

Bukti Korespondesi: A pilot study of a brief hypnotic induction effects on blood pressure, heart rate, and subjective distress in patients diagnosed with Hypertension.

From: IJCEH@baylor.edu

To: afkarfadholi@gmail.com

CC:

Subject: International Journal of Clinical and Experimental Hypnosis - Decision on Manuscript ID HYP-2020-0069

Body: 29-Dec-2020

Dear Mr. Upoyo,

Thank you for re-submitting your manuscript. However, the revision submitted did not follow these instructions, so it is not clear what changes were made. You are invited to again revise and resubmit the paper. The next re-submission must follow the instructions for further consideration.

With the re-submission, there was no letter with response including a point-by-point reply to each reviewer comment and the revised manuscript submitted is not in track changes. Also, it is noteworthy that there remain many errors in the manuscript and references, and the transcript submitted should be translated to English.

The previous letter from the Editor provided clear instructions to the authors to: "Enter responses to the comments made by the reviewers in the space provided. **Be as specific as possible in your response by including a point-by-point reply to each reviewer comment.**" and to "Revise the manuscript using track changes mode in MS Word or by using colored text to highlight what changes were made."

For your reference, at the end of this email I am including the original comments from reviewers and editor that were sent in December. Each comment must be responded to.

To start the revision, please click on the link below:

(NOTE: This is a two-step process. After clicking on the link, you will be directed to a webpage to confirm)

https://mc.manuscriptcentral.com/ijceh?URL_MASK=6136a3d2c5224a88a5fc8e94b9f62d4e

This will direct you to the first page of your revised manuscript. Please enter your responses to the comments made by the reviewers in the space provided. *Be as specific as possible in your response by including a point-by-point reply to each reviewer comment.*

IMPORTANT: Revise the manuscript using track changes mode in MS Word or by using colored text to highlight what changes were made.

This link will remain active until you have submitted your revised manuscript. Your draft will

appear in the "Revised Manuscripts in Draft" queue in your Author Center. Please delete any redundant files before completing the re-submission.

Sincerely,
Dr. Gary Elkins
Editor, International Journal of Clinical and Experimental Hypnosis

Original comments from reviewers and editor (Originally sent on: 29-Dec-2020)

Reviewers' Comments to Author:

Reviewer: 1

The paper deals with the different effects of simple relaxation and audio hypnotherapy on heart rate, systolic and diastolic blood pressure, subjective reports of stress. This is an interesting topic, but the manuscript requires a thoughtful revision. In particular

1) the abstract and Discussion should be completely re-written after having 2) changed the Introduction, 3) clarified the Methods and 4) corrected the Results

Introduction

a) please clarify what authors intend by writing that hypertension induces stress (in a reciprocal interaction). Do they refer to the endothelial stress leading to increased vascular resistance?.

Please clarify and report appropriate references

b) lines 26-52 are quite general and do not contribute to a reference frame for the study. Please report specific literature on hypertension and hypnotizability /hypnosis rather than generic , questionable description of the hypnotic response

Methods

c) please describe the experimental procedure in details. Inclusion and exclusion criteria are not enough to understand the methodological approach used. Please clarify the content of the audio tape etc etc, the time of the day and the conditions in which the procedure was applied,

d) please indicate whether normality assessment was performed on data distributions before using t tests, and adopt non parametric analyses in case of deviations from normality

e) please use Bonferroni correction for multiple variables, as heart rate, systolic and diastolic blood pressure cannot be considered independent variables. By doing this, the level of significance becomes $p=0.016$

f) in case of normal distributions, please consider to use repeated measures ANOVA with 2 a groups (experimental, control) x 2 times (before, after treatment) experimental design

Results

After Bonferroni correction, the results will be different from those reported in the original version of the paper.

Discussion

This section can be considered after the revision of the other sections. I see, at the moment, however, that it includes lines which should be displaced in the Introduction

Reviewer: 2

It is clear from the introduction that this study addresses a very important issue. The manuscript describes a study that explores the effect of hypnotherapy on high blood pressure and stress levels. 64 subjects participated in the study, half of which in the intervention group and the other half in the control group. The intervention group was exposed to hypnotherapy one time only. Blood pressure and stress level was measured before and after intervention. The control group was asked to rest for the same period of time and their blood pressure and stress level was also measured before and after the rest period. Results showed a significant reduction in systolic blood pressure and stress levels compared to the control group. Authors conclude that audio hypnotherapy is effective in controlling systolic blood pressure and stress levels.

