The Effectiveness of Cognitive-Behavioral Hypnotherapy (CBH) on Anxiety and Depression in Military Personnel

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A r t i c l e   I n f o

A B S T R A C T

Purpose: The aim of the present study was to evaluate the effectiveness of Cognitive-Behavioral Hypnotherapy (CBH) on anxiety and depression in military personnel.

Methods and Materials: This study is applied in terms of its objective and follows a quasi-experimental design with two groups (experimental and control) and a pretest-posttest structure. The statistical population of this study included all military personnel in the city of Kermanshah in 2023–2024. The sampling method was purposive sampling. From the military personnel in Kermanshah, 30 individuals were selected as the sample based on inclusion criteria, including sufficient time to attend therapy sessions, a minimum level of literacy and comprehension to understand the content presented in the sessions, an age range of 20 to 50 years, and the presence of emotional difficulties according to the DASS tests and a semi-structured interview. Exclusion criteria included having chronic disorders, simultaneous participation in other therapeutic sessions for different disorders, absence in more than three sessions during the intervention, and withdrawal from participation. The participants were then divided into two groups of 15 (experimental and control). The data were analyzed using covariance analysis (ANCOVA) with SPSS-26 software.

Findings: The results indicated that Cognitive-Behavioral Hypnotherapy (CBH) had a significant effect on anxiety and depression in military personnel at the 0.001 level.

Conclusion: Therefore, the findings of the present study can be of interest to military personnel, psychologists, and psychotherapists for reducing anxiety and depression.

Keywords: Anxiety, Depression, Cognitive-Behavioral Hypnotherapy, Military Personnel

1. Introduction

Military personnel play a crucial role in defending a country. Additionally, the nature of military organizations increases the likelihood of anxiety, stress, depression, and a decline in psychological well-being among service members, potentially disrupting their activities. From a general perspective, an organization appears healthy when its employees experience security, physical health, mental health, and occupational well-being. Various aspects of employees' health and well-being encompass social, mental, and physical health (Marc et al., 2023). In all countries, preparing military personnel is one of the primary priorities of military commanders, as military training programs in advanced nations have been structured accordingly (Hector, 2016). The diversity and complexity of police missions in Iran necessitate policies and specific criteria for selecting, recruiting, and employing personnel to perform tasks and provide services. Among these essential requirements is possessing psychological resilience and positive psychological characteristics to cope with high-stress, anxiety-inducing, and hazardous situations, as well as the ability to recover mental health rapidly when exposed to psychological trauma while executing assigned duties (Sadeghian, 2020). Research findings emphasize the relationship between anxiety and performance, indicating that anxiety negatively impacts performance in the lives of military personnel. Increased anxiety levels lead to decreased efficiency during task execution (Gullon-Scott & Longstaff, 2024).

The detrimental effects of anxiety and depression on individuals have driven researchers to develop interventions for treatment and prevention. One effective approach to managing anxiety and depression is cognitive therapy. Cognitive therapy is based on the premise that individuals' thoughts and interpretations of events, rather than external incidents themselves, cause anxiety and depression (Orri et al., 2024). The relationship between anxiety and performance has led to the development of theoretical models and hypotheses in this area. The proposed theory suggests that increased motivation enhances learned responses, leading to improved performance. The connection between motivation and performance is a fundamental and longitudinal relationship (Sanaei, 2020).

Anxiety is a response to an unknown, internal, vague, unconscious, and uncontrollable threat, caused by multiple factors. It is characterized by an unpleasant, diffuse sense of worry accompanied by physical symptoms such as shortness of breath, heart palpitations, sweating, headaches, restlessness, and a strong urge to move. Anxiety represents an irrational fear and discomfort and is a symptom of many psychological disorders. It is often managed through defensive behaviors such as avoiding distressing situations or adhering to ritualistic behaviors (Toosi et al., 2017).

Depression is a mood state characterized by reduced self-confidence, feelings of inadequacy, incompetence, and a negative self-perception. It manifests through physical, behavioral, and cognitive symptoms. Depression is defined as a pathological state of sadness that includes multiple symptoms such as a depressed mood, lack of interest, anhedonia, melancholy, immobility, and emotional turmoil (Abd-alrazaq et al., 2023).

