytime functioning. About a third of adults face challenges in starting sleep and/or staying asleep during a year, with 17% of these cases leading to a reduced quality of life (American Academy of Sleep Medicine, 2005). The rate of insomnia globally hit 67% among 1,508 Southeast Asian individuals, with 23.8% of cases occurring in adolescents (Sleep Foundation, 2020). In Indonesia, insomnia prevalence among teenagers hit 38% in urban regions and 37.7% in suburban areas. Various factors contribute to insomnia, such as depression, stress and anxiety (Nur'aini et al, 2014).

Sleeping problems have been observed in individuals with different forms of anxiety such as OCD, Post Traumatic Stress Disorder (PTSD) and General Anxiety Disorder (GAD). Generalized anxiety disorder (GAD) typically includes a constant sense of anxiety or fear that can disrupt daily activities. It is different from occasionally feeling concerned about things or experiencing anxiety from stressful life events. Individuals with GAD often endure prolonged anxiety, lasting for months to possibly even years, accompanied by certain clinical indicators. Commonly observed symptoms include restlessness, fatigue, lack of focus, irritability, muscle tension, and difficulty sleeping (National Institute of Mental Health, 2018). Anxiety can be diagnosed by observing the symptoms in the patient and by using a score, namely the Hamilton Anxiety Rating Scale (HAM-A). The Hamilton

Anxiety Rating Scale (HAM-A) was created by British psychiatrist Dr. Max Hamilton in 1959. This happened during a period when individuals were facing challenges in diagnosing mental health conditions in a more impartial manner. Dr. Hamilton's objective was to develop a tool that could provide a consistent method for assessing the intensity of an individual's anxiety. The scale is made up of 14 items, each meant to evaluate a particular symptom or anxiety category. These items are divided into two categories: "psychic anxiety," which involves mental or emotional symptoms like fear or tension, and "somatic anxiety," which pertains to physical symptoms like heart palpitations or gastrointestinal problems (Schneider et al., 2013). The interpretation of this scale is minimal or no anxiety (score 0-7), mild anxiety (score 8-17), mild to moderate anxiety (score 18-24), and severe anxiety (score 25-56) (Hamilton, 1969). Anxiety is often linked to difficulties with sleep. Increased anxiety and fear can hinder the ability to both initially fall asleep and remain asleep throughout the night. Lack of sleep can exacerbate anxiety, leading to a harmful cycle of insomnia and anxiety conditions (National Institute of Mental Health, 2018).

Hamilton Anxiety Rating Scale (HAM-A)				
<p>Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.</p> <p>0 = Not present, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe.</p>				
1 Anxious mood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worries, anticipation of the worst, fearful anticipation, irritability.				
2 Tension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.				
3 Fears	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.				
4 Insomnia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.				
5 Intellectual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in concentration, poor memory.				
6 Depressed mood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.				
7 Somatic (muscular)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.				
8 Somatic (sensory)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.				
9 Cardiovascular symptoms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.				
10 Respiratory symptoms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure or constriction in chest, choking feelings, sighing, dyspnea.				
11 Gastrointestinal symptoms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.				
12 Genitourinary symptoms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.				
13 Autonomic symptoms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.				
14 Behavior at interview	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.				

Figure 1. Hamilton Anxiety Rating Scale (HAM-A) (7)

Serotonin (5-HT) functions as both a neurotransmitter and neuromodulator, belonging to the group of biogenic amines. The arrangement of serotonin-containing neurons in the CNS has been examined in various species and has been discovered to be concentrated solely in the brainstem. Most of the serotonergic cell bodies are located in the dorsal and median raphe nuclei, yet their axons project widely throughout the brain, reaching cortical, limbic, midbrain, and hindbrain regions. Due to the extensive projection pattern of 5-HT neurons, serotonin has the predicted effect on several physiological functions, including alertness, appetite, body temperature control, pain perception, feelings, thinking, and rest. The 5-HT1AR is one of the most extensively researched 5-HT subtypes because of its involvement in anxiety-related behaviors. Generalized anxiety disorder arises from the pathophysiology of these receptors being disrupted, leading to symptoms like early insomnia or difficulty getting to sleep (Stiedl O, 2015).

