



THE ROLE OF HYPNOSIS IN HANDLING JOB RELATED STRESS AND ANXIETY AT THE WORK PLACE

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ABSTRACT

In this document, the principal author who is also a practicing hypnotherapist, brings into his own experience in showing hypnosis can be the most lethal and effective instrument in handling job related anxiety and stress. Various dimensions of job-related stress like its sources and impacts of stress are discussed. Also, short note has been prepared on positive stress, the neuro psychobiology of stress and the various approaches for management of stress at the individual and organization level.

The section on hypnosis and hypnotherapy deals with the neuro psychobiology of hypnosis along with the effectiveness of hypnotherapy over all other available modalities of healing. The usage of hypnosis in stress relief has been dealt with both in relation to the eastern and western models including in positive psychology.

Hypnosis has been proven to be very effective both as a standalone mode of treatment and also as an adjunct to some available therapeutic treatments. Mention is also made about the role of personal characteristics, including hypnotizability or suggestibility in the identification and management of job-related stress. Finally, the author mentions the various techniques used by hypnotherapists in dealing with stress and anxiety, especially at the work place. There is also a cautionary note on the use of hypnotherapy by lay people which can in some instances be counterproductive.

In conclusion the document stresses on the importance of imparting training on hypnotherapy, in academic institutions so that medical professionals and psychologists can utilize this wonderful science of hypnotherapy. Also, it is time Indian psychology is also included in syllabus as it brings in a much wider, integrated and inclusive dimensions of knowledge.

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INTRODUCTION

Although hypnosis is widely regarded as an effective cognitive-behavioral method for alleviating stress, there is surprisingly scant available research on this issue. There are, however, numerous clinical and experimental studies in western psychology, concerned with specific problems that are often regarded as stressors.

Different researchers have approached on the topic of stress differently. It is studied as a stimulus to some aspect of the physical or psychological environment which takes a toll on individuals, organizations and the society. It is also studied as a psychological or physiological response to external, hostile environmental provocation. Most embrace the topic of stress as a dynamic expression of an individual's subjective perception of the world around in relation to his innate coping mechanism and resilience.

Job related stress has serious implications both at the individual and the organizational level and hence the need of studying the source, impact and the neuro-psychobiology of

stress. Also, it is very necessary that we study stress in relation to our own Indian tradition which has a different inclusive dimension altogether. Stress is a subjective experience and so is hypnosis. Hypnosis has its inherent strengths and is superior to all available modalities of stress management because it utilizes the inherent subconscious resources of an individual. For students of psychology, it is essential to study the various dimensions of stress, especially job-related ones and the effectiveness of hypnotherapy over other available treatment modalities. For Indians in particular, there is a crying need for studying the rich heritage drawn from Indian scriptures which explain how stress is handled. Thus, there is need for inclusion of hypnotherapy and Indian psychology in academic institutions to that the rich knowledge is disseminated for the benefit of mankind.

Let us First Start by Defining What Stress Means to a Psychologist.

Stress as defined by **American Psychological Association (APA)** is “the pattern of specific and non-specific responses an organism makes to stimulus events that disturbs its equilibrium and taxes its ability to cope.” Thus, it is a psychological response to external and internal stimuli. Neuro psychologists view stress response as an array of neural and endocrine changes that occur in an individual which is programmed to take to take one out of a situation of crisis and subsequently re-establish homeostasis.

With respect to organizational behaviour, stress is being increasingly studied with reference to increase in competitive pressures that impact workers and managers alike. In reality, stress can be physical, psychological, or a combination of both and the nature of stress of whatever kind can impact negatively on bodily chemistry and function, observes **Hans Selye (1976)**.

According to **Quick, et. al, (1997)**, stress or the stress response, is the unconscious preparation to fight or flee that a person experiences when faced with any demand. The body also responds to anxiety-provoking thoughts and events with muscle tension, which actually increases the subjective experience of anxiety (**Dr. Edmund Jacobson; 1920**). At the onset, let us clarify that not all stress comes from major life events. Lesser events, referred to as daily hassles can also create stress and can impact a lot of pressure in some individuals. **Kanner, Coyne, Schaefer and Lazarus (1981)** measured these minor stressors with a **Hassles Scale**. They also found that positive experiences made the hassles more bearable, reducing their impact on health.

Fortunately, hypnosis can help us to de-stress and unwind more effectively than any other therapeutic methods which we shall uncover in this work.

Sources of Job-Related stress

One out of every five working population experience some form of job-related stress which is more or less consistent across cultures. During the current pandemic situation, the work space and work orientation has changed adding to the already existing stressful situation. Very broadly there are two sources of work-related stress – one originating from the place of work (work demand) and the other relate to the external pressure that spill out in the work place (network demand).

The work demands relate to task demands (specific to the nature of work), role demands (relating to work assignment), interpersonal demands (concerning relationships between colleagues, bosses and juniors at the workplace) and finally the environmental or physical demand. In contrast, the network demands or non-work relate to the demands and responsibility at the home environment, especially for women in case of child care or parental care. Work a holism is another type of network demand which relate to the personal world of the employee and his attitude to work and can create stress in the form of over commitment to work, inability to enjoy vacations and respites from work, preoccupation with work problems when away from the workplace, and constantly taking work home during weekends. Network demands also come from personal demand from civic activities, volunteer work, and individual non-work organizational commitments in some extroverted and outgoing employees. Sometimes, traumatic

events like job loss, failed exams, missed promotions, romantic breakups can become stressful.

