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RESEARCH PAPER

Effectiveness of Timeline Therapy under Hypnosis for the Management of Anxiety among Rescuers

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ABSTRACT

The current study's central problem is Generalized Anxiety Disorder in rescuers and how Generalized Anxiety Disorder (GAD) triggers in rescuers. Its reasons and different bio-psychosocial factors are involved. How novel approaches such as timeline therapy with hypnosis would overcome anxiety to improve the mental health of rescuers; therefore, this study aimed to evaluate the effectiveness of Timeline therapy under hypnosis. The Generalized Anxiety Disorder was diagnosed with the GAD-7 scale and subjective rating scale through Qusai's Experimental design. Twenty-five rescuers have participated in this research through the purposive sampling technique. Those rescuers who scored 15 or above (severe anxiety) on the GAD-7 scale were qualified for therapeutic sessions. The participants were given four therapy sessions in specific therapeutic rooms. There was found a significant statistical difference in pre & post-analysis through paired sample t-test. Paired sample t-test exhibited a significant effect of the timeline therapy on the management of Generalized Anxiety Disorder. The present study results clearly show that generalized anxiety disorder can be relieved through Timeline Therapy with Hypnosis. This intervention technique is beneficial in providing immediate relief to patients, reducing the frequency, severity, and duration of symptoms in a shorter period than other therapies such as cognitive behavior therapy (CBT).

| **KEYWORDS** | Generalized Anxiety Disorder, Kapasinian Model of Hypnosis, Neuro-Linguistic Programming, Rescue Workers, Timeline Therapy |

Introduction

Rescuers are working in unpredictable or suddenly changing working conditions. Their specific work demands managing time pressure or physical and psychological stress, so their work is divided into physical, mental, environmental, and tasks defined in their emergencies. Rescuers are protecting first of all human life, property, and then the environment during their emergencies. Different professionals who participate in emergencies are significant incidents or disasters (Patterson, et al., 2015).

Studies illustrated that emergency service employees are more prone to mental or physical health issues than ordinary people (Patterson, et al., 2015). Furthermore, Rescue workers perform their duties daily and deal with emergencies like roadside accidents, medical emergencies, fire cases, structure collapse, and drowning cases. Stressful and extended duty hours affect their physical and mental health (depression, anxiety, anger, interpersonal relationships, other health problems) and directly affect the rescue workers' performance (low work performance, lack of satisfaction, and quality of interpersonal relationships, unsatisfactory turnout). Individuals' physical health and emotional and psychological well-being demonstrate a problematic role in serving EMS or rescue workers to survive in their professions (Patterson, et al., 2015).

More than 200 million people in Pakistan and most the indications of fragile mental health and almost 500 psychiatrists are available for this population. This shortage of mental health workers in Pakistan has created a widespread risk of medical treatment, more than 90% of people with common psychological issues (Sikander, 2020).

However, in the last few decades in Pakistan, much work has been related to mental health services, but the non-professional staff and lack of resources situation remain worse. Furthermore, the mental health services recognized at the existing hospital have also been misused inappropriately due to the social stigma related to mental illness patients (Kerrison& Chapman, 2007).

In DSM-5, generalized anxiety disorder is extreme worry or anxiety about occasions or daily activities to find difficulty controlling thoughts that interfere with everyday tasks or ordinary life circumstances like job-related responsibility, time management, health, and finances, household chores. The anxiety intensity, duration, or frequency is not proportionate to the definite probability. In this situation, an individual is fearful or highly anxious, arising more days than at least six months, about numerous occasions or activities. There are many existing therapeutic approaches/ interventions used for anxiety disorders. The most popular tool is cognitive-behavioral therapy (CBT), but it is expensive and time-consuming; at least 14 sessions are required for 10 to 12 weeks(Roemer&Orsillo, 2002).

Therefore, dualistic drives highlight the necessity for emerging, effective, brief psychotherapeutic interventions for psychological health problems.

Firstly, psychotherapies are terminated at the initial level (Hilsenroth et al., 1995; Strosahl& Robinson, 2015). Simultaneously, researcher (Olfson et al., 2009) described that most patients conducted four to six sessions and some patients only accompanied one session (Brown & Jones, (2005). Evidence indicated that clients who leave their treatment in the initial stage have similar outcomes, like never taking any therapeutic (Stark, 1992). Secondly, this is important that developing brief, time-limited interventions are significant in primary healthcare settings because of the inadequate budget in psychological healthcare settings. So to improve access to health professionals in general and psychological health facilities for all clients in the clinical settings, brief psychotherapies are essential (Saxena et al., 2007; Stiles et al., 2008; Robinson & Reiter, 2016).

