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Research Article

Effect of Hypnotherapy on the Occupational Stress Among Teachers

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ABSTRACT

The present study evaluated the effectiveness of hypnotherapy in reducing occupational stress among schoolteachers, a profession increasingly exposed to high psychological strain. Forty teachers from English-medium schools in Nandurbar city were selected through simple random sampling and divided equally into experimental and control groups (10 males and 10 females each). The experimental group participated in a structured 30-day hypnotherapy program, while the control group received no intervention. Stress levels were measured using the Occupational Stress Index (OSI) by Srivastava and Singh (Cronbach's α = 0.90). Paired sample t-test results showed a significant reduction in the experimental group's mean stress score from 28.85 (SD = 4.87) to 23.75 (SD = 4.45), with a mean difference of 5.10 ($t = 6.34$, $p < .01$). Gender-based analysis indicated no significant differences either at baseline ($t = 1.02$, $p = 0.158$) or post-intervention ($t = 0.6$, $p = 0.278$), confirming equal effectiveness for both genders. Findings highlight hypnotherapy as a promising, non-pharmacological approach for enhancing teacher well-being.

Key Words: Hypnotherapy, Occupational Stress, Teachers' Mental Health, Teacher Well-being, Cognitive Restructuring.

1. Introduction

Teaching has always been a profession that demands both intellectual skill and emotional resilience. Teachers are more than subject experts—they are motivators, role models, and problem-solvers for their students. But behind the classroom scenes lies an ongoing challenge: the pressure to meet academic targets, manage diverse classrooms, adapt to policy shifts, and balance administrative duties. As Hans Selye (1976) noted in his seminal work, stress is a natural human response to demands, but when it becomes chronic and unmanaged—what he called "distress"—it can damage both health and performance.

In education, this distress often appears as occupational stress, a persistent form of strain tied directly to the demands of the teaching role. Decades of research have shown that teachers consistently report high stress levels compared to many other professions (Abel & Sewell, 1999; Kyriacou, 2001). While the core stressors—heavy workload, time pressure, classroom management challenges—are universal, they are shaped by context: rural teachers frequently battle with resource shortages and professional isolation, whereas urban teachers often face overcrowded classrooms and a greater diversity of student needs (Abel & Sewell, 1999). Inclusive education settings, while beneficial for students, can amplify teacher strain by increasing preparation time and emotional labor (Candeias et al., 2020).

The digital era has introduced another layer to this complex picture. Wagh and Dongare (2022) highlight the growing problem of social networking addiction and its mental health implications. While much of their work focuses on the general population, their findings are highly relevant to educators. Teachers today are often expected to maintain an online presence—communicating with students, responding to parents, uploading resources, and participating in professional groups. This constant connectivity can blur the line between work and personal life, eroding downtime and making psychological recovery from daily stress more difficult. The result is **a** dual-stressor environment where occupational demands and digital engagement pressures feed into each other, accelerating fatigue and burnout.

Burnout, characterized by emotional exhaustion, depersonalization, and a reduced sense of accomplishment (Herman et al., 2018, 2020), is more than just "feeling tired." It can diminish teaching quality, erode professional satisfaction, and even prompt career exits—consequences that affect not only educators but also

student learning outcomes. Recognizing this, researchers have explored various interventions to safeguard teacher well-being. Mindfulness training has shown strong evidence for reducing stress and improving emotional regulation (Roeser et al., 2013; Tarissa Hidajat et al., 2023). Co-regulation models and physical practices such as yoga and pranayama (Bhavanani et al., 2011) have also demonstrated measurable benefits for mental and physical health.

One promising but underutilized approach in education is hypnotherapy, a mind–body intervention involving guided relaxation, focused attention, and deep concentration to achieve a heightened state of awareness—often referred to as a trance. Its roots trace back to ancient Egypt and India, where trance-like states were used for healing, and in the 18th century, Franz Mesmer laid the foundation for modern hypnotherapy. Today, it is recognized as a scientifically supported technique for managing anxiety, stress, trauma, and chronic pain.