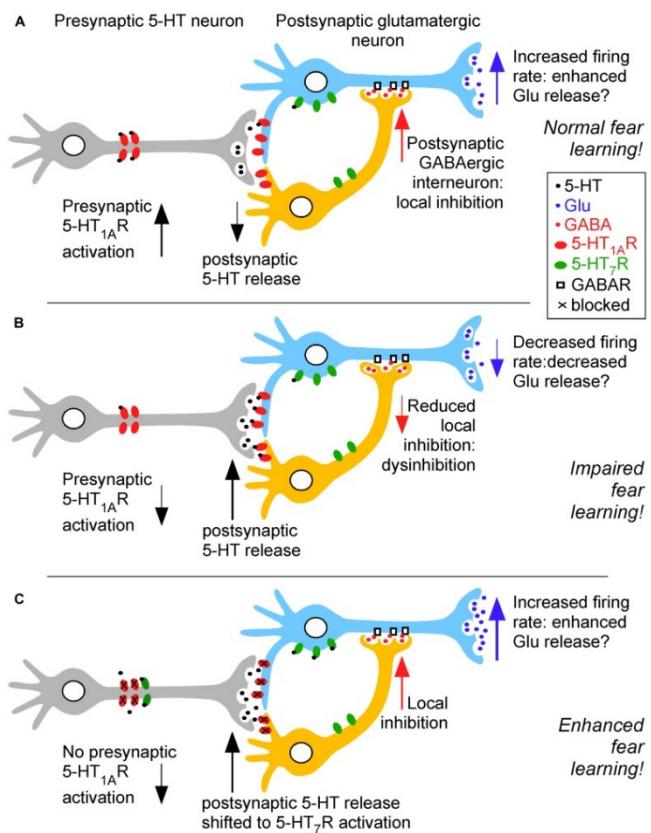


Figure 2. Overview of 5-HT_{1A}R modulatory effects (8)

Managing insomnia caused by anxiety can be done with medication and non-medication. Medication therapy that can be given includes antianxiety, beta blockers and antidepressant such as selective serotonin reuptake inhibitors (SSRIs). SSRIs are the most prescribed antidepressants due to their high tolerability and lack of serious side effects. They quickly inhibit the reuptake of serotonin (5-HT), but their therapeutic effects take weeks to appear after starting treatment. This postponement is caused by presynaptic and postsynaptic adaptive mechanisms due to inhibition of reuptake. Enhancing the neurochemical and clinical effects of SSRIs is achieved by inhibiting a negative feedback mechanism at the 5-HT autoreceptor level. Blocking 5-HT_{2A} receptors also appear to enhance the therapeutic benefits of SSRIs (Celada et al., 2004). For non-medication therapy can be given psychotherapy. Some psychotherapies that can be an option are cognitive behavioral therapy (CBT), acceptance and commitment therapy (ACT) and stress management techniques such as Hypnotherapy (National Institute of Mental Health, 2018).

Hypnotherapy has been widely implemented as a treatment method for addressing specific conditions, as it aims to enhance focus and concentration to promote relaxation and a sense of calmness in patients. Hypnotherapy, a successful alternative therapy, has been shown to effectively address mental disorders by identifying and transforming problematic thoughts in patients (Yapko, 2001). Hypnotherapy works by giving positive suggestions to the patient's subconscious mind to deal with various psychological disorders, such as stress, depression, anxiety and other mental health disorders (Alizamar et al., 2018). Individuals with mental health issues often tend to view things in a negative light, therefore hypnotherapy can be a useful tool in helping them manage their anxiety by helping them relax and anticipate stressful situations (Smaga et al., 2010). In the research of Domangue et al, hypnotherapy has been shown to clinically and statistically significantly decrease anxiety by increases in beta-endorphin-like immunoreactive material that positively correlates with serotonin levels. So that sleep problems or insomnia can also be overcome (Domangue et al., 1985). Hypnotherapy can be a fast, cost-effective, non-additive, and safe therapeutic option for treating anxiety in patients (Hammond, 2010).

