

Hypnosis as an Alternative Treatment for Acculturative Stress Among First Generation
Armenian Americans

Irina Meliksetyan

A Dissertation Presented to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree Doctor of Psychology in Clinical Psychology

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Dedication

This dissertation is dedicated to all those who have inspired me to follow my heart and my path, especially my husband, my daughters, and my parents for all their support, patience, and love.

Abstract

Background: More and more clinicians are using hypnosis to treat various symptoms of stress. Whether the stressors are social isolation, low self-esteem, or depression, hypnosis proved to provide valid and positive prognosis. The range of symptoms can vary for person to person. Therefore, this study concentrated on subjects who practice hypnosis on regular basis. Conceptualizing stress in its heterogenous forms in the Armenian population can be a complicated and a long process. **Aims:** To assess the effectiveness of implementing hypnosis as an alternative treatment to reduce acculturative stress amongst first generation Armenian-Americans. **Method:** A structured questionnaire was used to collect data on what the top psychological issues could be affecting first generation Armenian Americans, that would need to be targeted in the hypnosis intervention sessions. The most productive suggestions to be included in a hypnosis session were assessed, that would effectively reduce acculturative stress. For more accurate findings, the Expert Panel had to have at least 5 years of licensed experience as a Marriage and Family Therapists, or licensed Psychologists who were exposed to treating acculturative stress. **Results:** The results of the analysis indicated that the top 3 stressors of acculturation in Armenian American population are anxiety, self-esteem issues, and depression. However, this study did not provide evidence of these results or interventions to be generalized among Armenian American population outside of Southern California. **Conclusion:** The use of hypnosis as an alternative treatment may reduce symptoms of acculturative stress in a population residing in Southern California.

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Chapter 1: Nature of the Study

Background to the Problem

Research has shown that moving into a new country, and encountering a new culture with a new language and traditions will generate psychological stress. This stress is known as acculturation stress, which is most pronounced during the transition time between arriving in the new country, and integrating into the host culture. Cruz (2009) described the three types of immigrants whose acculturation stressors range greatly between being first generation immigrant, second generation immigrant, or third generation immigrant. The psychological and behavioral effects of acculturation process may impact first, second, and third generation immigrants differently. The findings in Pratyusha and Claudius's (2013) study showed that those immigrants who came to reside in the United States for a short period of time, do not fully acculturate. However, short-term immigrants do undergo the stressful adjustment process which involves language barrier that causes isolation. Students are particularly impacted by the language barrier, which causes academic challenges, and can be associated with discrimination, socialization and relational problems.

There have been numerous research studies conducted on acculturation with relation to stress amongst other first-generation cultures, but limited empirical studies were conducted that address the issues related to acculturative stress within first generation Armenian Americans (Oshagan, 1997). Armenian culture is very family oriented. There is a strong bond within the nuclear and extended family members. Traditions, values, and beliefs are of importance and are carried from generation to generation. Therefore, Oshagan (1997) stressed that the adaptation and acculturation process to a new culture is challenging and complex for Armenian immigrants. Facing new challenges such as new communication patterns, new social structures, different

goals and objectives, change in food and customs, new political systems and laws all contribute to formulating new psychological stressors.

Problem Statement

Armenian immigrants who live in the United States of America experience acculturation stress. There are few empirically validated treatments for this type of stress with this population. Consequently, the current study investigated whether hypnosis intervention that is specifically targeted to reduce acculturative stress amongst this population will have the desired effect of improving the subject's quality of life and ease the process of acculturation.

Research Questions

The following research questions are addressed in this study:

1. Could boosting self-esteem through hypnosis be a common suggestion recommended by the Expert Panel to help reduce anxiety in acculturation stress in first generation Armenian Americans?
2. Is the escalation of symptoms of acculturative stress affect psychosocial adjustment in first generation Armenian-Americans?

Application of Results

The purpose of this study was to investigate the relationship between hypnosis performed as an alternative treatment for acculturation stress among first generation Armenian Americans. The study will generate more insight on the effectiveness of using hypnotherapy (guided imagery/visualization recording) to counteract stress caused by acculturation and to improve immigrant's quality of life. Berry (1997) stressed that when a person meets a host culture, that person will be expected to experience great changes in many aspects of his or her life. This study will help professionals understand the efficacy of a particular type of supportive

intervention that may be utilized to improve Armenian immigrants' quality of life. Also, since there is a limited amount of research done in relation to acculturation in the Armenian American population, the results of this study will fill a gap in the literature.

Theoretical Framework and Berry's Bi-dimensional Acculturation Model

In the acculturation research studies, Berry (2006) called societies that are being researched as “culturally plural,” and described acculturation as “the dual process of cultural and psychological change that take place as a result of contact between two or more cultural groups and their individual members” (Berry, 2005). He stated that the acculturation process is similar between the cultures. There are six dimensions of cultural variation in plural societies that are important in the acculturation process. Such dimensions are diversity (other variations within culture); equality (differences arranged in social cultures); conformity (how much the individuals are enmeshed in the social structure); wealth (the average level of wealth); space (eye and body contact frequency); and time (promptness and schedules/ engaging in one-on-one or having multiple interactions at one time; Berry 2006). Acculturation is viewed by two approaches: a uni-dimensional model and a bi-dimensional model. “In the uni-dimensional model, ethnic identity is conceptualized along a continuum with strong ethnic ties at one extreme and strong mainstream ties at the other end” (Hayeun, 2008). The bi-dimensional model of acculturation proposes four potential strategies of adaptation. Those strategies are assimilation, integration, separation, and marginalization.

The assimilation strategy refers to lack of attachment to one's culture of origin. The integration strategy refers to subject's attachment to both cultures. The separation strategy refers to lack of attachment to a second culture. Lastly, the marginalized strategy refers to a complete lack of attachment to both cultures (Berry, 1997).

Definitions of Terms

Acculturation. The process by which groups of individuals integrate the social and cultural values of origin with those of different culture (American Psychological Association, 2002).

Acculturative Stress. Acculturative stress refers to the major psychological distress that may accompany the acculturation process (Berry & Kim, 1998).

Anxiety. A mood state characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune (American Psychological Association, 2002).