Task related demands include the impact of globalization (**Friedman, 2000**), onslaught of new technologies and the impact of change and lack of control, especially in relation to career progression. Lack of control is also physically and psychologically demanding as they may be caused by the inability to influence the timing of tasks and activities, inability to select the right strategies or methods to complete a work, inability to participate in the decision-making process and influence outcomes or the incapability to exercise direct action to affect work outcome.

A recent study by the Indian Council for Research on International Economic Relations found around 45% of the Indian workers are mainly stressed by increased focus on profitability that has arisen during the recession. Workers in mid-sized Indian companies have experienced a greater rise in workplace stress than people in smaller businesses which could be due to the potential threat for downsizing. Especially in the IT and BFSI sector, technological innovation creates rapid change and uncertainty requiring employees, up skilling, additional training, etc. which contribute to career stress and techno stress. Paradoxically, the role of computerization and IT induce additional stress rather than relieve one.

Concerns over career progress and time pressure (work overload) are two additional task demands triggering stress for the person at work. According to **Hall & RITCHER (1990)**, in many organizations the middle manager ranks have been thinned due to the mergers, acquisition, downsizing leading to overloading of work on the existing employees. This is pronounced during the past two decades and has peaked throughout the world, during the pandemic.

There are two types of roles demands: role conflict and role ambiguity. Role conflict results from inconsistent or incompatible expectations communicated to a person and it may be inter-role, intra-role or person-role conflict. Intra-role conflict is caused by conflicting expectations related to two separate roles, such as employee and parent. Work-family conflicts like these can lead individuals to withdraw behaviours, opines **Hammer and others (2003)**. Ethics violations also are likely to cause person-role conflicts where the way an employee is expected to behave in a work environment violates with his personal values, beliefs or principles conflict. The other cause of role stress is role ambiguity which is the confusion a person experiences related to expectations of others.

As per **Frost (2003)**, emotional toxins, like sexual harassment, poor leadership in the organization, are interpersonal demands for people at work. Emotional toxins are often generated at work by abrasive and demanding bosses with poor leadership qualities which can cause a range of work disturbances. Even emotional dissonance can be a source of work stress. Functional diversity within project groups often induces problems in forging meaningful and trusting relationships. Added to the work stress are other factors like pre-existing ill health, personality traits (like pessimism), material factors (like financial hardships) and other non-work psychosocial stressors.

Extreme environments, strenuous activities, hazardous substances and global travel, create physical demands at the work place. Simply working with a computer for long hours,

especially during these work from home practice during the pandemic period is very stressful. Stress is also generated if the ergonomic fit between the person and the machine is not correct resulting in back aches, eye strain, neck stiffness, arm and wrist problems, etc. Sometimes office designs that use partitions rather than dull walls can create stress by offering little privacy and insulation from work interruptions.

Eustress and Distress.

Most people actually love a little stress at work and when it is of the right kind, it is called stimulation. Thus, not all task demands are negative. **Podsakoff and others (2007)** opined that challenge stressors that promote personal growth and achievement however are positively related to job satisfaction and organizational commitment. Eustress or positive stress assist in job performance in the form of increased arousal and motivation, complete dedicated engagement to the work and a surge in physical strength and stamina. Health wise positive stress boosts the cardiovascular efficiency and balance in the nervous system as the chemicals released help strengthen the immune system, improve performance and induces positive mood. Needless to say, that an organization striving for high-quality products and services needs a healthy workforce to support the effort. The **Yerkes-Dodson law (1908)** indicates that stress leads to improved performance up to an optimum point.

Here, in this paper, we are dealing mainly with distress, which is the work-related psychological disorders (like depression, burnout and psychosomatic disorders). Depression and burnout can lead to emotional exhaustion which may also be caused by the requirements for emotional expression on the job, according to **Grandey (2003)**.

Another form of distress is related to behavioural problems which include workplace aggression which may be triggered by injustice in the workplace. Ethics and cultural differences are too often a basis for interpersonal conflicts and may escalated occasionally into physical violence in the work place. Substance abuse, accidents both on and off the job are another behavioral form of distress that can sometimes be traced to work -related stress.

In addition to the individual distress, there are organizational distress too, in the form of participation problems, performance decrements and compensation awards (**Westermann, Kozak, Harling, & Nienhaus, 2014**). Some organizations are forced to hire temporary personnel against cases of absenteeism, resulting in elevation of overhead costs (dysfunctional turnover). On the other hand, performance decrements are the costs resulting from poor quality or low quantity of production, grievances and unscheduled system downtime and repair. Finally, compensation awards are the organizational costs resulting from court awards for the job distress.