During hypnotherapy, individuals enter a deeply relaxed state that makes them more receptive to positive suggestions and cognitive reframing. This allows access to the subconscious mind, where stressors, fears, and negative thought patterns can be addressed and restructured. Physiologically, hypnotherapy reduces the production of stress hormones such as cortisol, while regulating heart rate and blood pressure. It enhances self-awareness, emotional control, and the ability to process unresolved internal conflicts—qualities particularly relevant to educators coping with complex emotional demands.

The scientific evidence is compelling. Research shows that hypnotherapy can improve emotional resilience, cognitive functioning, and physiological indicators of relaxation, such as heart rate variability. A meta-analysis of 57 studies concluded that its effectiveness in treating stress-related disorders is comparable to cognitive-behavioral therapy (CBT). By promoting parasympathetic nervous system dominance, hypnotherapy fosters slower breathing, lower heart rate, and an overall sense of calm. Brain imaging studies have also revealed increased connectivity between regions responsible for attention, emotion regulation, and self-reflection during hypnosis. These findings suggest that hypnotherapy could serve as a powerful, holistic intervention—particularly for teachers managing the combined pressures of occupational demands and digital-era stress.

Given the multi-dimensional nature of teacher stress, there is a pressing need for strategies that address both the physiological and psychological roots of strain. Hypnotherapy, with its capacity to integrate deep relaxation with cognitive restructuring, offers a pathway toward sustainable well-being in the teaching profession. This study seeks to explore that potential, building on established stress research while addressing an underexplored solution in educational contexts.

Review of Literature

Stress, Occupational Stress, and Modern Pressures

Stress, as Selye (1976) defines it, is the body's adaptive response to demands positive or negative. Occupational stress refers specifically to pressures experienced in the workplace, and in teaching, these are well-documented: time constraints, classroom management, curriculum changes, and administrative duties (Kyriacou, 2001; Romano & Washalstorm, 2000). Abel and Sewell (1999) found that both rural and urban teachers report high stress levels, though the triggers differ. Inclusive school settings, while educationally valuable, can further heighten workload and emotional demands (Candeias et al., 2020).

In the digital age, however, another layer of strain has emerged. Wagh and Dongare (2022) emphasize that social networking addiction can erode mental health, disrupt focus, and heighten feelings of anxiety factors that can exacerbate occupational stress. For teachers, constant online engagement with students, parents, and peers may blur work–life boundaries, leaving less psychological recovery time. This intersection between occupational and digital stress suggests the need for interventions that address both domains.

Interventions for Teacher Well-being

Mindfulness-based interventions have been particularly well-researched. Roeser et al. (2013) reported significant reductions in burnout and stress among teachers trained in mindfulness, findings echoed in the systematic review by Tarissa Hidajat et al. (2023). Chehayeb et al. also demonstrated that co-regulation training improved physiological markers such as heart rate variability, alongside increases in self-compassion both important in managing occupational stress.

Yoga and breath regulation practices offer complementary benefits. Bhavanani et al. (2011) observed immediate cardiovascular improvements in hypertensive patients after sukha pranayama, suggesting strong stress-reduction potential. Similarly, Martinez Montes and Penzenstadler found that yoga-based programs improved well-being in high-pressure professional environments, indicating transferability to teaching contexts.

Hypnotherapy for Stress Management

Although less widely implemented in schools, hypnotherapy's evidence base is growing. Valentine et al. (2019) found it effective for anxiety reduction through mechanisms such as deep relaxation, focused attention, and cognitive restructuring. These mechanisms mirror the goals of mindfulness and yoga but may work more directly to shift entrenched stress-related thought patterns. Given the dual burden of occupational

and digital stress highlighted by Wagh and Dongare (2022), hypnotherapy's potential to target both physiological arousal and maladaptive cognitive habits makes it a compelling candidate for teacher well-being programs.