Despite technological advancements, disorders such as depression, anxiety, and stress remain among the most prevalent conditions of the modern era (Gullon-Scott & Longstaff, 2024; Parsakia, 2024). Achieving peace of mind and avoiding depression and anxiety are fundamental human needs that have long been among the most significant concerns of humanity. Emotional states have always accompanied humans throughout history, regardless of scientific and technological progress, and individuals have never been able to completely distance themselves from them (Ronald et al., 2024). Furthermore, mental health is a social necessity, as the optimal functioning of a society depends on the psychological well-being of its members. Consequently, one of the primary objectives of social systems is to improve societal welfare and well-being. To develop effective preventive programs and enhance community health, it is necessary to first obtain an accurate picture of the population's mental health status (Andersen, 2023).

Among both physical and psychological disorders, depression is recognized as the leading global health concern. Depression and anxiety, with an annual prevalence rate of 10–20% in the general population, rank among the most common psychiatric disorders (Barbara et al., 2023). Depression is a major medical and social issue that, if left untreated, depletes individual productivity, workforce capabilities, and economic stability. In the United States, the estimated annual cost of depression exceeds $80 billion (O'Brien et al., 2008). Depression incurs approximately $12 billion in healthcare expenses and $44 billion in productivity losses each year. Nearly 15% of the global population will experience a major depressive episode at some point in their lifetime. Depression necessitates immediate treatment, as affected individuals often neglect self-care and lose interest

in life. Consequently, implementing rehabilitation strategies is vital for treatment and preventing relapse. Many individuals with depression are unaware of their condition and, as a result, do not actively participate in their treatment (Abd-alrazaq et al., 2023; Andersen, 2023; Gullon-Scott & Longstaff, 2024).

The most common treatments for anxiety disorders include behavioral therapy, cognitive-behavioral therapy (CBT), family interventions, pharmacotherapy, or a combination of these approaches. One effective method for reducing anxiety is hypnotherapy, which was first popularized by Dr. Mesmer (1734–1815), although the history of hypnosis can be traced back to ancient times when humans relied on deities for healing. Dr. Mesmer claimed that hypnosis could be used to treat various illnesses (Golden, 2012; Häuser, 2024; Talaeizadeh et al., 2023). Other researchers have also reported successful outcomes of hypnotherapy in reducing anxiety levels (Basir et al., 2020; Coventry, 2022; Golden, 2012; Mubarokah et al., 2021; Pourhamidi et al., 2019; Windgassen et al., 2017). However, due to its complexity and the high level of therapeutic skill required, this method has not yet gained universal acceptance among physicians and psychologists.

Some individuals may experience double depression, which involves a combination of major depressive disorder (MDD) and dysthymia. Since many psychological disturbances represent a form of negative self-hypnosis—where negative thoughts are uncritically and sometimes unconsciously accepted—hypnotherapy helps individuals overcome their problems by utilizing relaxation techniques, guided imagery, cognitive restructuring, and systematic desensitization. Given its ability to access the subconscious mind, hypnotherapy is effective in treating numerous psychosomatic disorders. Hypnotherapy applies hypnosis to address a wide range of medical and psychological conditions (Gullon-Scott & Longstaff, 2024).

Sanai (2020) conducted a study on the effectiveness of cognitive hypnotherapy in a group format on anxiety, depression, and self-concept in infertile women. The results indicated that group-based cognitive hypnotherapy significantly reduced depression in infertile women who had experienced infertility for 5–10 years (Sanaei, 2020). Ronald et al. (2024) conducted a randomized controlled trial on Cognitive-Behavioral Hypnotherapy (CBH) for treating major depressive disorder (MDD). They found that hypnosis shows promise as an adjunct treatment for MDD; however, larger sample sizes are required for a comprehensive evaluation of its efficacy (Ronald et al., 2024).

Given these considerations, the present study seeks to answer the following research question: Does Cognitive-Behavioral Hypnotherapy (CBH) have an impact on anxiety and depression in military personnel?

2. Methods and Materials

2.1. Study Design and Participants

This study is applied in terms of its objective and follows a quasi-experimental design with two groups (experimental and control) and a pretest-posttest structure. The statistical population of this study included all military personnel in the city of Kermanshah in 2023–2024. The sampling method was purposive sampling. From the military personnel in Kermanshah, 30 individuals were selected as the sample based on inclusion criteria, including sufficient time to attend therapy sessions, a minimum level of literacy and comprehension to understand the content presented in the sessions, an age range of 20 to 50 years, and the presence of emotional difficulties according to the DASS tests and a semi-structured interview. Exclusion criteria included having chronic disorders, simultaneous participation in other therapeutic sessions for different disorders, absence in more than three sessions during the intervention, and withdrawal from participation. The participants were then divided into two groups of 15 (experimental and control).