Individual differences in the stress-strain relationship

Individual differences, such as gender, Type A behaviour, personality hardiness, self-reliance, extraversion, neuroticism, extraversion have been found to impact the stress-strain relationship. The element of suggestibility or hypnotizability is a subjective experience of an individual in a trance state also has been found to contribute to the resilience of an individual in therapeutic healing. There could be thus, some predisposing factors or Individual traits, such as, neuroticism, low

extraversion, agreeableness, conscientiousness, etc. Personal characteristics like pessimism, vigilance, neuroticism, mastery, and self-esteem have been found to explain part of the association between self-reported job insecurity and work place stress.

Research shows that the genders experience and respond to stress differently because of differences in genes, hormonal changes and differing evolutionary instinctual responses. Thus, it is important for therapists to be sensitive to the differing stress responses of the genders in order to adequately treat patients. Earlier researchers demonstrated that the fight or flight response is typical response to stress in males, may be because the stress literature is predominately studied by males and of males. Things often differ in females where the female stress response was more about “tend and befriend” – caring for the young and seeking social affiliating (**Lisa Mosconi, 2020**). This seems to explain the striking sex differences in stress management styles at the work place. However, very recently researchers provide counter examples of the typical male = fight/flight and female = tend/befriend concept.

Some Concepts Related To Stress At Work

Job Insecurity and Employment Insecurity

The most common source of job stress is job insecurity which is conceptually different from employment insecurity. While job security represents the ability to remain in a particular job, employment security represents the likelihood of being able to remain in paid employment, even if this is a succession of jobs. The depth of the job insecurity experience is dependent on the perceived probability and perceived severity of the job loss and has a subjective appraisal element that is highly context dependent and thus is experienced by people who do not lose their job as well as those who do.

Burnout and Job Stress

Burnout is a psychological response to job stress that **Maslach (2001)** defined along three dimensions: emotional exhaustion, depersonalization and reduced perception of personal accomplishments. This may result in serious consequences both for the individual, and for the work organization. Burnout contrasts with rust out, which is a form of psychological distress caused by the lack of challenge, inspiration and opportunity on the job opines **Wylie (2004)**. Thus, the intense stress of public speaking may result in a speech disorder, that is, the person is under so much stress that the mind literally will not allow speech to occur.

Impact of Job Stress

The various general symptoms of stress, including Job related stress are:

Emotional

Depression, chronic phobias, anxiety, mood changes, loneliness, or feeling intensely overwhelmed, personality change, etc.

Physical

Aches, headaches, nausea, diarrhea, constipation, decreased libido, hypertension, gastrointestinal problems, skin disorders, bronchial asthma, diabetes, immune dysfunction, muscular problems, etc.

Behavioral Symptoms

sleep disorders, procrastination, substance abuse, nervous habits, or eating more or less, alcoholism, relationship issues, sexual problems, etc.

Cognitive Symptoms

Negative thinking, constant worry, poor judgement, inability to focus, or trouble remembering, obsessive thoughts, etc.

While we all experience stressful episodes in our lifetime, we realize that is not the situation, but our subjective perception and reaction to the situation that results in stress. Researchers approach job stress in two broad ways. First, the recognition that psychological forces can result in physical problems and the second that, psychological forces that can positively impact the healing process. Self-reported job insecurity has far reached impacts on physical and psychological health.

In addition to the above listed symptoms, stress biases us towards selfishness. In the same paradigm, stress lessened how altruistic people claimed they would be concerning personal (but not impersonal) moral decisions. Stress makes people more egoistic, but in the most emotionally intense and personal circumstance. Stress decrease empathy and makes us harder to unlearn fear or extinguish a conditioned fear association. Humans also excel at stress reduced displacement aggression. This is specifically noted in the increased rate of spousal and child abuse during an economic downturn (like the current pandemic situation). Some researchers opine that job stress can manifests itself through the three dimensions of burnout - symptoms of exhaustion, cynicism, and diminished professional efficacy.

Job insecurity increases workplace injuries and accidents through detrimental effects on employee safety motivation and safety compliance. Both self-reported and attributed job insecurity have been associated with increases in short spells and medically certified spells of sickness absence from all causes, musculoskeletal disorders, and trauma. This phenomenon is called sickness presenteeism.

There is also increase in health service use like consultations with the general practitioner (GP), hospital visits and use of prescribed medicines (like tranquilizers and antidepressants). This was also noted significantly in the workers' families. Other effects on the family include increases in work-family conflict and tension in the home. Evidence of this spill-over confirms adverse effects on family members, family relationships and the behavior of children.

Neuro-Psychobiology of Stress

Recent molecular and pharmacological studies have identified intricate patterns of communication between our immune system and the central nervous system. Psychological factors, like mood, thought suppression and stress have been proven to play a role in our immune system functioning. During stress, the body shuts down functions which are deemed non-essential in the flight-fright-or-freeze mode by diverting the flow of blood to large muscle groups. The brain pumps specific hormones and neurotransmitters, such as cortisol, epinephrine (adrenaline) and norepinephrine. Prolonged stress can lead to a number of clinical manifestations linked to parasympathetic inhibition, including dysregulation of respiratory, cardiovascular, digestive, eliminative, and sexual functions. They also suppress the immune system and the brain does not

get an opportunity to reach a healthy level of homeostasis or mental equilibrium. Critical events in the brain mediate the start of the stress response.