3. Methodology

Objectives

1. To evaluate the impact of Hypnotherapy on the occupational stress levels of schoolteachers.
2. To compare occupational stress levels between male and female teachers.
3. To assess the differential effects of Hypnotherapy on occupational stress levels among male and female teachers.

Hypotheses

1. There is a significant reduction in occupational stress levels among teachers following the practice of Hypnotherapy.
2. Male teachers experience higher levels of occupational stress compared to female teachers.
3. Hypnotherapy has a significantly greater effect on reducing occupational stress levels in male teachers compared to female teachers

Research Design

In this study, a one-group pre-test post-test design (1*1) was used.

Sample

This study was conducted on 40 teachers from English-medium schools in Nandurbar city. (20 in the experimental group and 20 in the control group.)
For sample selection, a simple random sampling method was used.

Total	Gender	Experimental Group	Control Group
40	Female	10	10
	Male	10	10

Variables

1. **Independent Variable:** Hypnotherapy
2. **Dependent Variable:** Occupational Stress among Teachers
3. **Control Variables:** Demographic factors, School type

Test Tool

The Occupational Stress Index (OSI) developed by Dr. A.K. Srivastava and Dr. A.P. Singh was used for this study. This scale included 46 questions; each rated on a five-point scale. Among the 46 items, 28 were positive (true) and 18 were negative (false) statements.
The scale covered almost all aspects related to job life that cause stress, such as:

- Role overload
- Role ambiguity
- Role conflict
- Group and political pressure
- Responsibility of persons
- Under-participation
- Powerlessness
- Poor peer relationships
- Intrinsic impoverishment
- Low status
- Strenuous working conditions
- Lack of profit

The split-half (odd-even) reliability coefficient and the Cronbach's alpha coefficient for the entire scale were found to be 0.935 and 0.90 respectively.
The validity of the instrument was established by computing correlation coefficients between the OSI scores and various measures of job attitude and job behavior.

Hypnotherapy Intervention Protocol for Stress Reduction & Calmness

1. Core Structure & Environment:

- Sessions: 5 sessions, each lasting 45 minutes.
- Frequency: Typically, 1 session per week (adjustable based on client need/therapist recommendation).

- Environment: Quiet, private, comfortably furnished room. Enhanced with calming elements: soft lighting (preferably natural light), presence of green plants, nature imagery/sounds optional. Temperature controlled for comfort.

2. Standardized Session Structure (45 Minutes):

Phase	Duration	Key Components & Techniques	Therapist Role
1. Pre-Talk & Check-in	5-10 mins	Review previous session, assess current stress/anxiety levels, set focus/goal for *this* session, answer questions.	Active listening, rapport building, collaborative goal setting.
2. Induction & Deepening	10-15 mins	Guided Breathing: Diaphragmatic breathing instruction. Progressive Muscle Relaxation (PMR): Systematic tensing/releasing muscle groups. Induction: Eye fixation, imagery (e.g., descending stairs, floating), calming suggestions. Deepening: Fractionation, countdowns, deepening imagery (e.g., garden, beach).	Calm, paced, rhythmic voice. Clear, simple instructions. Observes client responsiveness.
3. Therapeutic Work	15-20 mins	Positive Visualization: Guided imagery of safe/calm place, mastering a challenge, desired peaceful state. Autosuggestions: Direct & indirect suggestions for calmness, stress release, inner peace, resilience, self-efficacy. *Tailored* to session goal & client feedback. Metaphors for letting go (e.g., leaves floating away, knots untying).	Uses permissive language ("you might find...", "perhaps you notice..."). Embeds suggestions seamlessly into imagery/narrative. Closely monitors client (subtle cues).
4. Reorientation & Grounding	5-10 mins	Gradual Re-alerting: Count-up from 1-5/1-10 with suggestions of feeling alert, refreshed, calm. Mindfulness Exercise: Brief (3-5 min) focused awareness (e.g., breath, sounds in room, sensations in feet/hands). Grounding: Explicitly orienting to time/place ("Back in the room, today is [date]..."). Final positive affirmation.	Gentle, reassuring tone. Ensures client is fully alert and oriented before ending.
5. Post-Session Discussion	5 mins	Briefly discuss experience, address any questions, reinforce positive takeaways, agree on practice (e.g., breathing/mindfulness).	Supportive, encouraging. Focuses on positives and integration.