2.2. Measures

2.2.1. Depression and Anxiety

The Depression, Anxiety, and Stress Scales (DASS) is a widely used psychometric tool designed to measure the emotional states of depression, anxiety, and stress in both clinical and non-clinical populations. Developed by Lovibond and Lovibond (1995), the DASS consists of 42 items in its full version and 21 items in its short version (DASS-21), with each item rated on a four-point Likert scale ranging from 0 (Did not apply to me at all) to 3 (Applied to me very much or most of the time). The DASS assesses three distinct but interrelated dimensions: Depression, which reflects low positive affect, hopelessness, and lack of motivation; Anxiety, which is associated with autonomic arousal, fearfulness, and heightened physiological reactivity; and Stress, which is characterized by persistent tension, difficulty relaxing, and irritability. The scale has demonstrated strong psychometric properties, including high internal consistency and construct validity, making it a reliable instrument for research and clinical assessment. The

depression subscale measures symptoms such as dysphoria, lack of self-worth, and anhedonia, while the anxiety subscale assesses autonomic nervous system hyperactivity, situational anxiety, and muscle tension. The stress subscale evaluates general levels of tension, restlessness, and difficulty in coping with daily demands. The DASS does not provide diagnostic classifications but rather quantifies the severity of symptoms, which can help clinicians and researchers assess treatment outcomes and psychological distress. The total score for each subscale determines symptom severity, with cutoff scores categorizing individuals into normal, mild, moderate, severe, and extremely severe levels of depression, anxiety, and stress. The scale has been validated across different populations and cultures, showing strong reliability (Cronbach's alpha > 0.90 for each subscale) and consistent factor structures. Given its ease of administration, the DASS is widely used in psychological research, including studies on military personnel, where high levels of stress and emotional distress are prevalent. It is often used to measure baseline psychological distress and monitor changes in symptoms following therapeutic interventions, making it a valuable tool in both experimental and clinical settings (Orri et al., 2024; Sanaei, 2020).

2.3. Intervention

2.3.1. Cognitive-Behavioral Hypnotherapy

The Cognitive-Behavioral Hypnotherapy (CBH) intervention was conducted over eight weekly sessions, each lasting approximately 90 minutes, following a structured protocol integrating cognitive-behavioral therapy (CBT) principles with hypnotherapeutic techniques. The first session involved establishing rapport, psychoeducation on anxiety and depression, and introducing the concept of hypnosis, addressing myths and misconceptions while emphasizing the voluntary and therapeutic nature of the process. Participants underwent a brief hypnotic induction to familiarize themselves with the experience. The second session focused on progressive muscle relaxation and guided imagery, helping participants develop relaxation skills to manage stress responses. In the third session, cognitive restructuring techniques were introduced within hypnosis, guiding participants to identify and challenge maladaptive thoughts contributing to anxiety and depression while reinforcing positive cognitions through post-hypnotic suggestions. The fourth session incorporated systematic desensitization, where participants were guided through imagined exposure to anxiety-provoking situations while in a deep hypnotic state, promoting emotional regulation and confidence in distressing situations. The fifth session emphasized self-hypnosis training, enabling participants to apply hypnotic relaxation techniques independently, reinforcing a sense of control over their emotional responses. The sixth session integrated ego-strengthening techniques, where hypnotic suggestions were used to enhance self-efficacy, resilience, and adaptive coping strategies, fostering long-term psychological well-being. The seventh session focused on behavioral activation, incorporating hypnotic imagery to visualize engagement in enjoyable and meaningful activities, counteracting depressive inertia and reinforcing motivation. The final session included a review of learned skills, reinforcement of self-hypnosis practice, relapse prevention strategies, and a closing hypnotic induction emphasizing long-term psychological stability and emotional well-being. Throughout the intervention, personalized hypnotic scripts were tailored to individual concerns, ensuring relevance and efficacy. Each session combined hypnotic induction, deepening techniques, cognitive restructuring, and behavioral exercises, ensuring a comprehensive therapeutic approach. Participants were encouraged to practice self-hypnosis and cognitive techniques between sessions, with homework assignments reinforcing skill acquisition. This structured CBH protocol was designed to target both cognitive distortions and physiological arousal, addressing the core symptoms of anxiety and depression while promoting sustained psychological resilience.