Some researchers made different observations between chronic stress and sustained stress response. During sustained stress response, the amygdala processes emotional sensory information more rapidly and less accurately, dominates hippocampal function, and disrupts fronto-cortical function resulting in being fearful, impulsive and confused. While acute stress response involves enhanced immunity, chronic stress suppresses immunity increasing vulnerability to some infectious diseases. We get sick because we activating the stress response to often, too long and for purely psychological reasons.

Famous hypnotherapist, **Ernest Rossi (2002)** proposes the creation of a new discipline, '**psychosocial genomics**', to explore how the experiences of everyday life can turn on activity-dependent gene expression and neurogenesis in ways that optimize performance, health and well-being. Also, there are several research studies which have demonstrated how psychosocial stress can impair cellular-genomic functioning in the immune system.

While the field of immunology continues to progress, we note that the available methodological techniques for evaluating the immune system are very basic. However, as the research literature expands, the therapist must respect the increasing contribution of psycho immunology, psycho-somatology and psychotherapy to our understanding of stress-related illness. Fortunately, hypnotherapy is effective in addressing the management of stress as during hypnosis the body does not artificially supply or block chemicals in the brain. Rather it works to naturally modify the brain's neural responses to stress and anxiety.

But, before we move to hypnosis, let us explore other available approaches to manage stress.

Approaches for Managing Stress

In spite of enough research work on job stress there is no consensus on the concept and the method of treatment. Interventions can be categorized as person directed (individual/groups), organization-directed or a combination of both. Person-directed intervention programs are usually cognitive behavioural measures aimed at enhancing job competence and personal coping skills, containing social support elements or different kinds of relaxation exercises. Organization directed interventions, on the other hand are usually changes in work procedures, task restructuring, work evaluation and includes supervision aimed at decreasing job demand, increasing job control or the level of participation in decision making.

Some research highlights that cognitive-behavioural interventions and interventions based on relaxation techniques seem to be effective for reducing emotional exhaustion symptoms of burnout and may call for newer types of interventions to address depersonalization and personal accomplishment.

Kenny and others (2000), in their book, show how stress affects the human in predictable ways, independent of source of stress. Stress management techniques are shown to be helpful when they modify maladaptive coping styles or rigid personality styles, mollify toxic environments, or build internal

coping skills that allow one to contemplate, dissociate from, and physically or emotionally relax in response to stress.

Some of the techniques include allopathic treatments, herbal medications, yoga, meditations, (Herbert Benson, 2000), visualization (Kosslyn, 1994), biofeedback (Gevirtz, 2007), diaphragmatic breathing (Davis, Eshelman, & McKay, 2008), relaxation response (Benson & Klipper, 2000), cognitive methods and numerous other approaches (Lehrer, Woolfolk, & Sime, 2007). The most effective of all form of intervention has been found in hypnosis and most of the mentioned techniques share commonalities and are often used effectively in combination with hypnosis. A professional hypnotherapist also focusses on releasing internalized traumas and tensions as a therapeutic intervention by inducing trance.

Often the hypnotherapist teaches the client self-hypnosis which is a rapid, cost-effective, non-addictive and safe alternative to medication for the treatment of anxiety-related conditions. This very act of going into a hypnotic state eases stress, especially when the client realizes that he is able to heal himself by utilizing his own inner resources where the therapist merely plays the role of a catalyst. Self-hypnosis requires four distinct steps: motivation, relaxation, concentration and direction. Orne and McConkey (1981) have argued that since it is primarily the ability of the individual, rather than the skill of the hypnotist, which determines whether a person responds to hetero-hypnosis, all hypnosis can be thought of as self-hypnosis.

Some organizations adapt preventive stress management which is an organizational philosophy about people and organizations taking joint responsibility for promoting health and preventing distress. Individual preventive stress management, on the other hand focuses on positive thinking, time management and focus on leisure time activity as a primary prevention method. Others include physical exercises, relaxation training, diet etc. Organizational psychologists focus on job redesign, appropriate goal setting, role negotiation, career management as a primary prevention strategy. The other areas are helping forge good team relationships and receiving positive social support at work. Some organizations also have comprehensive health promotion programs aimed at establishing a "strong and resistant host" by building on individual prevention and lifestyle change.

Before we move into the nuances of hypnotherapy, let us understand stress from the Indian philosophy perspective.

Stress in Relation to Hypnosis, Positive Psychology and Indian Psychology

Yapko (2012) had referred hypnosis to be the original 'positive psychology' because according to him a practicing hypnotherapist treats with a belief that generally people have more positive subconscious resources within them one is consciously aware of. These resources evoke positive strengths and resilience which helps one to come out of a dysfunctional belief system.

Positive psychology with its focus on wellness came as a reaction to traditional psychology which stressed on illness and disorders in human being. This movement is similar to the humanism movement of Carl Rogers which came as a relief after the previous period of psychoanalysts and the behaviorists movements. Like its traditional counterpart,

positive psychology also represents one half of reality which is distinct from Indian psychology which is all inclusive and encourages no distinction.