3. Protocol Details & Enhancements:

- Trained Hypnotherapist: Certified professional experienced in stress/anxiety management. Adheres to ethical codes (confidentiality, client autonomy).
- "Standardized Script" Framework: While core phases and techniques are standardized, the *content* (specific imagery, suggestions, metaphors) is personalized based on:
  - Initial assessment (Session 1 focus).
  - Client's stated preferences/goals.
  - Client feedback during Pre-Talk and previous sessions.
  - Observed responses during trance.
- **Gradual Progression (Comfort & Depth):**
  - Session 1: Focus on deep rapport, thorough assessment, education about hypnosis, gentle induction/deepening, establishing safe place imagery. Therapeutic work is lighter, focused on basic calmness.
  - Session 2-4: Builds on previous work. Deepening techniques become more sophisticated. Therapeutic work addresses specific stressors, coping mechanisms, and resilience more directly. Suggestions become more tailored and potentially complex.
  - Session 5: Consolidates gains. Focuses on self-hypnosis techniques, future pacing (imagining handling future stressors calmly), and long-term resource anchoring. Deepest therapeutic work.

- Grounding & Mindfulness: Essential for safety and integration. The mindfulness exercise is kept short but potent, directly linking the hypnotic calm to present-moment awareness. Grounding is explicit.
- **Participant Comfort: Integral throughout.**
  - Informed Consent: Thorough explanation before Session 1.
  - Control Emphasis: Constant reminders client is in control, can speak/move if needed.
  - Pacing: Therapist constantly adjusts pace/depth based on subtle feedback (breathing, facial muscles, small movements).
  - Feedback Loop: Dedicated time in Pre-Talk and Post-Session for client to express needs or concerns.
- **Session Content Progression Example:**
  - Session 1: Assessment, Rapport, Safe Place Establishment, Basic Calm Suggestions.
  - Session 2: Deeper Relaxation, Sensory Calm Imagery (e.g., nature), Suggestions for Physical Tension Release.
  - Session 3: Addressing Specific Stressors (e.g., work, relationships), Cognitive Restructuring Suggestions, Building Inner Strength.
  - Session 4: Resource Anchoring (linking calm feeling to a cue), Rehearsing Coping Strategies, Enhancing Self-Efficacy.
  - Session 5: Self-Hypnosis Training, Future Pacing, Consolidation of Gains, Long-Term Resilience Suggestions.

4. Safety & Best Practices:

- Screening: Contraindications screened for (severe untreated psychosis, certain personality disorders, severe cognitive impairment).
- Dissociation Monitoring: Therapist alert to signs of unproductive dissociation; grounding techniques used immediately if needed.
- No False Memory Creation: Avoids age regression or "memory recovery" unless specifically trained and indicated; focus remains on symptom relief and resource building.
- Collaboration: Positioned as a collaborative tool; client is active participant.
- Integration: Encourages practice of breathing/mindfulness between sessions.

This Intervention protocol provides a robust, structured, yet flexible framework for a 5-session hypnotherapy intervention targeting stress and promoting calmness, adhering to professional standards and maximizing therapeutic potential within the 45-minute session duration. The "green environment" and core techniques from your description are seamlessly integrated and enhanced.

Statistical Analysis

To analyze the results, the **t-test** was used.

4. Results and Interpretation

Hypothesis 1

“There is a significant reduction in occupational stress levels among teachers following the practice of Hypnotherapy.”