Research shows that Hypnosis, NLP, and Timeline Therapy are effective therapeutic techniques, decreasing the intensity of negative emotions associated with memories of traumatic occasions (Bin Ahmad, 2010). Research revealed that Timeline Therapy is significant for releasing trauma, stress, anxiety, frustration, depression, phobias, and stubborn negative emotions like distress, hurt, sadness, annoyance, and guilt *(*Time line therapy*.* (2015, July 2). Tad James, the NLP practitioner, created Timeline therapy in the 1980s as a powerful psychotherapeutic intervention. This study used timeline therapy with hypnotherapy to determine timeline therapy effects on managing generalized anxiety disorder among rescuers.

Timeline Therapy is a practice of an active imagination or a form of brief intervention. Timeline Therapy provides robust strategies and techniques for internal change and growth to reduce the intensity of pessimistic emotions involved in reminiscences of traumatic events like the feeling of being unworthy and low self-esteem (James, 1989). The capacity to eradicate these negative emotions, whereas learning from our past, allows us to transference without staying in an unhealthy rut. Timeline therapy reduces painful emotions and situations; it represents a person's mental images and ability to differentiate between the past and perception of the future (James, 1989).

According to the Kapasinian Model of hypnosis, blocking the critical mind can reach the subconscious mind. An overload of message units stopped the critical mind. This process triggers the flight/fight response and activates the inhibitory process. This process activates

a state of hyper-suggestible that allows the hypnotic induction to be completed (Kappas, 1987). This intervention technique is beneficial in providing immediate relief to patients, reducing the frequency, severity, and duration of symptoms in a shorter period than other therapies such as cognitive therapy (CBT). In addition to being quick, this intervention plan has lasting effects.

Literature Review

The literature review will give an in-depth view of past work done on anxiety disorders such as generalized anxiety disorder, agoraphobia & panic disorder, separation anxiety disorder, selective mutism disorder, and social anxiety disorder as the maximum dominant mental illness related to a high illness burden.

Epidemiological research investigated that anxiety disorders are primarily diagnosed in different age periods like childhood, adolescence, late adolescence, or early adulthood (Kessler et al., 2003). Many kinds of research revealed that 75% of youth cases are related to anxiety disorders, in which 50% of children and 60% of adolescents make a diagnosis with an anxiety disorder (Brady et al., 2013).

The study exhibited that rescue workers of 1122 are experiencing 32.6% and 45.7% severe depressive and anxiety symptoms (Ahmad et al., 2015). Empirically, several research studies established that rescue workers are more prone to support physical illness and psychological health problems like depression, anxiety & post-traumatic stress disorder (PTSD) symptoms (Mehnert et al., 2010).

In the study, 52% of healthcare workers showed moderate to severe anxiety symptoms, which require counseling and referral for support and treatment. Continued and untreated anxiety may lead to some other physical or mental health complications like fatigue and the risk of resignation. To create precautions, the hospital administration wants to be aware of the distress and the most affected population (Alharthy et al., 2017).

There are about 200 million people in Pakistan, but there are indications of feeble mental health and less than 500 psychiatrists for this population. This shortage of mental health professionals in Pakistan has created a widespread risk of medical treatment, with more than 90% of people with common mental illnesses (Sikander, 2020).

Furthermore, inappropriately, the mental health services recognized at the existing hospital have also been misused due to the social stigma related to mental illness patients (Funk, 2008), the well-known misunderstanding about mental illness, i.e. 'possession' of mental illness. Many people with mental illness do not use health services to treat their mental disorders due to lack of education which is considered triggered by evil, jinn, or so-called supernatural forces (Islam & Campbell, 2014).

Material and Methods

Research Design

This study was based on Qusai's experimental research design (pre and post-design).

Setting

The research was conducted in Therapeutic Rooms. A good environment was available for the therapeutic sessions. Furthermore, the supportive staff made the procedure of data collection quite convenient.

Sample

At least 25 participants were selected through the non-probability purposive sampling technique. Participants were carefully chosen according to the inclusion criteria set for the current research.