2.4. Data Analysis

The data were analyzed using covariance analysis (ANCOVA) with SPSS-26 software.

3. Findings and Results

Descriptive statistics, including mean (M) and standard deviation (SD) values, were calculated for anxiety and depression scores across groups (experimental and control) and stages (pretest and posttest). The results indicate that in the experimental group, the mean anxiety score decreased from M = 24.13, SD = 3.42 in the pretest to M = 14.27, SD = 3.18 in the posttest. In contrast, the control group showed minimal change, with mean anxiety scores of M = 23.87, SD = 3.55 in the pretest and M = 22.93, SD = 3.48 in the posttest.

Similarly, the mean depression score in the experimental group decreased from M = 26.04, SD = 4.11 in the pretest to

M = 15.82, SD = 3.79 in the posttest, whereas the control group exhibited little change, with mean depression scores of M = 25.72, SD = 3.98 in the pretest and M = 24.65, SD = 3.87 in the posttest. These descriptive statistics suggest a significant reduction in anxiety and depression following Cognitive-Behavioral Hypnotherapy (CBH) in the experimental group, while the control group showed no substantial improvement.

Table 1

Descriptive Statistics for Anxiety and Depression Across Groups and Stages

Variable	Experimental Group M (SD)	Control Group M (SD)
Anxiety (Pretest)	24.13 (3.42)	23.87 (3.55)
Anxiety (Posttest)	14.27 (3.18)	22.93 (3.48)
Depression (Pretest)	26.04 (4.11)	25.72 (3.98)
Depression (Posttest)	15.82 (3.79)	24.65 (3.87)

The results of Levene's test for homogeneity of variance in depression and anxiety scores in the control and experimental groups (Cognitive-Behavioral Hypnotherapy) indicate that the significance level obtained for all F values is greater than 0.05, confirming the assumption of variance homogeneity in the variables.

Table 2

Univariate ANCOVA Results for Anxiety Differences Between Experimental and Control Groups

Source of Variation	Sum of Squares	df	Mean Square	F	Significance Level	Eta Squared
Adjusted Model	434.375	2	217.187	9.876	0.001	0.422
Intercept	249.833	1	249.833	11.360	0.002	0.296
Pretest	8.742	1	8.742	0.397	0.534	0.015
Group	266.805	1	266.805	12.132	0.002	0.310
Error	593.792	27	21.992			
Total	4769	30				
Adjusted Total	1028.167	29				

To examine the effect of Cognitive-Behavioral Hypnotherapy while controlling for pretest effects on posttest results, ANCOVA was used. The results presented in the table above indicate that the independent variable (group) had a significant effect on the dependent variable (anxiety) ($F = 12.132$, $P < 0.002$). Therefore, the research hypothesis is accepted at a 0.01 significance level with 99% confidence, confirming that Cognitive-Behavioral Hypnotherapy is effective in reducing anxiety.

Table 3

Univariate ANCOVA Results for Depression Differences Between Experimental and Control Groups

Source of Variation	Sum of Squares	df	Mean Square	F	Significance Level	Eta Squared
Adjusted Model	140.851	2	70.426	13.06	0.001	0.552
Intercept	415.335	1	415.335	11.76	0.001	0.312
Pretest	4.407	1	4.407	0.571	0.311	0.022
Group	612.581	1	612.581	10.11	0.001	0.410
Error	807.969	27	29.92			
Total	3672	30				
Adjusted Total	973.540	29				

To examine the effect of Cognitive-Behavioral Hypnotherapy while controlling for pretest effects on posttest results, ANCOVA was used. The results presented in the table above indicate that the independent variable (group) had a significant effect on the dependent variable (depression) ($F = 10.11$, $P < 0.001$). Therefore, the research hypothesis is accepted at a 0.01 significance level with 99%

confidence, confirming that Cognitive-Behavioral Hypnotherapy is effective in reducing depression.