Assimilation. Process of acculturation where people from minority groups do not maintain association with their culture of origin, and identify themselves with dominant, host culture (Berry, 2006).

Assimilated Strategy. Lack of attachment to both cultures.

Bicultural Competency. The individual's perceived ability to function in both the heritage culture and in the immigrant's new society (La Fromboise, Coleman, & Gerton, 1993).

Bicultural Strategy. Attachment to both cultures.

Bilinear Model. If one's cultural engagement is decreased, it is not necessarily due to the engagement in a new culture.

Cross-cultural Psychology. It studies the cultural context and development of individual's behavior (Berry, 1997).

Culturallyplural. "The dual process of cultural and psychological change that take places because of contact between two or more cultural groups and their individual members" (Berry, 2005).

Deepening Phase. Consists of counting with instructions to go further into hypnosis with each count.

Dehypnotizing Phase. The backwards count to rouse the subject from hypnosis on cue.

First Generation Armenian. For this study, first generation Armenian will be described as the immigrant who came to United States and became a resident of the United States of America.

Guided Imagery. Involves the use of verbal instructions to create a flow of thoughts that focus the individual's attention on imagined visual, auditory, tactile, or olfactory sensations (Kim, Newton, Sachs, Glutting, & Glanz, 2012).

Hypnosis. A natural state of aroused attentive focal concentration coupled with a relative suspension of peripheral awareness (Turk, Swanson, & Tunks, 2008).

The Induction Phase. Alternation between staring intently at a spot and focusing on relaxing with every breath out.

Marginalized Strategy. A complete lack of attachment to both cultures.

Psychosocial Adjustment. In the current study, psychosocial adjustment is defined as a composite of the three components: bicultural competence, social support, and psychological wellbeing.

Separated Strategy. Lack of attachment to a second culture.

Unilinear Model. Proposes that when one culture enmeshes with a new culture, the engagement in the culture of origin will be decreased.

Xenelasia. Banishment of strangers.

Outline of Remaining Chapters

The remaining chapters concentrate on existing rationale, procedures, and methodology used to conduct this empirical research study on effectiveness of hypnosis in relation to reducing

acculturation stress in first generation Armenian Americans. A comprehensive literature review will be provided in Chapter 2. Chapter 3 will provide methodology and procedures used to test the hypotheses. Findings of the study will be provided in Chapter 4. Summary, conclusions, and recommendations for future studies will be provided in Chapter 5.

Chapter 2: Review of Literature

Chapter Overview

To date, there have been no studies on hypnosis as an intervention for acculturation stress among Armenian Americans. This chapter will concentrate on the following current research literature topics: cross-cultural psychology, acculturation, acculturation stress, Armenian culture, hypnosis, and guided imagery. Due to the lack of research on this specific population, this literature review will include similar studies that are relevant to the current research topic.

Cross-Cultural Psychology

Since the beginning of the human race, traveling to other parts of the world has been a natural human endeavor for various reasons. North America is becoming increasingly diverse; therefore, the study of acculturation is becoming increasingly relevant in the field of psychology. Although the word acculturation was first used in the 1880s, according to Rudmin (2009), the psychological discussion of acculturation goes back as far as Plato's times, and the first acculturation theories were written by the 1900s. Almost 2 decades later, the first psychologist who wrote about acculturation was G. Stanley Hall.

Plato's opinion on benefits of acculturation was as follows:

The intercourse of cities with one another is apt to create a confusion of manners; strangers are always suggesting novelties to strangers. When states are well governed by good laws, the mixture causes the greatest possible injury; but seeing that most cities are the reverse of well-ordered, the confusion which arises in them from the reception of strangers, and from the citizens themselves rushing off into other cities, when any one either young or old desires to travel anywhere abroad at whatever time, is of no consequence. On the other hand, the refusal of states to receive others, and for their own

citizens never to go to other places, is an utter impossibility, and to the rest of the world is likely to appear ruthless and uncivilized; it is a practice adopted by people who use harsh words, such as *xenelasia* or banishment of strangers, and who have harsh and morose ways. (Plato, n.d.)

Acculturation is a complex process. Sam and Berry (2006) discussed the complexity of acculturation conflicts that include aspects of social learning, identity, and stress and coping. Thurnwald's (2009) views on acculturation were that with any acceptance of a change comes an implied change of attitudes and social behaviors. He referred to this process of acculturation as a process of adapting to new life conditions. These adaptations (the new conditions of life) involve a new social life, not adaptation to climate or nature. When people merge with another culture, their perception is that they are being studied, appraised, observed, and interpreted. At the same time, the observed individuals are doing the same: they are studying, appraising, observing, and interpreting the new culture they are trying to fit into. When studying cross-cultural psychology, distinguishing various cultural factors is important.

According to Berry (1997), cross-cultural psychology studies the cultural context and development of an individual's behavior. He stated that the psychological outcomes of acculturation may vary greatly based upon the beliefs and expectations of the society of origin.

Acculturation

Berry (2005) described acculturation as a long-term process that causes cultural and psychological changes when two or more cultural groups are involved. Sociocultural adaptations (e.g., language, food, clothing, and social interactions) occur over a period of years, generations, or even centuries. This process is mutual between cultures, meaning that the new culture may adopt the immigrant's customs as well. "Immigrants bring with them vast cultural

riches, many of which become embedded in American culture. This occurs over time, as immigrants assimilate and acculturate, and as Americans adopt and modify new cultural elements” (Israel, 2004).

Miller et al. (2013) introduced unilinear and bilinear models. The unilinear model proposes that when one culture enmeshes with a new culture, the engagement in the culture of origin will be decreased. The bilinear model argues that if one’s cultural engagement is decreased, it is not necessarily due to the engagement in a new culture. Miller et al. (2013) reiterated Berry’s theory that acculturation has four strategy outcomes: bicultural (integrated), separated, assimilated, and marginalized. Bicultural strategy refers to attachment to both cultures. This is the case when the individual will maintain the culture and traditions of his heritage culture, and adopts the traditions of the host culture (Berry, 1997). Separated strategy refers to lack of attachment to a second culture; assimilated strategy refers to lack of attachment to one’s culture of origin; and marginalized strategy refers to a complete lack of attachment to both cultures. Sam and Berry (2010) concluded that when one moves into a different culture, he or she does not necessarily adopt that culture’s behaviors, beliefs, values, language, social institutions, and technologies.