Dr. Ramakrishna Rao feels that culture plays an important role in the perception of stress related threat and in determining the coping behaviour. Stress in contemporary science has focused on the taxonomy and manifestation of stress. Thus, they are focused on matter-based paradigms where the management of stress is primarily a brain centered intervention like lifestyle modification, specific medication, moderate physical activity and social support at an individual level (McEwen, 2007). In contrast, traditional Indian thought focused on consciousness-based approaches, a concept alien in western paradigm. Stress in Indian psychology deals with the causes of stress include narration on types of pain (self and environment generated), intense human desires and ego involvement or afflictions (klesas). It deals with both pleasure as well as pain as stressful and there is a greater degree of acceptance of suffering. There is no hankering for desires and pleasure or avoidance of pain.

The classical texts model on Yoga explains stress as an imbalance in 5 different ko as (sheaths) or the 5 levels of existence (Pancakosas) of human condition. Stress originates in two references – Klesha and dukkha. Klesha (in Sanskrit means a condition of pain) has been crystallized in the Yoga framework and refers largely to the stressor effect. Dukkha appears in Sankhya darshan more as a phenomenon of stress. Model of preservative cognition mentioned in the works of Lazarus (borrowed from Samkhya-Yoga, Nyaya, Vedanta and Buddhism) proposes the adverse effects of repetitive thinking, either through rumination of the past or anticipatory worry of the future. The threat-appraisal is described in these systems, is due to phenomenological cognitive processes (principally erroneous self-appraisal, and perverted object-appraisal). According to Indian psychology, the coping mechanism in these systems are themselves laden with stress, because of the initial error in the cognitive appraisal of the self (avidya). Counteracting this error is the practical aspect of these systems which calls for a coping behaviour of a different kind, called sadhana in Sanskrit. This leads one to self-realization and an enlightened understanding of the self in relation to everything around the self.

Integrated Approach of Yoga Suitable for Modern Times

Most researchers feel that a synthesis of western and ancient Indian perspective will give the benefit of deeper insights in the self by integrating technology and knowledge base on scriptures that can lead a person to higher levels of human emotional and spiritual activity. By adopting this not only can we address stress-related crisis but also ensure good preventive strategies. Thus, in modern times, an integrated approach of yoga techniques along with an awareness of the five sheaths (panchakosas) may be a solution to reduce the heightened activity of stress and restore imbalances in the mind-body complex. The secret lies in maintaining a present moment awareness, inner silence, and equipoise while we perform all our actions. By regular practice of yoga, one moves from gross state of awareness to the subtle. Fortunately, hypnosis offers a bridge between the eastern and western concepts of understanding stress. Hypnosis also serves to access the hidden, deep rooted subconscious potential of an individual in

a state of induced trance by a therapist or through auto hypnosis.

Let us turn our attention to the most potent form of handling stress – hypnosis or hypnotherapy.

Hypnosis and Hypnotherapy

What is Hypnosis?

Therapists have not been able to conclusively define hypnosis although most agree it to be a state of aroused, attentive focal concentration accompanied by a reduction in peripheral awareness. While an agreed definition eludes the profession (**Brown, 2007**), there is unanimity on the nature of the client's experience of hypnosis (**Fox, Kang, Lifshitz, & Christoff, 2016**) and the mounting research for the efficacy of clinical hypnotherapy (**Curtis, Wingert, & Ali, 2012**). A previously accepted definition for hypnosis accepted by the American Psychological Society (**Green, Barabasz, Barrett, & Montgomery, 2005**) was revised in 2014 to accommodate various theoretical orientations about the hypnotic mechanisms resulting in a brief commentary for each which was summarized as follows: (**Elkins, Barabasz, Council, & Spiegel, 2015**).

- Hypnosis: “A state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion.”
- Hypnotic induction: “A procedure designed to induce hypnosis.”
- Hypnotizability: “An individual's ability to experience suggested alterations in physiology, sensations, emotions, thoughts, or behaviour during hypnosis.”
- Hypnotherapy: “The use of hypnosis in the treatment of a medical or psychological disorder or concern.”

Other accepted ones were defined as an altered state of consciousness or trance (**Kallio, Hyönä, Revonsuo, Sikka, & Nummenmaa, 2011**) or an “interaction between two people where one attempts to influence the other's perceptions, emotions, thinking and behaviours”. (**Heap, 2005**). The hypnotic state has been described as a natural state, one that everyone experiences daily, involving focused attention, increased concentration and heightened sensory awareness and characterized by a slowing of brain waves (**Janke & Hood, 2010**). It typically includes relaxation within the body and an increased responsiveness to suggestion resulting in changes in subjective experience, alterations in perception, sensation, emotion, thought, or behaviour (**Green et al., 2005**).