Although the acute reduction of systolic blood pressure is beneficial, I believe that the study fails to answer a very important question, whether or not hypnotherapy has long lasting effects in reducing blood pressure and anxiety levels.

On a minor note I think the description of hypnosis and hypnotherapy could be improved. Moreover, I think the introduction needs more information on hypnosis and high blood pressure. On more general terms, the introduction could use more information on the relationship between hypnosis and the autonomic nervous system. Furthermore, I believe that controlling for hypnotizability could have improved the study. Additionally, it is very important to report the statistical tests used. The authors failed to properly report their statistics.

Comments from the editor:

The topic is of interest, but the manuscript will need major revision prior to further consideration. In submitting a revised manuscript, the authors must provide a cover letter detailing the response to each comment in order and detail how it has been addressed in the manuscript. The revised manuscript and associated documents should be in track changes.

Specific concerns are detailed here:

Tables can be removed from the main text and only submitted in the separate document.

Title page

The title page should be consistent with APA style and provide author affiliations, remove academic degrees, and provide specific information on corresponding author address as well as email.

In addition, the title needs to be revised to not begin with the word "The". The title could be

improved to more clearly state: A pilot study of a brief hypnotic induction effects on blood pressure, heart rate, and subjective distress in patients diagnosed with Hypertension.

Abstract

As noted by Reviewer #2, the abstract and Discussion must be completely re-written after having changed the Introduction, clarified the Methods and corrected the Results. The abstract will need a complete revision to be consistent with a revised manuscript addressing all of the critiques. The revised abstract should be in track changes as well as the entire revision.

Introduction

1. The literature review is inadequate. The paper does not review any prior research on hypnosis interventions (or related therapies such as relaxation, biofeedback, imagery) for hypertension. This is essential to provide an review of prior research and how the current study advances scientific knowledge.
2. The introduction should provide a rationale or conceptional framework for how the hypnosis intervention may affect hypertension.
3. The introduction currently includes many erroneous statements about hypnosis interventions that should be removed. In particular the paragraph beginning with "Hypnotherapy is given thought language..." It is unclear as to how this paragraph contributes to the introduction and may be deleted entirely or with major revision.

Method

In addition to Reviewer #2 critiques,

1. The method section should be revised to provide subheadings: Participants, Measures, Hypnosis Intervention, Control Intervention.
2. The Participants section should detail how participants were recruited, informed consent obtained, inclusion and exclusion criteria, and how randomization was achieved.
3. The Measures sub-section should list each measure and provide reliability and validity data and identify what measures were used (please refer to APA style for manuscripts).
4. The hypnosis intervention and the control intervention need more detail provided. Where did the control participants rest and what environmental context? Include any instructions that were given to the control participants. The hypnosis intervention requires more detail to allow for replication. The addition of transcript of the audio recording could be included as an appendix.
5. The data analysis does not properly report the statistics (see reviewer comments). The data analysis should report demographics, comparison of the two groups pre-, and comparison of the two groups post. No pre-post analysis within groups should be reported.

Results

The results section needs to be revised consistent with the comments regarding data analysis. This will simplify the results section.

Discussion

The discussion section should summarize the findings of the present study in the context of prior research. Given the comments above, this section will need major revision (please use track changes). Also, the limitations (See also comments of Reviewer #2) should be detailed including: small sample size, brief duration of intervention does not inform long-term benefits, lack of measurement of hypnotizability, reliance on a simple subjective rating of stress.

References

It is essential that all references be in correct APA style. The references will need careful revision to be in complete consistency with APA format. There are numerous errors (e.g., journal titles should not be abbreviated, DOI's should be links: "<https://doi.org/10..>") in the references section as well as missing information (e.g. issue numbers) for many of the references.

Author's Respons:

Thank you for the review. I have made major improvements to this article from the title, abstract, introduction, methodology, discussion, limitation, conclusion and reference. The changes I have made are marked with a color block. I have also proofread this article before submitting it.

Reviewer: 1

Introduction

a) please clarify what authors intend by writing that hypertension induces stress (in a reciprocal interaction). Do they refer to the endothelial stress leading to increased vascular resistance?.