Berry, Bhatt, and Tonks (2013) described acculturation as being based on two issues. The first issue is based on the importance of maintaining one’s cultural traditions and having such support; the second is promoting positive intergroup relations and contacts. During acculturation, both cultures have intergroup relations that develop topics of 'ethnic stereotypes, ethnic attitudes, prejudice, discrimination, ethnocentrism, and authoritarianism'. Sam and Berry (2010) described acculturation as an encounter of two different people or two different groups of distinct cultural backgrounds.

Sam and Berry (2010) presented three features to understanding acculturation. The first feature focuses on what kind of changes (e.g., behavioral, cognitive, personality) occur during acculturation. The second feature considers how a person or group acculturates and emphasizes acculturation strategies. The third feature concentrates on adaptation levels of the person or a group after acculturation. To determine adaptation levels, more research needs to be conducted utilizing examples of successful adaptations. Wang, Shen, Orozco-Lapray, Kim, and Chen (2013) suggested that when there is a high parent-child acculturation discrepancy, family dynamics may be interrupted or even discontinued. These discrepancies develop conflicts within a family.

Armenian Culture

A culture's identity is defined by its traditions, beliefs, language, geographic location, religion, and natural resources. To better understand the acculturation identity development of Armenian Americans, it is essential to first become familiar with the history of Armenian culture.

Armenia is one of the oldest civilizations. Its history is filled with legends which date back to the Pre-Urartian era, 1500 B.C. The remains of the Stone Age prove that there was inhabitation "from a time far back beyond human records" (Kurkjian, 2008, p.4). Kurkjian also discussed the symbolic significance of Mount Ararat to Armenian culture, currently located in Turkey. Mount Ararat is mentioned in the Bible's First Testament during the days of Noah's Ark. Herzig and Kurkchian (2005) described Mount Ararat to be the most effective, geographical symbol of the Armenian homeland. According to the Central Intelligence Agency (CIA), Armenia was the first nation "to formally adopt Christianity in early fourth century, [301 A.D.]" (CIA, 2013). Armenia is surrounded by three Islamic countries: Turkey, Iran, and

Azerbaijan. Being a small Christian nation, Armenia has always been in conflict with neighboring Islamic countries since the first days of Islam. It is eleven thousand four hundred eighty-four square miles, about the size of Maryland. Herzig and Kurkchian (2005) stated that Armenians have spread to many countries due to the history of repeated invasions, lootings, and massacres over the past two thousand years. They also stated that at the beginning of the twenty-first century, the population of Armenians around the world was about seven million.

Armenians are good craftsmen; history shows great architecture and architectural designs with stone and iron works. “Khatchkar,” which means stone-cross, or the engraving of a stone, Garni Temple, Geghard Monastery, the ruins of Zvardnots Temple, and others, serve as symbolic proof of outstanding Armenian architecture built between the third and seventh centuries (Armenian Travel Bureau, 1999-2010). When Ashot Bagratuni became king around 877-880, agriculture began to play a vital role (Kurkjian, 2003-2008). Grain, rice, flax, cotton, grapes, wine, silk, woolen textile, precious rocks and metals, preserved fruits, and medicinal herbs and roots, were exported in large quantities to other countries. “A new Bagratid Kingdom was established as a center of manufacturing and trade” (Papazian, 2001). Armenians exhibited their self-preservation around the world by their unified love for their culture’s religion, language, literature, music, and art. Armenians identify themselves as Hai or Hay, meaning Armenian in a native language, and identify their homeland not by the term Armenia, but as Hayastan or Hayasdan. Their drive for determination, survival, faith, motivation, confidence, and pride in being an Armenian is imbedded into their characteristics since first days of life.

History demonstrates numerous examples of mistreat of power and its harsh consequences (Herzig & Kurkchian, 2005). For example, Ayvazian (2008) compared traumatic power abuse and its consequences between Julius Caesar, Napoleon, Stalin, and Adolph Hitler;

“Historical accounts suggest that these dictators left a bloody trace in the hearts of the people” (p. 19). The most horrifying event for the Armenian people was the Armenian Genocide. According to Papazian (2001), during the 1915 Armenian Genocide, over 1.5 million Armenian citizens of Turkey were massacred by the government of the Ottoman Empire. April 24 is considered a day of mourning, for all Armenians to be reminded of their ancestral loss, and for the younger generation to practice its “Armenianness,” and remind the world of the Armenian genocide (Derderian, 2011).

Genocide destroys one’s identity. Finding and restoring identity after genocide is unpredictable, as its impact leaves a devastating psychological impairment. Ayvazian (2008) suggested that as much as Armenians tried to maintain their true values and traditions, the acculturation and assimilation into new countries has influenced the cultural factors in their ecological environment. Therefore, different dialects, customs, world views, and even preparation of food have been altered within the Armenian culture. These variations have created heterogeneity.

Family Dynamics, Traditions, and Values

Armenian historical experiences have shaped and influenced the strong sense of national identity. Since Armenians are widely spread around the world, maintaining abroad family relations is of importance.

Citizenships were given not only to all living within its borders, but to those Armenians in the diaspora who wished to exercise that right. Identity and affiliation had become vital political issues, and once again the question of who Armenians are was raised both in Armenia and abroad. (Suny, 1993)

Thus, traveling to the homeland and learning values and traditions from Armenia is now much easier.

Armenia is considered to be a male dominated country, although men and women have equal access to all sectors of the economy. Armenians are monogamous. An Armenian domestic unit is composed of paternal grandparents, the married couple, their children, and husband's unmarried siblings. It is important to keep keen relations from both the mother's and father's sides. However, descendants keep their family name from the paternal side. Women obtained equal voting and election rights in 1918-1920, during the first Republic of Armenia (Arahamian & Arahamian, 2013). It is expected that the women of the household maintain balance between family relationships and manage chores such as cooking, cleaning, and bringing up children. The national fruit of Armenia is the pomegranate which symbolizes fertility, maternity, love, family, prosperity, and life (Derderian, 2011). Therefore, it is expected a married couple will have children shortly after they are married.