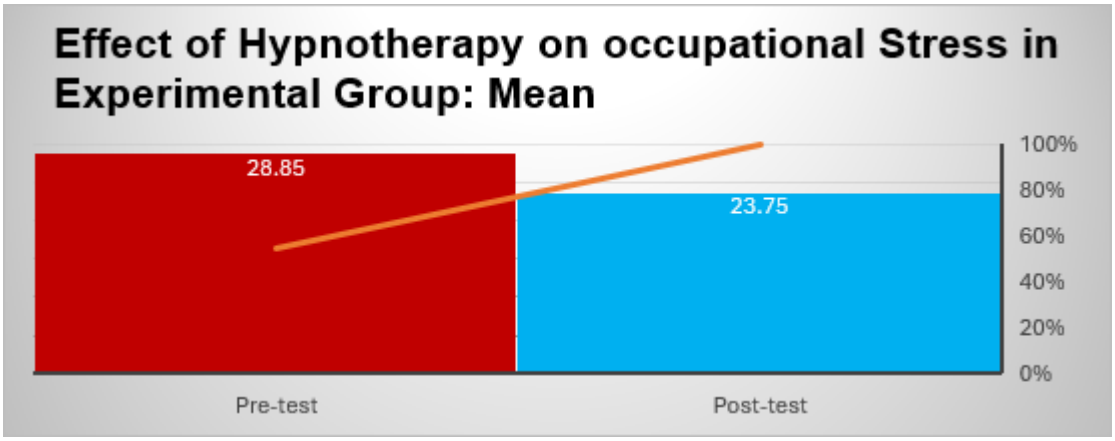
Table 1: Pre-test and Post-test Comparison (Experimental Group)

	N	Mean	SD	SE (Standard Error)	Mean Difference	DF	t	p Value
Pre-test	20	28.85	4.870	1.089		19		
Post-test	20	23.75	4.447	0.705	5.10	19	6.34	.000

Statistical Interpretation:

The results presented in Table 1 indicate a clear and statistically significant reduction in occupational stress levels among teachers following the Hypnotherapy intervention. Before the intervention, the average stress score (mean) was 28.85 with a standard deviation of 4.87. After the 30-day Hypnotherapy program, the average score decreased to 23.75 with a standard deviation of 4.45. The calculated mean difference of 5.10 suggests a meaningful improvement in stress levels. The t-value of 6.34, with a p-value of .000 ($p < .01$), confirms that this reduction is statistically significant and not due to chance. These findings strongly support the effectiveness of Hypnotherapy in lowering occupational stress among teachers, validating the first hypothesis that Hypnotherapy has a beneficial impact on mental well-being in educational professionals.

Graph 1: **Effect of Hypnotherapy on occupational Stress in Experimental Group: Mean**



The bar chart visually demonstrates the impact of Hypnotherapy on occupational stress levels among teachers in the experimental group. As shown, the mean stress score before the intervention was 28.85, which significantly dropped to 23.75 after the 30-day Hypnotherapy program. This noticeable reduction in the post-test mean clearly reflects the effectiveness of Hypnotherapy in alleviating stress. The visual gap between the two bars highlights the positive shift in mental well-being, suggesting that teachers experienced a meaningful improvement in their stress levels after undergoing regular Hypnotherapy sessions. This graphical representation reinforces the statistical findings and supports the conclusion that Hypnotherapy is a beneficial intervention for managing occupational stress among teachers.
Based on the statistical findings and the visual representation in the chart, Hypothesis 1 is accepted. The significant reduction in occupational stress levels among teachers following the Hypnotherapy intervention confirms that Hypnotherapy is an effective method for managing and reducing stress in educational professionals.