In the therapy room, a hypnotherapist prepares a person through adequate psycho education of the functioning of the mind and the role of hypnosis, during the history taking stage. Various common myths surrounding hypnosis and hypnotherapy are addressed. Later, trance is induced in the client generally followed by intuition guided participative and integrative therapy. This is followed by reconciliation of the understanding of the issues by an employee at a deeper subconscious level followed by trance termination. Suggestions, both during the session as well as post hypnotic suggestions in the nature of tasks are also induced for the therapy to be thoroughly effective and long lasting. The impact of hypnotherapy is long lasting as the subconscious part of the human mind is accessed by bypassing the rational faculties of the critical mind.

Neuro-Psychobiology of Hypnosis

While we had an understanding of the neuro-psychobiology of stress, it becomes although pertinent to understand how hypnosis actually works at the neuro – psycho- biological level. Although in the neuropsychological field, there is still some confusion how hypnosis works, it has been proven without doubts that hypnosis modifies the way the brain sorts through our perception, recognize our internal conflicts and deals with errors and maladaptive thoughts and behaviour. Suggestions received during hypnosis are not subjected to the same rigour of conscious activity in the frontal lobe of the brain. On the other hand, it changes the activity in the anterior cingulate cortex region in the brain. Attention research shows that our subconscious part of our mind has the ability to select which facets of the sensory bombardment in the brain are relevant to synthesize a singular, consistent, narrative that becomes our conscious, everyday perceptible experience. Neuropsychological research shows that when external, subconscious influences affect a person's behaviour, the brain creates a story which attributes the new behaviour to the client's own reasons and motivation. This becomes central to the therapeutic relationship. This is where hypnosis impacts a deep-rooted change in a person and this is how hypnosis has been proven to be far superior and safe than all other available therapeutic interventions.

Effectiveness of Hypnotherapy

In terms of medical applications documented research proves its efficacy in the areas of treatment of asthma, various form of auto immune disorders, warts, cancer related fatigue, cystic fibrosis, dental applications, diabetes mellitus, dysphagia, enuresis, fibromyalgia, simple headaches, hypertension, IBS, women problems (menopause – hot flashes, labour and delivery), Morgellons disease, nail biting, nausea associated with chemotherapy, Parkinson's disease, pediatrics, pre-surgery, prostate cancer, Reynaud's syndrome, skin disorders, spasmodic torticollis, vocal cord dysfunction, etc.

The psychological applications have been proven in handling various stages and forms of addictions, behaviour modification, management of anger, handling of anxiety, issues relating to bereavement, various form of conversion disorder and eating disorder, handling fear while flying, flow and peak experiences, forensic interviewing, marital communications, mindfulness meditation, issues surrounding body weight, PTSD, issues relating to body shape, sleep issues, targeted performance in sports, addressing stress and of course the most widely used area – stress and depression.

The Benefits of Hypnosis for Stress Relief

The use of hypnosis relative to stress is broadly covered in two categories. One, the use of hypnosis to reduce stress associated with specific stressors and the second is related to the attempt to avoid aversive stimuli. Stress being a subjective experience, the results and impact are contextual and varies from person to person. Also, there is not one set of standards that govern the profession, although most practitioner do adhere to some kind of ethical standards.

A hypnotherapy session often starts with relaxation, which activates the parasympathetic system (the central nervous system in charge of healing and cells' regeneration). Visualization and imagery techniques are commonly used to stimulate the same. Hypnotherapy focuses on the fascinating

natural mental and physical power of the brain and its connection to the body.

Hypnotherapy primarily deals with accessing the subconscious mind of a client by inducing a state of trance. Usually, the hypnotherapist helps a client enter a state of deep relaxation state and during this time the conscious, critical and rational mind is bypassed and the subconscious becomes more open and amenable to accepting and implementing positive suggestions. Thus, hypnosis assists in reframing negative thinking patterns and works on the subconscious modification of dysfunctional belief system of the client. Hypnosis also focusses on the positive and reformatory side of an individual by focusing on inherent strengths, qualities and resources of an individual which a client may not be conscious of.

Intrusive thoughts are a hallmark of anxiety conditions (Clark, 2005). Much research has indicated that attempts to suppress thoughts typically result in an increase of the unwanted thought (Wenzlaff and Wegner, 2000). Hypnosis allows us to work past these deeply held beliefs, and begin to empower and support the mind. In a state of trance, the mind becomes very receptive to new information and the new state of mind empowers us to reframe and reprogram the subconscious, which acts like a sponge - accepting information without critically analyzing it.

In addition to reframing negative thought pattern, hypnosis helps also in calming the mind through natural relaxation processes and in empowering a sense of confidence by teaching one to be more supportive and self-reliant by utilizing the client's internal resources. Thus, hypnotherapists focus on the desired results and positive rethinking by offering mental and physical strategies for managing symptoms by breaking into the negative thought patterns and earlier failed responses to stress.

Hypnosis can in many instances facilitate the enhancement of human behaviors by helping one to increase one's self-confidence and self-esteem. Hypnotherapy is powerful in inducing motivational content (Spanos, 1986). In the clinical context, using hypnosis may increase the expectancy of success and also the extent to which the individual complies with any suggestions given by the hypnotist. Adopting a social psychological interpretation, Kirsch *et al.* (1995) suggested that participants in many of these studies may have responded to therapy better when it was termed hypnotic because they were more motivated and expected a better response. This aspect is called hypnotizability and suggestibility.