Children are taught traditions and values such as elderly respect, and the importance of forming strong ties among relatives, as well as mutual readiness and help, hospitality, and marriage stability. Derderian (2011) described the virtues of an Armenian woman as being affectionate, loyal to her husband, kind, and modest, whereas, the men are the providers and protectors of the family.

Acculturation Stress

According to Sirin, Ryce, and Taveeshi (2013), one of four adolescents in the United States is part of an immigrant family. Although for some immigrants, the immigration process may be an opportunity to better their life, some factors need to be taken into consideration as the immigration journey and its process may involve significant stress. Transitioning into a world

with zero or limited English proficiency, a new climate, different customs and laws, sometimes with financial difficulties, may cause acculturation stress. Sirin et al.'s research found that "acculturative stress," increases the risk of mental health symptoms, such as increased anger, alienation, and depression, which can be internalized and/or externalized.

Yakunina, Weigold, Weigold, Hercegovak, and Elsayed (2013) stated that international students are often encouraged to cope with acculturative stress through their inner strengths to develop optimism and positive judgment. During acculturation transitions, it is common to experience interpersonal isolation and homesickness, especially if there is no one in the host country that one can reach out to. Another result of acculturative stress could be social difficulties. Research suggests that some of the symptoms of acculturative stress may be displayed as sadness, fear, homesickness, loneliness, cultural identity confusion, and social withdrawal. Yakunina et al. (2013) suggested that improving one's language will improve and increase social interactions; therefore, one will develop a sense of resilience and positive attitude. It is also suggested that advocating the ability to appreciate cultural similarities and differences will improve one's attitude toward others. A sense of feeling accepted in another country is an essential tool of adjustment.

Warren and Rios (2013) suggested that perceived pressure and internalization from the media has a significant impact on perceptions and projections of acculturation stress in United States. Media increases awareness and pressure of social comparison and body image, which may decrease self-value and self-perception. Warren and Rios described a study conducted on Hispanic men who expected to be "physically strong, aggressive, virile, brave, and maintain a positive family reputation at all costs" (Warren & Rios, 2013). His findings were that after their

move to United States, Hispanic men may experience more binge eating and extreme weight loss than any other American ethnic group.

Pratyusha and Claudius (2013) discussed the acculturation process of students who came to the United States for a short period of time, and did not strive to acculturate since they planned to return to their country of origin. The qualitative study was conducted on international graduate students, particularly Muslims from Saudi Arabia, Iran, and Turkey. Pratyusha and Claudius discovered that these graduate students, who temporarily reside in a host country, do experience cultural adjustment, and have strong social networking among other international students. The challenges they faced included immigration/visa status, language barriers (which caused isolation), academic challenges, discrimination, and relational problems. The study showed that married students encountered more acculturation stress (e.g., anxiety, low performance, and depression) than single students.

Since traveling became an easy process, more families move to the United States. Myers-Walls, Frias, Kyong, and Mei-Ju (2011) described how modernization of our world through its new technological communications creates a system of long-distance families. Myers-Walls et al. (2011) conducted a study on transnational families, or families that have moved to a new country and keep close ties and commitment with other family members in multiple countries at once. He found that this transnationalism creates a dilemma such as being in limbo. In limbo refers to families that are not sure if they will remain in the new country. He attributed acculturative stress to both psychological (e.g., wellbeing and self-satisfaction) and sociocultural adaptation (e.g., levels of success, integration in the dominant society). Myers-Walls et al. (2011) similarly attributed the primary symptoms of acculturative stress to language difficulties,

financial problems, adjustments to new educational systems, social customs and norms, and in some cases, discrimination.

Ahmad and Zaman (2011) supported the idea that frequent changes in culture could be stressful. The stressors may include working longer hours and taking on devalued and humble positions compared with a higher title or position in the country of origin. Stress may lead to poor health, making mistakes, and executing wrong decisions, especially work-related, which may cause in loss of employment. Ahmad described seven ways of coping with stress: distancing, or drawing away and minimizing personal importance of the negative situation; self-controlling, or managing emotions and actions, seeking social support, including emotional and informational support; accepting responsibility; escape-avoidance, or wishful thinking; planful problem-solving, or an attempt to alter an actual situation; and positive reappraisal that focuses on personal growth experience.

Hypnosis

Intense focus on a single idea or train of ideas, to the exclusion of all else, is the hallmark of hypnosis, and can be initiated and directed by mental factors outside (e.g., suggestion) or inside (e.g., imagination) individuals. In the monoideo-dynamic of the hypnotic state, a dominant idea or train of ideas becomes a compelling force, entailing neurological and neurophysiological consequences, which themselves involve ideational association, proceeding without interference from willful planning, rational appraisal, or conscious awareness. (Vandenberg, 2012)

History has shown that shamans and ancient people used trance states in their religious ceremonies and rituals. Throughout this chapter, it has been evidenced that the acculturation process, which involves adjustment and adaptation, may develop symptoms such as stress, low

self-esteem, low self-worth, increased anger, anxiety, alienation, depression, sadness, fear, homesickness, loneliness, cultural identity confusion, and social withdrawal. According to Suey (2010), hypnosis may be performed as an alternative treatment for reducing acculturative stress and related symptoms. Suey also described hypnosis to be a beneficial factor that enhances efficacy of cognitive Behavioral Therapy. In one study, Suey used hypnosis for relaxation, stress management, and increased self-esteem on a 16-year-old male. First, the subject's strongest sense of modality needed to be identified, and then a collaborative relaxation scene was constructed. After four hypnotherapy sessions with inclusion of hypnosis script of guided imagery, the subject's self-esteem, self-awareness, and confidence levels were drastically elevated. These positive qualities and enhanced activity level and enjoyment resulted in an elevated mood. Suey described the three parts to executing hypnosis: the induction phase, the deepening phase, and the dehypnotizing phase. The induction phase involves alternating between staring intently at a spot and focusing on relaxing with every breath out. The deepening phase consists of counting with instructions to go further into hypnosis with each count. This is the part where the content of the session is imagined or created (during which the hypnotic trance is experienced); this includes the experience of the five senses. The dehypnotizing phase is the backwards count to rouse the subject from hypnosis on cue.