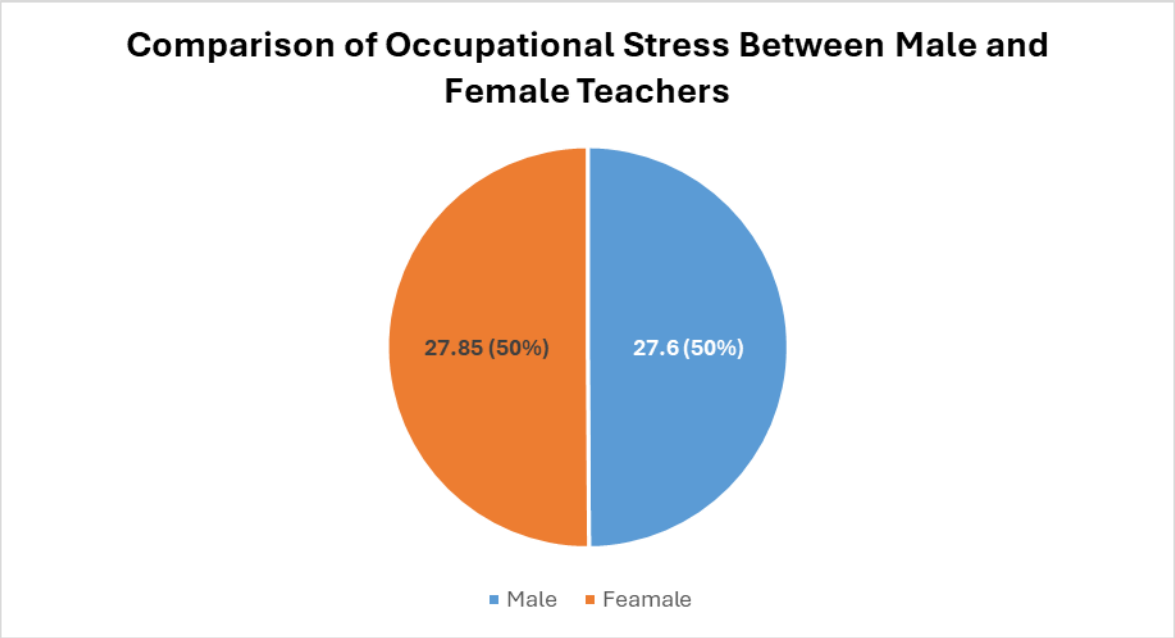
Hypothesis 2
"Male teachers experience higher levels of occupational stress compared to female teachers."

Table 2: Comparison of Occupational Stress Between Male and Female Teachers

	N	Mean	SD	Mean Difference	DF	t	p Value
Male	20	27.6	4.82	**0.26**	19		
Female	20	27.85	4.26		19	1.02	0.158

The data in Table 2 examines whether male teachers experience higher occupational stress levels compared to their female counterparts. The mean stress score for male teachers was 27.6 with a standard deviation of 4.82, while for female teachers, the mean was slightly higher at 27.85 with a standard deviation of 4.26. The calculated t-value is 1.02, and the p-value is 0.158, which is above the standard significance level of 0.05. This means the difference in stress levels between male and female teachers is not statistically significant. Although the hypothesis suggested that male teachers would experience more stress, the data does not support this claim. Therefore, Hypothesis 2 is not accepted, indicating that occupational stress levels are comparable between male and female teachers in this sample.

Graph 2: **Comparison of Occupational Stress Between Male and Female Teachers**



The pie chart illustrates the comparison of occupational stress levels between male and female teachers based on their mean scores. Both groups are shown to contribute equally to the sample (50% each), with male teachers having a mean stress score of 27.6 and female teachers slightly higher at 27.85. Visually, the difference between the two is minimal, and the chart reinforces the statistical finding that there is no significant difference in stress levels between genders. This suggests that occupational stress affects both male and female teachers similarly, and gender does not appear to be a determining factor in the level of stress experienced. Therefore, based on both the visual and statistical data, Hypothesis 2 is not accepted.