Demographic Questionnaire

The demographic questionnaire allowed the researcher to acquire the background information of their participants. The questionnaire included the participant's gender, job designation, job experience, socio-economic status, age, education level, religion, city of permanent residence, relationship status, and family system (nuclear/joint).

GAD -7 Scales

Dr. Spitzer, Pfizer Inc., developed the GAD-7 scale that holds the copyright, and the questionnaire is open to use [17]. The questionnaire asks patients how often they were worried by these symptoms during the last two weeks. The original version of (The GAD-7 scale consists of seven items that reflect symptoms of generalized anxiety disorder and is calculated by allocating scores of 0, 1, 2 & 3 to the answer classifications, correspondingly, of "not at all," "several days," "more than half the days," & "nearly every day." GAD-7 scale has ranged from 0 to 21 of its seven items. GAD-7 scale's cut-off value is ≥10 (Spitzer et al., 2006; Kessler, 2014). This scale has four severity levels: Scores range from 0-4 with minimal anxiety, scores 5-9 is mild anxiety, scores 10-14 is moderate anxiety, and scores 15-21 are severe anxiety.

Procedure

Authority letter was obtained from Research Cell, psychology department, Lahore School of Professional Studies (LSPS), University of Lahore. A list of targeted rescue stations was compiled. Concerned authorities in the targeted rescue stations were contacted.

The researcher personally approached the individual participants for data collection. The researcher has shared the research's nature, purpose, and objectives with the repute building participants. Those participants were engaged in the study and met the criteria based on their job experience and nature. After sharing the study's objective with willing rescuers, they confirmed that obtained information would stay confidential. It also said that participants could withdraw their data before, during, and even after completing the scale. The researcher asked the participants to sign informed consent. The therapist delivers structured directions about the nature of the questions, rating scale, and scale completion.

The researcher responded to the participants' quarries before, during, and even after completing the scale. In the current study, 20 to 25 minutes were consumed by the participants for scale completion. After completing the scales, the researcher reviewed the scales for finding incomplete and double-rated questions.

The researcher requested the participants to provide relevant information about left unanswered questions. The researcher required only 25 participants for therapeutic sessions, which scored 15 or above (severe anxiety) on the GAD-7 scale.

Manual of Therapeutic Intervention

A manual based on an intervention plan to manage generalized anxiety disorder symptoms was developed. Those participants who got 15 or above scores (severe anxiety) on the GAD-7 scale were qualified for the therapeutic sessions. The steps involved are mentioned as follows.

Rapport Building

First of all, the researcher introduced himself to the participants as a clinical psychologist and built rapport through various techniques to make them comfortable with the clinical researcher and gain their trust.

Psycho-Educated

The psycho-educated the clients about generalized anxiety disorder and informed them about the total number of therapeutic sessions and duration of the session. There were four therapeutic sessions applied for the treatment of anxiety. Each session lasted for 45- 60 minutes approximately. It was a one-week program. After the first therapeutic session, all sessions were boosted up sessions.

Clinical Interview

The clinical interview was conducted with the client to gather the client's presenting complaints of excessive anxiety or worry, irritability, restlessness, and fatigue. Clients' history of the present problem was also compiled, precipitating, predisposing, and maintaining their problems. The steps involved are mentioned as follows.

Imagination Test. First of all, we assessed the modality of the client through the imagination test. In the imagination test, we asked the client to close their eyes and imagine any picture. If the client would be able to see anything in imagination, then use the word imagining if the client reported that they could not see anything in fiction and then used the expression of feelings.

Finger Spread Suggestibility Test. There are two types of suggestibility. The finger spread suggestibility test was used to check the client's modality (how a person receives and interprets a message unit). Finger applied suggestibility test indicated whether the client is emotionally suggestible or physically suggestible. The test required asking the client to face their palm in front of the face, about 10 inches away. Then the clients were asked to spread their fingers. This process was repeated on the other palm. The only difference was that the instructions were given in a loud voice; however, the instructions were presented in a low voice tone on the other palm. The reaction time had been recorded in both palms, i.e., how long it looked for the participants to spread their fingers. If the clients spread their fingers faster in a loud voice, the clients were physically suggestible. In contrast, the clients were emotionally suggestible if the reaction time was faster in a low voice tone. The suggestibility indicated how the client should be suggested in the hypnotic state, loud voice tone, or low voice tone (Kappas, 1987).

Chunking

List down all client problems and rate the issues according to the client.