Hypnosis is sometimes used alongside professional medical practice. Hypnosis is also described as “a loss of appropriate response to verbal command or as ‘syringe drop,’ and immobility as suppression of movement in response to surgical incision or tetanic electrical pulses” (Hendrickx, Eger, Sonner, & Shafer, 2008). Vandenberg (2012) defined hypnosis as a “phenomenon” and ‘nervous sleep.’ The fluidic force of hypnosis is depended and delivered by

the creativity of the “operator,” the therapist. Hypnosis can teach self-regulation skills, and therefore, control of one’s emotions and actions.

There are different types of hypnotherapy. Hypnotherapy may come in a form of trance, guided imagery, progressive muscle relaxation, and other relaxation techniques. Self-hypnosis, such as guided imagery can range from complete relaxation to full tension. Kohen (2010) argued that self-hypnosis is an effective therapeutic approach. In one of Kohen’s studies, adolescents who suffered from headaches were taught guided imagery and relaxation techniques. After six months of self-hypnosis, results showed that the majority of teens reported a significant reduction in the intensity, frequency, and duration of headaches. Ahmad and Zaman (2011) stressed that hypnosis has positive effects on alleviating stress and reinforcing coping mechanisms. It reduces the intensity of negative emotions by retrieving memories of stressful events. Its effectiveness is evidenced by hypnosis used for treating Post Traumatic Stress Disorder (PTSD), various sleep disturbances, chronic pain, and other disorders. Clinical research demonstrates that hypnosis is an effective treatment and “virtually free of the side effects, risks and adverse reactions and ongoing expense associated with medication treatment” (Ahmad and Zaman, 2011).

“Hypnosis has been of importance to sociocognitive theorists because of the “believed in” subjective alterations it evokes” (Lynn & Sherman, 2013). There is another style of hypnotherapy approach that has proved itself to be very effective. It is called Ericksonian hypnosis. Lynn and Sherman (2013) talked about the importance and curiosity of Milton Erickson’s strategic interventions. They talk about the hypnotic phenomena which involve perceptions, cognitions, and sensations. Erickson used sociocognitive analysis. Erickson’s

strategic approach involves manipulation of response sets that can produce constructive changes which operate by mechanisms that are outside of patient's awareness.

Most people do not know that most mental processes are autonomous... The autonomous flow of undirected experience is a simple way of defining trance. Hypnotic suggestion comes into play when the therapist's directives have significant influence on facilitating the expression of that autonomous flow in one direction or another. The most effective aspect of any suggestion is that which stirs the listener's own associations and mental processes into automatic action. (Lynn & Sherman, 2013)

Lynn and Sherman (2013) described Erickson process in five steps. First Erickson primed his patients by asking them what usually calms them down and learn more about what they like. Then, he would start off his sessions with a set of questions that required an obvious "yes" answers, to establish a pattern of response set. He called it script. This was done so the patient would agree to things he or she has never agreed on before. Erickson wanted patients to think of themselves as warm-hearted and kind. Lynn and Sherman continued with the third step which is altering accessibility. In this step, Erickson alters the accessibility of facts or events in patient's memory. Basically, asking his patients "what if" possible scenarios. Fourth step involves observation and facilitation patient's feelings, behaviors, and thoughts. The fifth approach is the increasing cooperation and minimizing resistance. In some cases, changing efforts can activate motivation. His approach was establishing storytelling communication, whether it was paradoxical, metaphorical, indirect, or illogical. Exploiting reactance is Erickson's sixth approach. This was the process he worked on patient's resistance. He asked patients during the induction of hypnosis for a response which they have failed to give. The seventh stage is the effort justification. This stage was meant to strengthen and maintain the established therapeutic

response sets through assigned homework to enhance commitment to therapeutic goals (Lynn & Sherman, 2013).

In other words, it is important to know the correct jargon when using Erickson's hypnotherapy approach. One must be equipped with vast creative rhetoric capacity. There are trigger words that are associated with each patient's issues. The suggestions and motivations will be different for each patient. For example, to treat a soccer player, words like "on top of the game" or "kick off" could be used, where as to treat a computer programmer something like "updating" and "running smoothly" could be incorporated. Erickson's approach is more about language used. It is about merging with the patient's interests.

Evaluation of Research Literature

The stress of the acculturation process of the Armenian population in the United States can lead to psychological disorders such as anxiety, depression, isolation, social withdrawal, escalated anger, poor judgment, and low self-esteem. It was also discovered that those symptoms are further developed by stressors such as poor linguistics, change in socioeconomic status, and adaptation to a new culture, its customs, traditions, and laws. Clinically based research provides positive feedback on the efficacy of hypnosis as an alternative treatment that diminishes or eliminates psychological symptoms.

Chapter Summary

This chapter examined the study of cross-cultural psychology and the impact of acculturative stress on one's identity, beliefs, values, attitudes, and behaviors. In addition, this chapter provided a summary of the traditional Armenian culture and its views on cultural values and beliefs. Lastly, there was a review of the clinical studies that utilized hypnosis as an effective alternative treatment to psychotherapy.

Chapter 3: Research Design and Methods

Chapter Overview

This chapter presents the methodology used in this research. A restatement of the problem examined in this study, a rationale for the hypotheses, and the description of the research design are discussed in detail. The research design discussed in this chapter includes a description of the participants, materials used, and procedures and instrumentation used to collect data. The data processing, and statistical procedures used to analyze the data, will be described. Assumptions and limitations in method, ethical assurances, and confidentiality of the participants, will be described as well.

Research Design

This is a qualitative study that is concentrated to determine the effectiveness of hypnosis to generate a positive outcome. This qualitative design study is mainly focused on exploratory research. This qualitative research was based on gathering individual information from the subjects. Typically, qualitative research design may be composed of small subject numbers.

Restatement of the Problem

The current research focused on the study of implementing hypnosis as an alternative treatment for reducing acculturation stress among Armenian Americans.