Please clarify and report appropriate references

Author respon :

The sentence was in abstract and I deleted it

b) lines 26-52 are quite general and do not contribute to a reference frame for the study. Please report specific literature on hypertension and hypnotizability /hypnosis rather than generic , questionable description of the hypnotic response

Response: I have improved the introduction as suggested, I mark it with the color block changes. the following sentence I deleted :

Hypnotherapy is given through language (linguistic) which can affect the patient's subconscious mind. Messages in the form of suggestions will quickly be conveyed by the sender to the receiver so that they can change or influence someone's mind quickly. Things that will result from hypnotherapy are changes in the level of consciousness and memory so that the suggestions given will be easy to enter and will be remembered until the person does not experience a hypnotic

state (Jin-Seong & Young 2012). Hypnotherapy in neurophysiology will give rise to a feeling of relaxation. During relaxation a person can easily follow guidelines and accept therapist suggestions (Jensen & Patterson 2014). Hypnotherapy will affect the anterior cingulate cortex (ACC) which will affect the affection process for unpleasant experiences. Affection modulation will affect the brain's perception of unpleasant feelings, so that it will cause positive thoughts. Positive thinking will make someone able to accept and realize unpleasant things and uncomfortable feelings during the hypnotherapy process and after hypnotherapy (Jin-Seong & Young 2012).

I replace the sentence with:

Hypertension management includes pharmacological and non-pharmacological. Pharmacological treatment for hypertension can cause side effects and low patient compliance, so non-pharmacological techniques are developed to manage hypertension, including a healthy diet, weight loss, exercise, decreased alcohol intake, and psychological interventions to reduce stress and anxiety such as hypnotherapy (Jakubovits & Kekecs, 2017).

Hypnosis and hypnotherapy have become more popular in recent years, but research on the effectiveness of hypnosis or hypnotherapy in stress reduction is still unclear. Higher quality clinical research on the effects of hypnotherapy and stress is needed (Fisch et al, 2017). Hypnosis provides autonomic responses such as heart rate and anxiety (de Jong M.A, 1975). Research with beat-to-beat variability spectrum analysis in electrocardiography has shown that hypnosis affects heart rate variability, shifting the balance of sympathetic-vagal interactions toward increased parasympathetic activity and decreased sympathetic tone (Debeneditis, 1994). The previous research results showed that hypnosis was effective in lowering blood pressure in the short term, but also in the medium and long term, but did not find any association between the practice of self-hypnosis with the evolution of blood pressure, anxiety, personality factors and therapeutic outcomes (Claire Gay, 2007) .

Methods

- c) please describe the experimental procedure in details. Inclusion and exclusion criteria are not enough to understand the methodological approach used. Please clarify the content of the audio tape etc etc, the time of the day and the conditions in which the procedure was applied,
- d) please indicate whether normality assessment was performed on data distributions before using t tests, and adopt non parametric analyses in case of deviations from normality
- e) please use Bonferroni correction for multiple variables, as heart rate, systolic and diastolic blood pressure cannot be considered independent variables. By doing this, the level of significance becomes $p=0.016$
- f) in case of normal distributions, please consider to use repeated measures ANOVA with 2 groups (experimental, control) x 2 times (before, after treatment) experimental design

Response: I have completed the experimental procedure. I have also done a normality test, it turns out that the data are not normally distributed ($p < 0.005$) for all variables so I use an alternative ANOVA test, namely the Kruskal wallis test.

Results

After Bonferroni correction, the results will be different from those reported in the original version of the paper.

Response: I have changed the results based on the most recent analysis.

the following sentence I deleted :

Audio hypnotherapy had an effect on the intervention group by significantly lowering systolic, diastolic, heart rate and stress levels (see table 2), while the rest-only control group had a significant effect on diastolic blood pressure and stress levels (see table 3).

The comparison of the reduction in blood pressure, heart rate and stress level can be seen in Table 4. There was a significant difference in the decrease in systolic blood pressure and stress levels between the intervention group and the control group (p value < 0.05), while the decrease in diastolic blood pressure and heart rate did not show significant differences (p value > 0.05). In the intervention group, the decrease in systolic blood pressure was higher with decreasing SBP mean = 7.44 mmHg than in the control group with decreasing SBP mean = 2.72. Likewise with stress levels, the decrease in the intervention group was higher than the control group. In the intervention

group the stress level decreased with SUDs mean =1.03, while in the control group decreased with SUDs mean= 0.22.

I replace the sentence with:

The results showed that there was a decrease in blood pressure, heart rate and stress levels in both the intervention and control groups (see table 2). However, In the intervention group, the decrease in systolic blood pressure was higher with decreasing SBP mean = 7.44 mmHg than in the control group with decreasing SBP mean =2.72. Likewise with stress levels, the decrease in the intervention group was higher than the control group. In the intervention group the stress level decreased with SUDs mean =1.03, while in the control group decreased with SUDs mean= 0.22.