Role of hypnotisability in handling stress

Hypnotizability is an individual's ability to experience suggested alterations in physiology, sensations, emotions, thoughts, or behavior during hypnosis induced by a hypnotherapist. Higher levels of hypnotizability are associated with increased imagery ability (Glisky *et al.*, 1991). The ability of hypnotizable individuals to dissociate, or separate psychological issues from somatic response, can be used to maintain physical relaxation even in the face of emotional distress.

In relation to the topic of stress, it is important to note that hypnotizable people have more unwanted intrusive thoughts than low hypnotizable people indicating that hypnotic responding is influenced by contextual factors (Council *et al.*, 1986). Research proves that highly hypnotizable individuals are better able to inhibit unwanted thoughts during hypnosis

than low hypnotizable (Bryant and Wimalaweera, 2006). There is enough evidence that people with anxiety disorder are characterized by increased levels of hypnotizability and some studies have found that patients with multiple anxiety disorders are more hypnotizable than those with a single phobia (Frankel and Orne, 1976). However, it should be noted that not all studies find elevated hypnotizability in anxiety populations (Frischolz *et al.*, 1982) and overall, the evidence for hypnotizability predicting treatment response is mixed across disorders, including anxiety disorders.

Hypnosis as an Adjunct to Other Therapy

Some therapists, opine that hypnosis is not a therapy in itself but a technique used as an adjunct to therapy. There are others whose research work is directed in proving that hypnosis may be as effective as related available methods, like biofeedback and progressive relaxation, aimed at countering sympathetic arousal in the treatment of psychophysiological disorders. This mechanism, however, involves the induction of a profoundly relaxed condition, which can be achieved in a majority of individuals regardless of their capacity to respond to hypnotic suggestion.

Alladin, Assen (2012) stressed that when combined with other psychotherapies, hypnotherapy has varying degrees of success. Research literature is replete with examples of hypnosis used with various therapies over several decades, including the more traditional insight-oriented therapies (Brennan & Gill, 1947). Kirsch *et al.*'s (1995) meta-analysis found that CBT supplemented by hypnosis led to more clinical gains than CBT alone. Thus, hypnosis has been used very effectively with cognitive-behavioral therapies, insight-oriented therapies, rational-emotive therapy (RET), and rational stage directed hypnotherapy (RSDH).

Over the years, cognitive-behavioral methods and also mindfulness-based stress reduction methods have been thoroughly investigated for their effectiveness and benefits for stress reduction. There is scant literature of application of hypnosis along with mindfulness-based therapy which is a concept borrowed from Buddhism and Hinduism, although it has also been used as an adjunct to hypnotherapy successfully. When combined as mindful hypnotherapy, there has been a significant reduction in perceived stress. However, researchers like Olendzki, Elkins, Slonena, Hung, & Rhodes, (2020) feel that despite mindfulness being a useful intervention for anxiety and stress, it can be time intensive and may not have superior results to CBT. We know that hypnosis, however, does help in both being mindful and attain a meditative state, a state of no-mind.

Cognitive Hypnotherapy (CH) is recognized as an integrative model of psychotherapy (Alladin 2008) and is a major evidence based sub-modality of modern hypnotherapy which gained greater impetus since the publication of the influential meta-analysis by Kirsch, Montgomery, and Sapirstein (1995). This combines cognitive behavioral therapy (CBT) in the management of emotional disorders and other psychotherapeutic benefits by using both imagery and relaxation used during hypnosis. This model synthesizes both theory and empirical findings. (Gold & Stricker, 2006).

Some Hypnotherapeutic Techniques Used to Manage Stress

Hypnosis has been widely proven to be effective in case of handling deep psychological and issues and the therapist needs

to be thoroughly skilled and knowledgeable in handling both the psychological as well as the physiological aspect of a person's body (hormonal) and mind. Although the therapist facilitates the process of healing through the use of various hypnotherapy techniques, there is an active participation of the client in this unravelling process unlike in any other available healing modalities. It is the client who determines the nature and progression of the outcome and the hypnotherapist acts merely a facilitator or catalyst. This gives the client the sense of absolute freedom and own responsibility in one's own healing process. Thus, although the attitude and the knowledge of the therapist is paramount, it is the workings at the subconscious levels of both the client and the therapist which is paramount for a long-lasting therapeutic experience. This experience is profound, deep and long lasting.

As hypnosis is a subjective experience, it works differently for different people. The element of hypnotizability and hypnotic susceptibility also determines the creative and therapeutic experience a person goes through the trance state. This nature of subjectivity also renders it difficult to be utilized as a research methodology. The mechanisms of applications of hypnotherapeutic techniques have included the long-known, trance induced phenomena of enhanced suggestibility, hypermnesia, distortion of the time sense, regression and revivification, response to posthypnotic instructions, dissociation, ideomotor communication, tolerance for distortion of reality, modified physiological processes, and suspension of critical thinking, etc. These are a function of the individuals' unique talents as hypnotic participants (hypnotic suggestibility) and the source of individual differences.