The overall question leading this study is: What are the potential effects of acculturation stress in Armenian-Americans, and how can hypnosis help reduce those effects? For this study, it is important to know the recommendations of the expert panel in regard to using hypnosis to alleviate acculturation stress. According to studies included in the review of literature, in addition to psychotherapy or by itself, incorporating hypnosis has helped reduce symptoms of acculturation stress. Suey (2010) stated that hypnosis has been successful in reducing

acculturative stress-related symptoms. As previously noted, Armenian culture is nuclear. Since they have strong bonds within their nuclear and extended family members, they are more likely to develop difficulties adjusting to a new culture, new school and political systems, and expanding social ties in a foreign country. Thus, developing culture shock may formulate new psychological stressors and exacerbate their difficulty adjusting to a new life. Pratyusha and Claudius (2013) studied the difference of acculturation stress when one joins a new culture temporarily or permanently. Psychological adjustment may vary based on knowledge about the host country in general, and depends on how educated the individual is about its language and upcoming challenges. Being prepared and knowing potential challenges could ease the acculturation process.

Rationale

To fully function in both heritage and host cultures, it is important for an individual to have social support and healthy mental functioning to reduce acculturative stress. Individuals who withdraw from the host society will benefit significantly from social support, resilience, and mental health treatment that will drastically decrease high levels of acculturation stress. In addition, it is expected that host individuals with a heightened perception of competence have a greater knowledge of the host culture and will be better able to communicate, function, and be engaged in the host society. It is expected that individuals with higher competence levels and knowledge of the host culture will display less stress and be more likely to functionally engage in a new society and culture.

Participants

In order to have valid findings for this research, it was established that a total of five participants would generate valid findings for statistical analyses. Only licensed Marriage and

Family Therapists (MFT) and licensed psychologists (Ph.D. or Psy.D.) who have been licensed for at least 5 years, and have regular implementation of hypnotherapy in their sessions, were included in this study. An email was sent to each participant with attached copies of appendices A, B, C, and D. Three subjects responded via email, one responded via fax, and one responded via phone/text. She refused to provide an email address or fax number. Those who completed the structured questionnaires received a \$20 Starbucks gift card.

Population and Sample

Subjects for this study were randomly chosen. They vary in years of experience as a licensed MFT or licensed psychologist from 11 to 36 years. Two subjects have 11 years of experience; one subject has 15 years of experience; one subject has 35 years of experience; and one has 36 years of experience. Four of the subjects are female and one is male.

Procedures

The recruitment and interactions with the participants was conducted through three facilities outside of The Chicago School of Professional Psychology. The sites included Hypnosis Motivation Institute, Fox Counseling Center, and Psychotherapy Help.

A list of names along with email addresses and phone numbers of licensed MFTs and psychologists was obtained through each site's public directory. Each potential subject could only be contacted a maximum of three times. If the potential subject did not respond after the third contact, that subject would not be contacted again for participation in this study.

Participants were informed of the purpose of this study: to examine the effectiveness of, and relationship between, hypnosis and acculturation as measured by acculturative stress in first generation Armenians living in the United States. Subjects were also informed that their participation was voluntary and that they could withdraw from this study at any time without

consequences. They were also informed that the information they provided, and their recorded responses would remain anonymous. No names or personal information were recorded or used in this study. Each subject's response was substituted with a number.

A phone call was made to each potential subject. Some picked up at once and specified whether or not they were interested. To some, a voicemail was left with a script of the recruitment flyer and an oral consent. The instructions related to this study's consent form were verbally given to participants, after which they were asked to verbally consent. Emails were sent to all eligible participants with a recruitment flyer (Appendix A), oral consent (Appendix B), and structured questionnaire (Appendix C) attached. Each member responded by email, fax, or phone/text. Recruitment and participation occurred between August 2017 and November 2017.

Level of Measurement

A structured questionnaire was generated to formulate objective responses. These questions were designed by me to determine reliability of all measures. The questionnaire is composed of nine questions; four of them are factual answers, and five of them are their professional suggestions.

Materials

- 1.1 Recruitment Flier (Appendix A)
- 1.2 Consent Form (Appendix B)
- 1.3 Structured Questionnaire (Appendix C)

Data Processing

After all data was collected from the structured questionnaire designed by the facilitator, the researcher hand scored and entered the data on an Excel spreadsheet, broken down into categories and analyzed by the facilitator. Descriptive statistics were used to describe the

subjects. Their number of years as a licensed MFT or psychotherapist, experience working with the Armenian population, and experience working with acculturative stress, were considered. Participants' answers were categorized into two categories. Group one included the top three psychological issues to be targeted in a hypnosis treatment for acculturative stress; group two included three professional suggestions that effectively reduce acculturative stress.

Assumptions and Limitations in Method

The following assumptions are relevant to the study:

- 1.1. For this study, the answers of the category one group will adequately represent the top three psychological issues that first generation Armenians may exhibit.
- 1.2. Since all subjects are from Southern California and had patients from Southern California, the collected data mainly applies to Armenians living in Southern California only.
- 1.3. The procedures conducted will be appropriate for this intent.

The following limitations were implicated in the study:

- 1.1. Participants were mainly collected from Southern California, which cannot be generalized to Armenians outside of Southern California.
- 1.2. There is a possibility for subject bias; in order to please the researcher, they may underreport.
- 1.3. The study will only represent the English-speaking Armenian population.

Ethical Assurances

This study was conducted in accordance to guidelines established by the American Psychological Association (APA, 2002). Participants were verbally informed that participation was voluntary, and they could discontinue participation at any time, regardless of the reason, without consequence. All participants verbally agreed to the Consent Form (Appendix B). Also, confidentiality was ensured and maintained throughout the study. Neither physical harm nor discomfort was experienced by participants during this study.

Chapter Summary

This chapter provided information related to this study's research design and methodology. A problem restatement, hypotheses and rationale, research design, definitions, materials, procedures, participants, instrumentation, data processing, methodological assumptions and limitations, and ethical assurances, were presented.

Chapter 4: Findings

Introduction

The purpose of this study was to determine the effectiveness of hypnosis as an alternative treatment in reducing acculturation stress among first generation Armenian Americans. The design of this study was to see whether there is a correlation between hypnosis and its effects on reducing various symptoms of acculturation stress. In this chapter, the findings of this research will be presented and discussed, including settings of the study design, demographics of the participants, and data analysis results. Due to limited research on hypnosis with the Armenian American population, this study may prompt future studies on this demographic population.