Subjective Rating Scale. The client's rating of the client's symptoms was taken from the client to estimate the intensity and severity of the symptoms at the pre-treatment level to compare it with post-treatment levels to gauge the effectiveness of the therapy. The subjective anxiety rating scale was used to rate the clients' presenting problems on a 10-point rating scale before and after therapeutic interventions. According to the rating scale, anxiety above seven is considered severe, 5-7 moderate < 5 mild.

Agreement. Agreement as the therapist asked the client to start work on it and start to finish in mind to make this change today and consciously be aware of it.

Main components of therapeutic Sessions

The therapeutic sessions have consisted of three main components, therapeutic interventions, counseling, and strategies-figure 1.
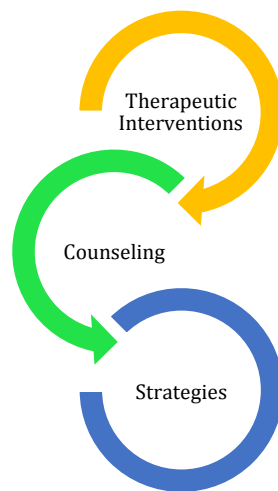
Figure 1. Main components of therapeutic Sessions

The session's significant portion was based on therapeutic interventions, where clients went under the therapeutic timeline technique, hypnosis, and circle therapy. Strategies were discussed with the clients to manage feelings of anxiety in some particular situations. To sum up, counseling is applied to improve clients' coping techniques for anxiety or confidence building in general.

Deep breathing exercise. After determining the participant's suggestibility, the clinical researcher used deep breathing exercises to relax the participant to become more prone to achieving the hypnotic state.

Hypnosis Induction. The clients were hypnotized using the Eyes Fascination Technique, where clients have shown a picture of a swirling circle-Figure 2.
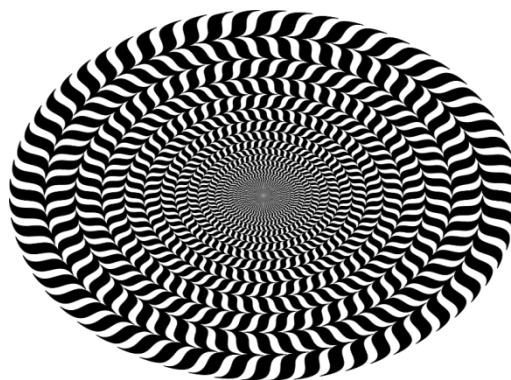

Figure 2: Eyes Fascinating Picture used during Hypnotic Induction (N=25)

The clients would be asked to focus on the center of the picture and find the picture's center butterfly. Instructions for clients; you are not allowed to blink your eyes or speak. You can close your eyes if your eyes are getting tide. Close your eyes tightly. Do not worry if your heartbeat is gaining fast. Clinically anchoring would be used to speed up the reaction of closing their eyes.

Once their eyes are closed, the client would try to imagine you are on your room's terrace; when you feel or imagine, it signals by raising your left-hand index finger. Imagine you are coming down the stairs, and with every step you are coming down, you feel relaxed

and pleasurable. When you are halfway through, you can verify using the index finger. Just try to imagine that you are coming down on the ground floor. When you reach the ground floor, please give me a signal with your left-hand index finger. Now imagine finding a place on the ground floor where you feel relaxed. When you find the location and feel comfortable, please give me the signal with your finger. In this relaxing position, imagine the Timeline that I draw for you-Figure 3.

Figure 3: Timeline for Generalized Anxiety Disorder (N=25)

The line's left side would be a past life, and the line's right side would be the future. The mid of the line would be the present situation of the client. Now the clients would be gone through hypnosis.

Firstly, imagine in the present situation, and when you imagine this, just give me a signal with your left-hand index finger. When the client imagines **point 1,** which is facing the anxiety event, when you imagine this, give me a signal (repeat till the client gives an indication). As the anxiety belongs to a specific situation, stepping towards **point 2** is near that anxiety-related event. When you imagine this, give me a signal (repeat till the client gives an indication). Then **point 4**; is stepping into the event and feeling it as it is. Now asked the client to feel as much anxiety as possible because they have just the last chance to handle it. When you imagine this, give me a signal (repeat till the client gives an indication). Throughout this process client give signals, and the therapist uses anchors to make him motivated. Then with an anchor client stepped to **point 3**, which is a relaxed state. That is the position of calmness and peaceful situation. This situation is going down, and you are feeling normal, relaxed, fresh, and calm.