Hypothesis 3

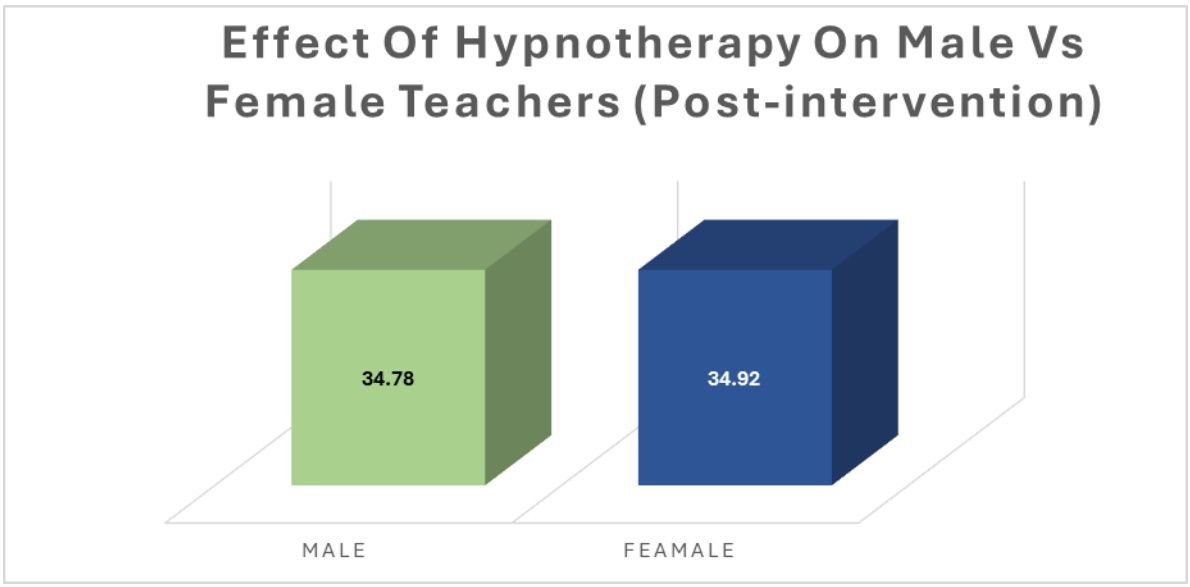
"Hypnotherapy has a significantly greater effect on reducing occupational stress levels in male teachers compared to female teachers"

Table 3: Effect of Hypnotherapy on Male vs Female Teachers (Post-intervention)

	N	Mean	SD	Mean Difference	DF	t	p Value
Male	10	34.78	8.89		9		
Female	10	34.92	8.42	0.14	9	0.6	0.278

Table 3 explores whether Hypnotherapy had a greater effect on reducing occupational stress levels in male teachers compared to female teachers. After the intervention, the mean stress score for male teachers was 34.78 with a standard deviation of 8.89, while the mean score for female teachers was 34.92 with a standard deviation of 8.42. The mean difference between the two groups is minimal (0.14), and the calculated t-value of 0.6 with a p-value of 0.278 indicates that the difference is not statistically significant ($p > 0.05$). These results suggest that Hypnotherapy was equally effective for both male and female teachers, without a notably stronger effect in either group. Therefore, Hypothesis 3 is not accepted, as there is no evidence to support a significantly greater impact of Hypnotherapy on male teachers compared to female teachers.

Graph 3: Effect of Hypnotherapy on Male vs Female Teachers (Post-intervention)



The 3D bar chart illustrates the effect of Hypnotherapy on male and female teachers by showing their average occupational stress levels after the intervention. As seen in the graph, the mean score for male teachers is 34.78, while for female teachers it is 34.92. The difference between the two is extremely small, visually reinforcing the statistical finding that Hypnotherapy had a similar impact on both genders. There is no meaningful variation in the effectiveness of the intervention based on gender. This graphical representation confirms that Hypnotherapy reduced stress levels equally in male and female teachers, and therefore, Hypothesis 3 is not accepted.

5. Discussion

This study shows that Hypnotherapy can significantly reduce occupational stress among teachers. After just 30 days of guided sessions, participants reported a meaningful drop in stress levels. This suggests that Hypnotherapy, as a structured relaxation and mental training tool, can help teachers manage emotional pressure more effectively.