Based on the comparative analysis of decreases in blood pressure, heart rate and stress levels, it shows that there is a significant difference in the reduction in systolic blood pressure and stress levels between the intervention group and the control group (p value <0.001), while the decrease in diastolic blood pressure and heart rate does not show a significant difference (p value> 0.05).

Table revision:

Table 2. Differences in blood pressure, heart rate and stress levels before and after treatment

Variables	Group	n	Mean (SD)			p value*
			Pre	Post	Post - Pre	
Systole	Intervention	32	155.12 (17.07)	147.69 (16.37)	7.44 (4.53)	< 0.001
	Control	32	157.47 (16.49)	154.75 (19.13)	2.72 (10.29)	
Diastole	Intervention	32	95.78 (7.65)	90.62 (8.47)	5.16 (4.85)	0.066
	Control	32	99.09 (11.62)	95.50 (11.88)	3.59 (5.12)	
Heart rate	Intervention	32	81.47 (9.00)	78.06 (9.96)	3.41 (5.91)	0.180
	Control	32	85.97 (9.85)	84.16 (10.25)	1.81 (5.28)	
Stress Level	Intervention	32	3.56 (0.98)	2.53 (0.92)	1.03 (0.54)	< 0.001
	Control	32	2.78 (0.71)	2.56 (0.84)	0.22 (0.55)	

*Kruskal Wallis Test

Discussion

This section can be considered after the revision of the other sections. I see, at the moment, however, that it includes lines which should be displaced in the Introduction.

Response: I have completed the discussion, Here is the sentence I added:

This is also consistent with previous studies that showed a significant reduction in systolic and diastolic pressures in the hypnosis group, either with or without medication, but there was no significant reduction in the control group. (Herdis et al, 1973). The results of other studies showed a significant reduction in heart rate and total alpha electroencephalographic hypnotic activity. (Keith E. Bauer & Thomas R. McCanne, 1980). Wang et al (2015) revealed that hypnosis reduces anxiety, increases oxygen saturation, decreases oxygen consumption, decreases metabolic rate, lowers heart rate and lowers blood pressure. (in paragraph 2)

The results of the study are also supported by Olendzki et al (2020) which states that mindful hypnotherapy is an effective intervention to reduce stress because hypnosis induction facilitates internal focus and openness to suggestions with relaxed images that provide a safe and peaceful mental environment to experience mindfulness throughout the session. The results of intervention studies with Ericksonian hypnosis also reported a series of changes in the quality of life in patients associated with a decrease in essential and secondary hypertension and reported lower stress in the experimental group (Holdevici & Craciun, 2013).

Other research also states that hypnotherapy can reduce stress and blood pressure in the elderly (Kastubi, 2017). (in paragraph 4-5)

Reviewer: 2

It is clear from the introduction that this study addresses a very important issue. The manuscript describes a study that explores the effect of hypnotherapy on high blood pressure and stress levels. 64 subjects participated in the study, half of which in the intervention group and the other half in the control group. The intervention group was exposed to hypnotherapy one time only. Blood pressure and stress level was measured before and after intervention. The control group was asked to rest for the same period of time and their blood pressure and stress level was also measured before and after the rest period. Results showed a significant reduction in systolic blood pressure and stress levels compared to the control group. Authors conclude that audio hypnotherapy is effective in controlling systolic blood pressure and stress levels.

Although the acute reduction of systolic blood pressure is beneficial, I believe that the study fails to answer a very important question, whether or not hypnotherapy has long lasting effects in reducing blood pressure and anxiety levels.

On a minor note I think the description of hypnosis and hypnotherapy could be improved. Moreover, I think the introduction needs more information on hypnosis and high blood pressure. On more general terms, the introduction could use more information on the relationship between hypnosis and the autonomic nervous system. Furthermore, I believe that controlling for hypnotizability could have improved the study. Additionally, it is very important to report the statistical tests used. The authors failed to properly report their statistics.

Response: I have improved the introduction, data analysis and discussion and added limitation

Here are the limitations of the research I added:

This study was the small sample (64 participants), dominated by women (86%) and the intervention was only given one session, brief duration of intervention does not inform long-term benefits, lack of measurement of hypnotizability, used a simple subjective rating of stress.

Comments from the editor:

The topic is of interest, but the manuscript will need major revision prior to further consideration. In submitting a revised manuscript, the authors must provide a cover letter detailing the response to each comment in order and detail how it has been addressed in the manuscript. The revised manuscript and associated documents should be in track changes.