When you feel relaxed, please give me a signal with the left hand's index finger. Then, the Anchor was used when the client was at the peak of the situation, boosting the speed. It will be fixed permanently in mind. Keep drawing circles fast until you feel relaxed, calm, and pleasurable. They were giving suggestions until the client felt relaxed. With the continuous relaxed feeling and feel, there is complete relaxation, point out with the finger.

When the client fully relaxes and then stops drawing the circle, Break the State. Start counting 1-10 for breaking the state; after opening the client's eyes, the therapist asked the client; what have you eaten in your breakfast? Or do you have the smell of biryani?

Post-ratings and feedback

Later in the follow-up session, the feedback was taken from the participants after the four therapeutic sessions. Post ratings were also recorded using the GAD-7 scale and subjective rating, respectively.

Termination

After completion of the required objectives of the research, therapeutic intervention terminated after four sessions.

Results and Discussion

The current study's 25 Rescuers participated. Their average age was 30.16 years, with the average duration of job experience being 6.76 years. Table1.

Table 1
Rescuer's Age & Job Experience (N=25

Variables	*M*	*SD*
Age in Years	30.16	4.52
Job Experience	6.76	3.00

Note: SD=Standard Deviation, M=Mean

Table 2
Frequency and Percentage of the demographic characteristics of the Rescuers

Variables	N	%
Gender		
Men	19	76.0
Women	06	24.0
Age		
20-25	05	20.0
26-30	08	32.0
31-35	09	36.0
36-40	03	12.0
Education		
Matric	04	16.0
Intermediated	13	52.0
Graduated	03	12.0
Post-Graduated	05	20.0
Spousal Status		
Single	11	44.0
Married	14	56.0
Family System		
Joint	17	68.0
Nuclear	08	32.0
Residence		
Rural	11	44.0
Urban	14	56.0
Economic Status		
Lower	5	20.0
Middle	20	80.0
Job Description		
EMT	20	80.0
FR	05	20.0
Job Experience		
Five Years	10	40.0
More Than Five Years	15	60.0

Note.n=Number of Participants, %=Percentage

The table2 gives information about socio-demographic variables' physiognomies, containing gender, age, qualification, marital status, family system, economic status, job description, and job experience. The results reveal that 76% (n=19) male rescuers participated as compared to female (n=06, 24%). The age range of the participants was 20-40.Age categorized into four age groups, age group (31-35) were (n=9, 36%), age group (26-30) were (n=8, 32%), age group (20-25) were (n=5, 20%) and whereas (36-40) age group were (n=3, 12%). (n=13, 52%) total participants were intermediate (n=5, 20%) were educated up to higher level, (n=3, 12%) were educated up to graduation level, and (n=4,

16%) were educated up to matric level respectively. More rescuers from urban areas (n=14, 56%) were participants compared to rural areas' rescuers (n=11, 44%). The rescuers belonged to the joint family system (n=17, 68%) compared to the nuclear family system (n=08, 32%). Also, (n=14, 56%) participants were married, and (n=11, 44%) were single. However, participants belonging to the middle economic status were higher (n=20, 80%), and participants belonging to the lower economic status were lower in number (n=5, 20%). Furthermore, (n=20, 80%) EMT rescuers participated largely in numbers as compared to FR rescuers were (n=5, 20%) who have job experience were (n=15, 60%) were more than five years and have five years of job experience were (n=10, 40%).

Table 3
Mean, Standard Deviation, of pre-testing and post-testing of Rescuers (N=25).

	Pre-Testing		Post-Testing					
Scales	*M*	*SD*	*M*	*SD*	*t(24)*	*p*	*r*	Cohen,s*d*
GAD-7	15.92	0.86	7.92	0.95	40.00	.00	.40***	8.04
SR	8.32	0.48	3.88	0.67	43.82	.00	.65***	8.69

Note.***p<.001. M=Mean, SD=Standard Deviation, GAD=Generalized Anxiety Disorder, SR=Subjective Rating.