The findings are in line with previous research. Bhavanani et al. (2011) found that practices like yoga and deep breathing improved both physical and emotional health, echoing the calming effects observed here. Similarly, Valentine et al. (2019) reviewed over 50 studies and confirmed that Hypnotherapy has lasting benefits for reducing stress and anxiety. These studies support the idea that mind-body interventions can be powerful resources for teacher well-being.

In the school setting, Romano and Washalstorm (2000) emphasized that teachers who receive mental health support tend to perform better and foster more engaged classrooms. The results of our study fit well within that understanding. Moreover, Wagh and Dongare (2022) pointed out how modern stress isn't only about workload digital overload from constant social media use also contributes to burnout. Their insights remind us that today's stress is complex, and Hypnotherapy can help teachers disconnect from that mental clutter.

Interestingly, there was no significant difference in outcomes based on gender both male and female teachers benefited equally. This suggests Hypnotherapy is a flexible, inclusive tool that works across the board.

Overall, Hypnotherapy proved to be a practical, low-cost, and non-invasive method for stress relief. Teachers found it easy to follow and helpful in building calm and focus. In a profession where emotional resilience is essential, this approach offers a quiet but effective way forward.

6. Summary and Conclusion

Summary

This study explored the impact of Hypnotherapy on occupational stress levels among schoolteachers in Nandurbar city. A total of 40 participants (20 male, 20 female) were randomly assigned to either an experimental or a control group. The experimental group underwent a structured 30-day Hypnotherapy program while the control group received no intervention. Stress levels were measured using the Occupational Stress Index (OSI) developed by Srivastava and Singh.

The results were clear: teachers who participated in the Hypnotherapy sessions experienced a significant reduction in stress levels. The average stress score dropped from 28.85 to 23.75 post-intervention, and the statistical analysis confirmed that this change was highly significant ($t = 6.34$, $p = .000$). Furthermore, gender-based comparisons showed no meaningful differences, suggesting that Hypnotherapy was equally

effective for both male and female teachers. Overall, the intervention proved to be a reliable, non-invasive, and accessible way to support mental health among educators.

Implications

The findings of this study hold practical and timely implications for educators, school administrators, and policy makers. Given the increasing psychological demands placed on teachers today especially in the digital age there is a growing need for accessible mental health interventions within educational systems.

Hypnotherapy, as shown in this research, offers a low-cost, non-pharmacological alternative to traditional stress-relief methods. Since it can be implemented in schools without major infrastructural changes and yields benefits for both genders, it can be considered a viable addition to staff wellness programs.

Furthermore, since stress impacts not only teacher well-being but also student performance and institutional effectiveness, adopting such interventions may have ripple effects across the entire educational ecosystem.

Recommendations

1. **Integration into Teacher Wellness Programs:** Schools and educational institutions should consider adding Hypnotherapy sessions as part of regular teacher wellness initiatives. These could be conducted weekly or monthly by certified professionals.
2. **Training and Awareness:** Educators should be introduced to the benefits of Hypnotherapy through workshops, seminars, and awareness programs. Teachers may also be trained in basic self-hypnosis or relaxation techniques for ongoing use.
3. **Further Research:** While the present study shows promising results, future research should examine long-term effects of Hypnotherapy and compare it with other stress-management methods like mindfulness or cognitive behavioral therapy.
4. **Policy-Level Support:** Educational policy makers can promote the inclusion of mind-body interventions like Hypnotherapy within teacher training curricula or national teacher support frameworks.

Conclusion

Teaching is a demanding profession, and the psychological strain it brings is increasingly evident. This study provides strong evidence that Hypnotherapy can effectively reduce occupational stress among teachers, regardless of gender. Its structured, calming nature offers an accessible and holistic way to support mental health in school environments.

In an age where educators are not only expected to teach but also to mentor, lead, and manage emotional challenges, interventions like Hypnotherapy offer a much-needed mental reset. By empowering teachers to manage their stress more effectively, we are ultimately investing in better education, healthier classrooms, and a stronger society.

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