METHOD

A 26-year-old female patient visited our clinic on October 31, 2024, reporting trouble sleeping that started 2 years prior. This dissatisfaction started off slowly and worsened over time. The patient explained that her trouble sleeping occurred when she tried to fall asleep. The patient experienced this situation when she transitioned to a different job and had to readjust to the new system or work culture. The patient mentioned that

her condition deteriorated due to the heavy workload at her new job. Furthermore, the situation worsened with the recent passing of the patient's father approximately three months ago. The patient's symptoms lessened as she occupied herself until exhaustion, making it easier to fall asleep. Before, the patient attempted to go on a holiday to clear her mind but the issue did not get better. The patient gets around 8-10 hours of sleep per day, yet upon waking up, she still experiences feelings of fatigue and drowsiness. Her poor sleep quality is affecting her ability to focus on her tasks or work. The symptoms she is going through cause her to feel uninterested in her job, procrastinate on tasks, and struggle to concentrate. In addition, the patient also feels muscle tension in the neck and several other places. The patient is new to seeking professional help. Her friend, who had previously tried hypnotherapy for a similar issue, suggested the patient give it a try. When the patient arrives, the patient is also given the Hamilton Anxiety Rating Scale (HAM-A) to assess whether the patient has an anxiety disorder or not. The results show a score of 12 which means the patient has an anxiety disorder. After that, the patient undergoes a hypnotherapy session with the steps below:

1. Conducting Pretalk

At this stage, the hypnotherapist explains how the hypnotherapy process is carried out to eliminate fear and misconceptions about what hypnotherapy is. The hypnotherapist also tries to build a positive rapport so that the patient feels comfortable during the session. Informed consent or hypnotherapy contract is also given at this stage.

2. Conducting Induction

Induction is the process by which the hypnotherapist guides the patient into a state of hypnosis or into their subconscious mind. In this session, the hypnotherapist uses the Extended Progressive Relaxation induction technique, which is an induction technique by guiding the patient to imagine a place or feeling that is most comfortable slowly and gradually.

3. Conducting Deepening and Depth Level Test

After the patient enters a state of hypnosis, the patient is guided to enter a deeper state of hypnosis with the deepening technique. The depth of the patient's trance is assessed using a depth level test with the trance signal technique, namely by observing each physical sign of the patient whether motor paralysis has occurred or not and others.

4. Conducting Hypno-analysis

From the results of the previous anamnesis and scoring using the Hamilton Rating Scale (HAM-A), the root of the patient's problem was obtained, namely general anxiety disorder due to adaptation disorders in her new job coupled with the patient's feelings of sadness where a few months ago the patient had just been left by her father so there was no need to look for the root of the patient's problem with hypno-analysis.

5. Hypnotherapy Session

For this patient, the hypnotherapist guided the patient to do an emotional release to express and release all the pent-up feelings in her subconscious mind that he had not been able to express in her conscious mind. In this session, the patient expressed feelings of anxiety about her job, feelings of discomfort with all the pressure in her new job and feelings of sadness and grief about the death of her father which he had not had time to process because of her busyness in her new job. After the patient expressed all of this, the hypnotherapist again guided the patient back to the patient's most comfortable feelings and tried to plant an anchor in her subconscious mind so that in the future the patient could enter this comfortable feeling or condition easily when the patient wanted to sleep.

This session was conducted in approximately 2 hours. During this session the patient was very cooperative and followed every command and suggestion given by the hypnotherapist. No oral medication was given to this patient after the hypnotherapy session. We continued to follow up with the patient every day. Within a few days, the patient showed significant progress with feedback from the patient saying that it was easier for her to start sleeping, her sleep quality was better, and her daily activities and work felt lighter.