Table 3 revealed a Mean comparison of rescuers pre-testing and post-testing results after timeline therapeutic intervention. The results showed a significant difference in pre-tests and post-tests, which indicated that the Timeline Therapy under hypnosis effectively reduced generalized anxiety disorder symptoms. The finding stated significant mean differences on the GAD-7 scale with t(24)=40.00, p<.001. Results show that mean scores on GAD-7 (M=15.92, SD=0.86) subsequently decreased post-testing (M=7.92, SD=0.95). Both results scores were significantly correlated (r=.40, p<.001). The significance value of Cohen, sd was 0.84 (>.80), which specified a large effect size. Results indicated substantial mean differences in the SR scale with t(24)=43.82, p<.001. Results show that mean scores on the SR scale pre-testing (M=8.32, SD=0.48) subsequently decreased post-testing (M=3.88, SD=0.67). Both result scores were significantly correlated (r=.65, p<.001). The significance of Cohen, sd was 0.89 (>.80), which showed a significant effect size.

This current research aimed to Manage Generalized Anxiety Disorder symptoms through a brief therapeutic intervention, which was entirely planned for this study. Although many other therapeutic interventions are currently being used worldwide to Manage Generalized Anxiety Disorder symptoms, none of them is as efficient and cost-effective as presented in this study. Besides being efficient and cost-effective, this is brief and has no side effects that usually pair up with medication taken by the patients.

Timeline Therapy under hypnosis involves the subconscious mind and changes the subconscious level, allowing an individual to change thinking patterns and beliefs. Unlike other therapies, the patient does not need extra effort to think and challenge thoughts on the conscious level and engage in long-time-taking dialogues. In comparison, other therapies might require much information from the patient to thoroughly understand the factors associated with the problem. Timeline Therapy under hypnosis is a convenient and quick way to manage Generalized Anxiety Disorder symptoms without wasting time and dynamism.

According to the current methodology, the Generalized Anxiety Disorder patients were carefully chosen from the Government Department through a purposive sampling technique. This intervention plan included four sessions for each participant, conducted systematically according to the manual's set pattern exclusively created for each participant in this study. Each session lasted for 45 to 60 minutes. GAD-7 scale and the subjective rating scale were used for pre and post-assessment of the participant's problems. These assessments aimed to compare the frequency and intensity of the participant's situation before and after the therapeutic intervention, respectively.

The results (in table 3) showed that Timeline Therapy is significantly effective in the management of Generalized Anxiety Disorder symptoms. Past researches well support the results of this current study. This meta-analysis determines the efficacy of hypnosis in managing generalized anxiety disorder. This study finds the effectiveness of hypnosis, NLP, and timeline therapy related to the intensity of negative emotions correlated with stressful events. In this experiment participated, 64 clients, 32 were test subjects, and 32 were control subjects. Statistical analysis exhibited the intensity level of negative emotion is significantly reduced after applying all three methods, hypnosis, NLP, and timeline therapy. Moreover, there were no significant changes in the control group (Spitzer et al., 2006).

Detailed studies used subjects or mixed models that compared a hypnotic intervention with a controlled condition to eliminate anxiety symptoms. In this meta-analysis study, Three hundred ninety-nine records were screened; fifteen studies or seventeen clinical trials of hypnosis met the criteria for inclusion. At the end of the clinical observations, the mean weighted effect size of 0.79 (p ≤ .001) showed that the average participants who received hypnosis had about 79% of the participants who overcame or reduced anxiety. On the most extended follow-up, seven trials achieved an average weighted effect size of 0.99 (p ≤ .001), showing that the average participant dealing with hypnosis improved more than approximately 84%. Hypnosis was more effective in mitigating anxiety symptoms than other associated techniques (Valentine et al., 2019).

Conclusion

This intervention technique is beneficial in providing immediate relief to patients, reducing the frequency, severity, and duration of symptoms in a shorter period than other therapies such as cognitive therapy (CBT). In addition to being short, this intervention plan has lasting effects. The present study results clearly show that generalized anxiety disorder can be relieved with disorder symptoms and a few more sessions of timeline therapy under hypnosis.

Implications

The current study will be helpful for rescue workers who perform their duty in emergency departments. Through this study, rescue workers could improve their mental health, coping strategies related to GAD, work performance, job satisfaction, quality of interpersonal relationships, and a good turnout. Moreover, it can help improve confidence, self-esteem, and self-belief, after worrying or distressing experiences. This study will help the therapist, researchers, or scientists enhance their knowledge base and be satisfied, patients or rescue workers.

Recommendations

This intervention plan is strongly recommended for other psychological problems. And other rescue workers (Ambulance drivers, Admin, and Control Room Staff). Furthermore, emergency workers (doctors, nurses, paramedics) may also have participated. Generalized Anxiety Disorder patients from various cities of Pakistan should be included in future research.

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