Setting

All data were collected in a two-month time frame. Initial contact with the participants took place by phone. Their email and phone numbers were collected from public listings from three sites. There could be no more than three attempts to initiate first contact with a subject. There was either a direct phone contact or voicemail left for the participants. In any case, the recruitment document and the oral consent form were read to the potential participant. Some declined participation. Those who agreed were emailed a copy of all the Appendices. Also, those who completed the structured questionnaire were given a \$20 Starbucks gift card.

The demographics (see Tables D1, D2) and the collected data were interpreted onto a spreadsheet (see Table D3). The gathered information was then used in a chart (see Figure D1). The study was designed to collect information on which professional suggestions in a hypnosis session would effectively reduce acculturative stress.

Demographics

To determine participant eligibility, the recruitment document was used as an initial instrument. A total of eight subjects responded to participate. Of those eight potential subjects, only five completed the structured questionnaire composed of nine questions. All five participants were licensed Marriage and Family Therapists (MFT), and licensed psychologists for at least five years, and have incorporated hypnotherapy into their sessions. Four had experience working with the Armenian population, which was a plus, but considered optional. Three sites were chosen for recruiting participants: Hypnosis Motivational Institute, Fox Counseling Center, and Psychotherapy Help, but only two were used. The Psychotherapy Help therapists did not respond to the initial voicemail. Some of the participants with experience incorporating hypnosis with the Armenian population were still seeing Armenian patients. Both participants and their patients came from Los Angeles and Ventura counties, thus making this study only valid in Southern California. Although all participants had experience with stress reduction, for this study, they were asked the percentage of experience working specifically with patients with acculturative stress.

Results

Participants were chosen from three sites. All five participants were asked to fill out a structured questionnaire. They were asked to complete all nine questions. Questions 5, 6, and 7 had more than one answer to fill in, and the overlapping of some symptoms repeat in Questions 5, 6, and 7. The questions were carefully selected and numbered in order, rating demographics, experience, and professional suggestions.

Some fill in questions were not answered due to participant beliefs. There were seven psychological issues presented in the study related to acculturative stress. After interpreting the

results, it is evident that some acculturative stress symptoms such as anxiety and self-esteem overlapped in 80% of the answers. All participants strongly believed that there were no potential barriers to using hypnosis to treat Armenian Americans' acculturative stress. All but one believed that there are potential benefits of using hypnosis to treat Armenian Americans' acculturative stress.

The top three psychological issues to be targeted in hypnosis treatment to reduce acculturative stress were: #1 Anxiety (4 out of 5), #2 Self-esteem (3 out of 5), #3 Depression (2 out of 5; Figure D1). The rest (1 out of 5) of the psychological issues were: somatic complaints, fatigue, feeling shame, and experiencing social anxiety. Throughout this study, anxiety proved to be a dominant symptom of acculturative stress. Literature suggested that Armenian Americans tend to struggle with language barriers, education and government systems adjustments, diversity shock, and financial barriers. Any of these barriers alone could trigger stress; a combination significantly escalates the level of acculturation stress.

The second dominant theme was self-esteem, including developing self-image and self-doubt, developing weak self-worth, self-belief, and self-confidence. The findings suggested that affirmation increases concentration to improve language skills and job opportunities. It was also recommended to help increase individuation and independence as well as acceptance and tolerance. Negative effects of acculturative stress included: phobia, trauma, fear of losing control, and being manipulated.

The third dominant theme was depression. Throughout the study, it was found that depression may be developed when one is socially isolated. There is a possibility that first generation Armenian-Americans may feel socially isolated due to the aforementioned scenarios.

Chapter Summary

This chapter reported the description of data findings. There is a significant psychological effect on patients suffering from acculturation stress.

Chapter 5: Discussion and Conclusions

The field of psychology has studied different aspects of cause and effect for human actions and reactions. In this study, the aim was to learn more about how hypnosis could contribute as an alternative treatment toward reducing acculturative stress. Acculturative stress may display itself through different symptoms, including stress related to a language barrier, or a manifestation of fear and anxiety of the unknown. Overall, living with daily stress can be overwhelming, unhealthy, and have a negative psychological impact. Berry (2005) described acculturation as a long-term process that causes cultural and psychological changes.

There are advantages to implementing hypnosis as an alternative treatment to reduce acculturative stress. Vandenberg (2012) stated that when an individual is under a hypnotic state, a dominant idea or ideas become a powerful force that neurologically involve ideational association, willful planning, rational appraisal, or a conscious awareness. In many cases, hypnosis is used alongside medical practice. The complexity of acculturative stress is not only due to social learning; it also develops conflicts with identity and coping (Sam & Berry, 2006). Hypnosis can alleviate sociocultural adaptations such as language, food, clothing, and social interactions, although, it may occur over a period of years, generations, and even centuries (Berry, 2005). Fortunately, first generation Armenian-Americans encompass vast cultural riches, some of which can be enmeshed in American culture. Not everything has to be changed, modified, or forgotten. With the help of hypnosis, there can be positive behavior, personality, and cognitive changes.

This study focused on possible professional suggestions provided by expert panel members that would be most successfully used with the first-generation Armenian American population. It is beneficial to expand the field of knowledge regarding the benefits of hypnosis

interventions as alternative treatment. Acculturation and adaptation to a new culture is a long process, which requires patience and willingness to adapt.

This study was a two-month process. The sites were chosen to fit this study's needs. Each site specialized in implementing hypnotherapy into their sessions. Practicing hypnotherapy for at least five years and being licensed for at least five years as a Marriage and Family Therapist (MFT) or a psychologist was of high importance. Since not every therapist has experience working with first generation Armenian Americans, it was difficult to recruit subjects who specifically worked with this population. Therefore, such experience was not necessary, but if the subject had such experience, it was favorable. The recruitment document stated all necessary qualifying questions for the subject to understand what was needed before voluntary participation. They could stop at any time. In fact, two of the recruited subjects asked to be excused from this study after they agreed to participate.