RESULTS AND DISCUSSION

We reported a case of 26 years old woman with insomnia. The patient in this case complained difficulty every time she wanted to start sleeping. She had felt this complaint for the past 2 years. The patient felt that this complaint was very disturbing. This complaint made it difficult for her to concentrate while working and she became easily tired. The patient also complained that the muscles in his neck and several parts of her body felt

tense. The patient felt that this complaint first appeared when she moved to his new workplace. In this new workplace, the patient felt that the working system was very different from her previous workplace. At her current workplace, the patient often felt anxious because she was afraid that there was work that was not finished. The difficulty in focusing on doing one job also bothered him a lot. This complaint was exacerbated when the patient's father died approximately three months ago. To deal with her complaint, the patient tried to take a vacation to calm her mind, but the complaint did not improve. The patient had never consulted a professional before. The patient's friend had undergone a hypnotherapy session for a similar complaint, so the patient was advised to come to our clinic.

Insomnia is when there is a disturbance or inconsistency in sleep, leading to difficulties falling asleep, staying asleep, or waking up too early (Karl D, 2006). Functional problems, fatigue, irritability, decreased memory and focus, and lack of energy commonly occur alongside these symptoms, impacting daytime activities (American Academy of Sleep Medicine, 2005). These symptoms of difficulty sleeping and other symptoms such as fatigue, difficulty focusing and lack of energy are experienced by our patients. So it can be said that our patient has insomnia.

Individuals with various types of anxiety, including general anxiety disorder (GAD), have been noted to experience difficulties with sleep or insomnia. Generalized anxiety disorder (GAD) usually involves a persistent feeling of worry or dread that can interfere with everyday tasks. It is not the same as sometimes worrying about things or feeling anxious due to stressful life events. People with GAD frequently experience long-lasting anxiety, which can persist for months or even years, along with specific clinical signs. Frequently noticed signs consist of agitation, exhaustion, inability to concentrate, annoyance, muscle tightness, and trouble falling asleep (National Institute of Mental Health, 2018). In this patient, the symptoms shown by the patient point to general anxiety disorder (GAD). This is indicated by the patient's difficulty in starting sleep, the patient's feeling of always feeling anxious about her work that is afraid of not being finished, difficulty focusing or concentrating in doing each job, getting tired easily and tension in some of her muscles.

The diagnosis of general anxiety disorder can be confirmed by looking at how long the patient has experienced symptoms, which can range from several months to years, and can be confirmed with the help of the Hamilton Rating Scale (HAM-A). The scale is made up of 14 items, each meant to evaluate a particular symptom or anxiety category. These items are divided into two categories: "psychic anxiety," which involves mental or emotional symptoms like fear or tension, and "somatic anxiety," which pertains to physical symptoms like heart palpitations or gastrointestinal problems (Schneider et al., 2013). Patients are said to have anxiety disorders if the results of this scale give a score of more than 7 (Hamilton, 1969). In this patient, the Hamilton Rating Scale score was 12, which means that the patient has a general anxiety disorder in the mild category.

The pathophysiology of general anxiety disorder (GAD) is due to a disruption in certain serotonin receptors, namely the 5HT1A receptor (5-HT1AR). The 5-HT1AR is among the most thoroughly studied 5-HT subtypes due to its role in behaviors related to anxiety. The disruption of these receptors' results in symptoms such as trouble falling asleep or early insomnia, contributing to generalized anxiety disorder (Stiedl O, 2015).

Insomnia resulting from general anxiety disorder can be treated with either medication or non-medication methods. SSRI class antidepressants are the drug therapy that is most frequently prescribed. SSRIs rapidly block the reuptake of serotonin, however, it takes several weeks for their beneficial effects to be seen following the initiation of treatment. The delay is a result of presynaptic and postsynaptic adaptive mechanisms caused by the inhibition of reuptake. Improving the neurochemical and clinical effects of SSRIs involves blocking a negative feedback mechanism at the 5-HT autoreceptor level. Inhibiting 5-HT2A receptors also seems to improve the effectiveness of SSRIs for treatment (Celada et al., 2004). Psychotherapy therapy can also be given as a non-drug therapy. One of the psychotherapies that can be done is hypnotherapy intervention. This patient has never consulted a professional before. The patient is not currently undergoing any medication. Patients come to our clinic to undergo hypnotherapy sessions.