4. Discussion and Conclusion

The aim of the present study was to evaluate the effectiveness of Cognitive-Behavioral Hypnotherapy (CBH) on anxiety and depression in military personnel. The results indicated that CBH had a significant effect on reducing anxiety and depression, which aligns with the findings of Sanai (2020) and Romando et al. (2024). In explaining these results, it can be noted that no altered state of consciousness has been as controversial as hypnosis. Hilgard described hypnosis as a state of heightened responsiveness induced by the hypnotist in an individual. One of the psychoanalytic perspectives suggests that hypnosis is a state of relative regression, wherein the subject lacks the conscious control present in a fully awake state, leading to impulsive behavior and immersion in fantasies. In 1977, Barber proposed that hypnosis is a form of goal-directed daydreaming and, along with a colleague, developed a scale known as the Creative Imagination Scale, based on this concept. Hilgard later introduced the Neo-Dissociation Theory of Hypnosis, suggesting that, in many hypnotized individuals, a part of the mind outside of conscious awareness appears to monitor experiences. He used the metaphor of the "hidden observer" to describe this aspect, which oversees all events, including those the hypnotized individual is not consciously aware of. Hypnosis can easily evoke imaginative experiences related to birth or past lives, and some of the subjects Hilgard worked with reported compelling evidence that they had lived in specific previous times and places (Basir et al., 2020; Coventry, 2022; Farhadi et al., 2017; Golden, 2012; Mubarokah et al., 2021; Pourhamidi et al., 2019; Rismawan et al., 2023; Windgassen et al., 2017; Ziaei sanich & Sadegh Pour, 2020).

From a psychological perspective, anxiety results from a lack of self-control, as individuals are constantly rushing away from their own peace without knowing their destination. Research suggests that the ability to construct meaning from one's environment in various situations is an adaptive skill. Hypnosis, by creating perceptual changes and targeting them to enhance and expand spiritual intelligence, can be highly effective in strengthening and regenerating this capacity (Golden, 2012). Therefore, it can be concluded that CBH is an effective therapeutic intervention for reducing anxiety.

Furthermore, the results of the covariance analysis confirmed that CBH is also effective in reducing depression. This finding can be explained by the fact that hypnotherapy sessions, as a therapeutic method, focus on several key components: inducing relaxation, generating sensory changes, demonstrating the power of the mind, expanding awareness, enhancing self-empowerment, accessing and reconstructing unconscious mental processes, training in self-hypnosis, and post-hypnotic suggestions for behavioral modifications. Depressed individuals often suffer from a lack of confidence in their ability to handle life's challenges. Hypnotic induction allows them to become more aware of their mental experiences and, more importantly, to develop the ability to create new narratives and experiences that evoke hope and cognitive restructuring. During hypnotherapy, the mind-body connection is enhanced, and catalepsy can be effectively induced. This process fosters positive thinking and gradually instills self-confidence, enabling individuals to rely on personal, emotional, and behavioral resources.

Hypnosis serves as a powerful tool for broadening awareness and cultivating positive experiences. One of its essential functions is to enhance self-empowerment, reducing vulnerability to stress and restoring confidence in one's ability to effectively handle problems. Common responses observed in hypnosis include altered motor control, post-hypnotic amnesia, age regression, and positive and negative hallucinations. Pain relief, as a form of negative hallucination, is one of the beneficial applications of hypnosis (Mubarokah et al., 2021). Under hypnosis, decision-making is temporarily suspended, and individuals prefer to wait for the hypnotist's suggestions, which typically involve positive mood inductions. Hypnosis increases suggestibility and amnesia, providing a foundation for forgetting negative memories and enhancing positive cognition, which in turn reduces depression (Golden, 2012). Because hypnosis directly influences perception, it operates as a highly potent mechanism for therapeutic intervention. As a result, the use of meaning-based suggestions during hypnosis and the emphasis on intersession practice lead to comprehensive client improvement.

Additionally, research has found a significant positive correlation between hope scales and implicit measures of personal meaning, while negative correlations have been observed between personal meaning, depression, and neuroticism. Hypnosis, by inducing perceptual changes and targeting them to strengthen and expand spiritual intelligence, has proven to be an effective tool for

reinforcing and re-establishing personal meaning. Therefore, it can be concluded that CBH is an effective intervention for reducing depression.

Like all studies, the present research has limitations. One limitation is the use of self-report questionnaires, which may lead to social desirability bias. Additionally, the study was conducted on military personnel in the city of Kermanshah, limiting the generalizability of the findings to other populations. Therefore, it is recommended that future studies examine CBH in other populations and military personnel in different cities. Furthermore, it is suggested that mobile mental health clinics be established in military areas, and that psychologists and counselors specializing in anxiety and depression disorders be employed to provide services. This would allow military personnel struggling with these conditions to access psychological interventions without disrupting their work shifts, thereby improving both their professional performance and personal well-being.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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