Specific concerns are detailed here:

Tables can be removed from the main text and only submitted in the separate document.

Response: done

Title page

The title page should be consistent with APA style and provide author affiliations, remove academic degrees, and provide specific information on corresponding author address as well as email.

In addition, the title needs to be revised to not begin with the word “The”. The title could be improved to more clearly state: A pilot study of a brief hypnotic induction effects on blood pressure, heart rate, and subjective distress in patients diagnosed with Hypertension.

Response: The page title and title have been changed according to the suggestion

Here's the title after the change :

A pilot study of a brief hypnotic induction effects on blood pressure, heart rate, and subjective distress in patients diagnosed with Hypertension

Abstract

As noted by Reviewer #2, the abstract and Discussion must be completely re-written after having changed the Introduction, clarified the Methods and corrected the Results. The abstract will need a complete revision to be consistent with a revised manuscript addressing all of the critiques. The revised abstract should be in track changes as well as the entire revision.

Introduction

1. The literature review is inadequate. The paper does not review any prior research on hypnosis interventions (or related therapies such as relaxation, biofeedback, imagery) for hypertension. This is essential to provide an review of prior research and how the current study advances scientific knowledge.
2. The introduction should provide a rationale or conceptional framework for how the hypnosis intervention may affect hypertension.
3. The introduction currently includes many erroneous statements about hypnosis interventions that should be removed. In particular the paragraph beginning with “Hypnotherapy is given thought language....” It is unclear as to how this paragraph contributes to the introduction and may be deleted entirely or with major revision.

Response: I have improved the introduction as suggested, I marked with the color block changes and deleted the unclear

the following sentence I deleted :

Hypnotherapy is given through language (linguistic) which can affect the patient's subconscious mind. Messages in the form of suggestions will quickly be conveyed by the sender to the receiver so that they can change or influence someone's mind quickly. Things that will result from hypnotherapy are changes in the level of consciousness and memory so that the suggestions given will be easy to enter and will be remembered until the person does not experience a hypnotic state (Jin-Seong & Young 2012). Hypnotherapy in neurophysiology will give rise to a feeling of relaxation. During relaxation a person can easily follow guidelines and accept therapist suggestions (Jensen & Patterson 2014). Hypnotherapy will affect the anterior cingulate cortex (ACC) which will affect the affection process for unpleasant experiences. Affection modulation will affect the

brain's perception of unpleasant feelings, so that it will cause positive thoughts. Positive thinking will make someone able to accept and realize unpleasant things and uncomfortable feelings during the hypnotherapy process and after hypnotherapy (Jin-Seong & Young 2012).

I replace the sentence with:

Hypertension management includes pharmacological and non-pharmacological. Pharmacological treatment for hypertension can cause side effects and low patient compliance, so non-pharmacological techniques are developed to manage hypertension, including a healthy diet, weight loss, exercise, decreased alcohol intake, and psychological interventions to reduce stress and anxiety such as hypnotherapy (Jakubovits & Kekecs, 2017).

Hypnosis and hypnotherapy have become more popular in recent years, but research on the effectiveness of hypnosis or hypnotherapy in stress reduction is still unclear. Higher quality clinical research on the effects of hypnotherapy and stress is needed (Fisch et al, 2017). Hypnosis provides autonomic responses such as heart rate and anxiety (de Jong M.A, 1975). Research with beat-to-beat variability spectrum analysis in electrocardiography has shown that hypnosis affects heart rate variability, shifting the balance of sympathetic-vagal interactions toward increased parasympathetic activity and decreased sympathetic tone (Debeneditis, 1994). The previous research results showed that hypnosis was effective in lowering blood pressure in the short term, but also in the medium and long term, but did not find any association between the practice of self-hypnosis with the evolution of blood pressure, anxiety, personality factors and therapeutic outcomes (Claire Gay, 2007) .

Method

In addition to Reviewer #2 critiques,

1. The method section should be revised to provide subheadings: Participants, Measures, Hypnosis Intervention, Control Intervention.

Response: I made improvements according to the suggestions

Design

This research is quantitative with experimental research, pretest and posttest with control group design. The treatment given to the intervention group was to listen to hypnotherapy recordings for 15 minutes using a headset in the afternoon. The recorded stages of hypnotherapy include relaxation, deep relaxation, suggestion and awakening. Recordings are made in the form of mp3 files and played back using a smartphone. In the control group, participants were instructed to sit back and relax for 15 minutes.