Hypnotherapy is commonly used to treat certain conditions by improving focus and concentration to induce relaxation and create a feeling of tranquility in patients. Hypnotherapy, a successful alternative treatment, is proven to effectively tackle mental disorders by identifying and changing negative thoughts in patients (Yapko, 2001). Hypnotherapy works by giving positive suggestions to the patient's subconscious mind to deal with various psychological disorders, such as stress, depression, anxiety and other mental health disorders (Alizamar et al., 2018). People with mental health problems tend to see things in a negative way, so hypnotherapy can be helpful in aiding them to cope with anxiety by promoting relaxation and preparing for stressful situations (Smaga et al.,

2010). Domangue et al's research demonstrates that hypnotherapy effectively reduces anxiety through an increase in beta-endorphin-like immunoreactive material that is positively associated with serotonin levels, both clinically and statistically in order to overcome sleep issues or insomnia (Domangue et al., 1985). Hypnotherapy is a quick, affordable, non-addictive, and safe treatment choice for anxiety in patients (Hammond, 2010).

The patient arrived at our clinic for a hypnotherapy session on October 31, 2024. During the initial phase, the hypnotherapist gave a pretalk, which included gathering medical history and outlining the hypnotherapy procedure. Following this, a hypnotherapist conducted an induction procedure to assist the patient in accessing his subconscious mind. The Extended Progressive Relaxation technique was used during this induction process, specifically by leading the patient to experience steady relaxation. The hypnotherapist proceeded to deepen the patient's trance and assessed its depth by monitoring the patient's physical indicators called trance signal observation. The patient's insomnia was not treated with hypno-analysis due to the patient's existing knowledge of the cause. Supplemental assessments with the Hamilton Rating Scale (HAM-A) revealed that the patient's insomnia was attributed to General Anxiety Disorder (GAD). The main focus of this session was to improve the patient's sleep through offering positive suggestions, affirmations, and allowing for emotional release to express suppressed feelings or burdens. The patient revealed feeling anxious about work and not being able to express his sorrow over his father's recent passing due to being too busy. When all the emotions and anxieties that have been pent up can be expressed and the patient is given positive suggestions and affirmations, it is hoped that the patient's sleep quality will improve. So that the patient can carry out their daily activities with more energy, not get tired easily, the patient becomes more focused on working and the tension in her muscles is also reduced. The session lasted for around 2 hours. Throughout the session, the patient exhibited high levels of cooperation and complied with all commands and suggestions provided by the hypnotherapist. This patient did not receive any oral medication following the hypnotherapy session. We kept checking on the patients daily. In just a few days, the patient made noticeable improvements, noting that it was easier for her to fall asleep, her sleep was better, and her daily tasks and work felt more manageable.

CONCLUSION

Insomnia is when there is a disturbance or inconsistency in sleep, leading to difficulties falling asleep, staying asleep, or waking up too early. Insomnia can be caused by various factors, including general anxiety disorder. Insomnia caused by anxiety can be treated with either drug therapy, like SSRI antidepressants, or non-drug therapy such as hypnotherapy. Hypnotherapy successfully decreases anxiety by boosting beta-endorphin-like immunoreactive material, which is linked to serotonin levels, in order to combat sleep problems or insomnia, both in clinical and statistical terms. Hypnotherapy is a fast, cost-effective, non-habit forming, and secure treatment choice for anxiety in individuals. Hypnotherapy needs to be considered by medical personnel as an alternative therapy option for similar cases. Case reports of similar cases and further research need to be considered to assess the effectiveness of hypnotherapy in treating similar cases.

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