Hypnotherapy also utilizes concepts of psychoanalysis and regression therapy to unravel past repressed trauma. Hypnosis helps a person to walk through different phases of her life in a state of trance to identify perceptual dysfunctional beliefs, habits and thoughts and intuitively work through them by utilizing her own internal resources at a subconscious level. Thus, hypnotherapists use memory regression for addressing stress related issues which has source in memories of past events. The beauty of hypnosis is that it is possible to revisit those memories of the past and reframe, reorient and re-experience the event with the full knowledge that they are now more capable of protecting themselves in the present as adults.

Hypnosis permits subjectively compelling imagery (**Taylor, 1982**) that allows the individual to believe in the suggested experience (Sheehan and McConkey, 1982). This generally works in two ways. One, the suggested images have an inherently soothing and calming effect and second, they are used as a form of gradual exposure therapy, where the hypnotherapist uses imaginal forms of graded exposure to the stressful triggers. This process of imaginal exposure leads to a subconscious learning that the feared event can no longer be threatening. Also, any subsequent decrease in anxiety and stress strengthens the new learning of anxiety reduction (**Foa and Kozak, 1986**).

Hypnotic suggestions to engage in the imaginal or in vivo exposure, including suggestions to imagine the sensory, cognitive and emotional aspects of the experience in an intense manner, can enhance the exposure efficacy. Hypnotherapy, utilizes the use of suggestions (including post hypnotic suggestions) to handle stress. It also utilizes a client to create his or her own positive triggers for most desirable outcomes. Triggers and anchors are a concept used in NLP which has

been found to be most effective in hypnosis. The therapist also helps the client to create an "anchor" to those positive feelings which can be a phrase, a specific place, or a physical gesture such as pressing the thumb and forefinger together, etc. Through physical and mental association, a client finds it easy to enter the desired state whenever the chosen anchor is activated in the future.

The use of Ericksonian principles of observation and utilization has been proven to be very effective as the indirect method of trance induction and therapy bypasses the conscious, rational mind in creating a barrier. His techniques use principles of NLP and Language which include amongst others the use of embedded statements, suggestions or questions, the usage of interspersal techniques, analogue marking, usage of the client's pet name, linguistic softeners, discourse markers, modal operators, etc. are very effective to bypass the normal conscious processing and resistance of the conscious mind. Various Ericksonian techniques like Visual/Kinetic modality, double dissociation, hypnotic desensitisation, ratification, complimenting, age-regression/revivification, visualization, usage of metaphors and symbols, analogy, anchoring, scaling, future pacing, creation of amnesia, frustrating response, reframing, distraction, graded exposure technique, pattern intervention, seeding and some non-verbal techniques. Each of the techniques have their own effectiveness and it is essential that the therapist has a list of such techniques in his armory and it is when the skill is effectively developed through continual practice that the intuition and the subconscious part of the therapist can take an active part in the therapeutic process.

Risks and Challenges of Hypnosis

Although hypnosis is a natural experience and that it is easy to learn to hypnotize. However, the usage of hypnosis in treating people suffering from various forms of physiological and psychological issues takes years of practice, patience and perseverance. A lay hypnotherapist can actually induce wrong suggestions erroneously which can create paranoid psychosis, false memory syndrome or symptom substitution within a client. Sometimes severely repressed trauma during childhood resurfaces during hypnosis and the therapist has to be extremely skillful in handling such abreactions during therapy. Deep rooted psychological issues need to be handled with extreme care and most hypnotherapist exercise extreme caution while diagnosing severely psychotic, neurotic and schizophrenic people. Thus, there is a careful need to assess the readiness, alacrity and soundness of the person before a therapist decides to treat one with hypnosis and the usual ethical principles applicable to counselling and psychotherapy are equally applicable in case of hypnotherapy. Most practicing therapists, however, get assistance through supervision and monitoring.

CONCLUSION

Although there is substantial evidence of the effectiveness of hypnosis in handling job related stress, more research is needed that assesses relevant variables such as hypnotizability and expectancies, especially when comparing hypnosis to other stress-management techniques. Various researchers conclude that hypnosis is at least as effective, if not more so, than other techniques for reducing stress and helping the individual learn to cope with stress.

In the Indian context, mainly due to the colonization impact, the Indian culture has been dominated by a feeling of inferiority and western form of science and psychology are unnecessarily upheld superior to our indigenous ways. While western form of learning was largely an objective observational experience, the Indian way of learning traditionally has been more of an inner subjective experience along with a spiritual manifestation. Fortunately, hypnotherapy blends best taking into consideration the best of both the worlds. In spite of the fact that hypnotherapy has tremendous potential, it is sad that although it was recognized by Indian government along with acupuncture in 2003 as an effective mode of therapy, there is not much development in terms of promoting this wonderful science for therapeutic purpose.

Charotar University of Science and Technology and MS University (UGC recognized universities) in Baroda are the only 2 universities offering one year course on clinical hypnosis at a very rudimentary level. There is an urgent need for future professionals to promote the wonderful science of hypnosis and movement should be initiated so that it becomes a part of the curriculum of the medical practitioners and psychologists in colleges and universities through recognized bodies which should regulate, control and certify professionals.

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