Participants

The research was conducted in Banyumas Regency, Central Java, Indonesia. Participants were primary hypertensive patients. The inclusion criteria in this study were patients with primary hypertension with blood pressure $\geq 140/90$ mmHg, mild-moderate stress levels, and willingness to become research respondents. Meanwhile, the exclusion criteria in this study were respondents who were sick and unable to attend therapy, experienced hearing problems, and experienced complications of other diseases (kidney disease, heart disease, diabetes mellitus, and stroke). After providing informed consent to participants who met the inclusion and exclusion criteria, 64 hypertensive patients agreed to participate in the study. Participants were divided into 2 groups by lottery, 32 odd numbers into the intervention group and 32 even numbers into the control group.

Measures

Measurement of blood pressure, heart rate and stress level was carried out twice, namely before and after treatment. The instruments used in this study were a digital tensimeter and the Subjective Units of Distress Scale (SUDs) observation sheet. SUDs commonly is used for anxiety (Benjamin, 2010). SUDs is an 11-point self-report scale (0 = no distress; 10 = highest distress possible) routinely used to measure change in distress. The SUDs scale's

validity has been demonstrated, and research has shown it to correlate with levels of depression and anxiety (Kim, Bae, & Park, 2008).

2. The Participants section should detail how participants were recruited, informed consent obtained, inclusion and exclusion criteria, and how randomization was achieved.

Response: I made improvements according to the suggestions

Participants were primary hypertensive patients. The inclusion criteria in this study were patients with primary hypertension with blood pressure $\geq 140/90$ mmHg, mild-moderate stress levels, and willingness to become research respondents. Meanwhile, the exclusion criteria in this study were respondents who were sick and unable to attend therapy, experienced hearing problems, and experienced complications of other diseases (kidney disease, heart disease, diabetes mellitus, and stroke). After providing informed consent to participants who met the inclusion and exclusion criteria, 64 hypertensive patients agreed to participate in the study. Participants were divided into 2 groups by lottery, 32 odd numbers into the intervention group and 32 even numbers into the control group.

3. The Measures sub-section should list each measure and provide reliability and validity data and identify what measures were used (please refer to APA style for manuscripts).

Response: I made improvements according to the suggestions

4. The hypnosis intervention and the control intervention need more detail provided. Where did the control participants rest and what environmental context? Include any instructions that were given to the control participants. The hypnosis intervention requires more detail to allow for replication. The addition of transcript of the audio recording could be included as an appendix.

Response: I have added a description of the intervention and have attached the transcript

The treatment given to the intervention group was to listen to hypnotherapy recordings for 15 minutes using a headset in the afternoon. The recorded stages of hypnotherapy include relaxation, deep relaxation, suggestion and awakening. Recordings are made in the form of mp3 files and

played back using a smartphone. In the control group, participants were instructed to sit back and relax for 15 minutes.

5. The data analysis does not properly report the statistics (see reviewer comments). The data analysis should report demographics, comparison of the two groups pre-, and comparison of the two groups post. No pre-post analysis within groups should be reported.

Response: I have re-analyzed it according to the suggestions. the results of the analysis are illustrated in tables 1 and 2

Results

The results section needs to be revised consistent with the comments regarding data analysis. This will simplify the results section.

Response: I have improved the results according to the latest analysis used

Data Analysis

Data were processed using SPSS version 16. Data analysis used Kruskal Wallis Test because the data is not normally distributed in each variable ($p < 0.05$).

Discussion

The discussion section should summarize the findings of the present study in the context of prior research. Given the comments above, this section will need major revision (please use track changes). Also, the limitations (See also comments of Reviewer #2) should be detailed including: small sample size, brief duration of intervention does not inform long-term benefits, lack of measurement of hypnotizability, reliance on a simple subjective rating of stress.

Response: I have added discussion and limitation as suggested

Here are the limitations of the research I added:

This study was the small sample (64 participants), dominated by women (86%) and the intervention was only given one session, brief duration of intervention does not inform long-term benefits, lack of measurement of hypnotizability, used a simple subjective rating of stress.

References

It is essential that all references be in correct APA style. The references will need careful revision to be in complete consistency with APA format. There are numerous errors (e.g., journal titles should not be abbreviated, DOI's should be links: "<https://doi.org/10..>") in the references section as well as missing information (e.g. issue numbers) for many of the references.

Response: I have checked back references and completed with DOI.