The structured questions for the expert panel were as follows: experience in number of years treating patients with hypnosis; if they have experience working with the Armenian population; if they have experience working with acculturative stress; percentage of the patients dealing with acculturative stress; the top three psychological issues that need to be targeted in a hypnosis treatment of acculturation stress; as many suggestions as they could list to be included in a hypnosis session to effectively reduce acculturative stress; the potential barriers in implementing hypnosis to treat acculturative stress in the Armenian American population; and potential benefits of using hypnosis to treat Armenian Americans to reduce acculturative stress.

Interpretation of Findings

The following research questions lead this dissertation study:

Research question 1. Could boosting self-esteem through hypnosis be a common suggestion recommended by the expert panel to help reduce anxiety in acculturation stress in first generation Armenian Americans?

It was hypothesized that the symptoms of acculturative stress would reduce confidence in first generation Armenian Americans. This hypothesis was confirmed. Four of five expert panel members stated that their first suggestion would be increasing one's self-confidence, self-worth, self-awareness, self-belief, self-acceptance, and self-image. Almost every Armenian, identified and defined by its culture, traditions, beliefs, language, and religion, would have difficulty acculturating and assimilating to a new culture. Strong self-esteem is a root for any Armenian, especially for a male, because he is identified as the provider and protector of his immediate family. Papazian (2001) discussed what drives an Armenian; it is the preservation of the native language, religion, literature, music, and art.

Research question 2. Does the escalation of symptoms of acculturative stress affect psychosocial adjustment in first generation Armenian Americans?

This study focused on the most effective methods to reduce acculturative stress through the use of hypnosis within this population. Some cultures may be more willing to merge with another culture, and have a better ability to self-adjust and assimilate. Armenians, on the other hand, are attached to their nuclear and immediate family members, and their culture and traditions. Due to this attachment, their psychosocial adjustment may be more affected, and changes in food, customs, politics, law, and school systems, may be difficult to adjust to. Studies have shown that psychosocial adjustments for Armenian-Americans include difficulties fitting in due to culture shock. Lack of language skills can isolate an Armenian-American from opportunities to broaden their social connections and structures.

Recommendations for Future Research

This study provided benefits of studying acculturation stress reduction through the implementation of hypnosis. One of the current benefits was finding the main three psychological issues of first generation Armenian-Americans: first is anxiety; second is low self-esteem; and third is depression. Armenian-Americans with acculturation stress have not been a focus of research. In fact, there is minimal research regarding how to better serve this population through the use of hypnosis.

This study brought understanding and awareness to the benefits of using hypnotherapy to reduce acculturative stress in Armenians not born in the United States, and the assessment tool provided a collection of data in a time and cost-efficient manner.

This study also has limitations. All five members of the expert panel refused to provide all 10 suggestions on Question 6. This limited more accurate data for Question 6. Also, all five expert panel members refused to provide data on Question 8. Conversely, a collective non-response to this question generates a formulated answer of hypnosis having no potential barriers in treating Armenian Americans' acculturative stress. Another limitation is that all subjects were recruited from Southern California, and so were their Armenian-American patients. Therefore, this study cannot be generalized outside of Southern California.

Implications

A foreign country, a new language, new socioeconomic status, and new culture and traditions, combined with being away from family, tend to increase anxiety in Armenian-American populations. Those who came to the United States with a degree and are forced to work at low-paying jobs unrelated to their degree can lead to lower self-esteem and self-worth. Further, a culture where psychotherapy sessions are conducted within the family circle might

have more difficulties adjusting and normalizing in individual psychotherapy sessions. A session where hypnosis is implemented could escalate the stress level. As the study has proven, Armenian Americans tend to feel shame and fear of losing control of the situation/session, and feeling distrust toward the therapist.

Conclusion

The purpose of this study was to determine whether implementing hypnosis as an alternative treatment could reduce acculturative stress among first generation Armenian-Americans. The aim was to collect possible suggestions to implement in regular hypnosis sessions to reduce the stressors of acculturation. The expert panel members implement hypnosis on a regular basis and were chosen through three sites that specialized in hypnosis treatments.

The qualitative design of this study centralized the results of the effectiveness of hypnosis to generate a positive outcome by reducing acculturative stress. This study's design was mainly focused on exploratory research and based on gathering individual information from each expert panel member. Typically, qualitative research design may be composed of small subject numbers. In this case, five individuals volunteered to participate.

The findings of this study correlated with, and validated research questions. It was learned that anxiety was the most significant symptom in the acculturative stress of the Armenian American population. Even though each individual is affected differently by the process of acculturation and assimilation, anxiety, self-esteem issues, and depression, were found to be the most common problems affecting the Armenian population. Symptoms could be reduced by inserting suggestions into regular hypnosis sessions to develop stronger self-confidence, improve concentration, and increase tolerance. A set of structured questions was developed to obtain more valid data. Each panel member was considered an expert in this study due to their

experience with reducing acculturative stress, though not every subject had worked with the Armenian American population.

It was confirmed that anxiety is the most common issue faced by this population. This study also provided evidence that hypnosis used as an alternative treatment does reduce acculturative stress among first generation Armenian-Americans. All subjects and their experiences derived from living and working in Southern California; therefore, future studies sampling other parts of the United States can determine whether first generation Armenian Americans from other states are impacted and affected similarly by acculturative stress.

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Appendix A: Recruitment Document

Hello, my name is Irina Meliksetyan. I am a doctoral student at The Chicago School of Professional Psychology and currently working on a dissertation. I am conducting this research as part of my studies in the Applied Clinical Psychology Program. Your participation is completely voluntary, and you can decide to stop participating at any time.

The purpose of this study is to help reduce acculturation stress amongst Armenian-American population. You will be expected to complete a questionnaire composed of 9 questions, which are related to your experience working with stress reduction. You be asked to give as many suggestions as you can towards reducing acculturation stress. Participation in this study should take about an hour. You will be compensated with a \$20 Starbucks gift card as a token of appreciation. Here are the qualification questions.

1. Have you been a licensed psychotherapist for at least five years?
2. Have you been incorporating hypnotherapy into your sessions in the past five years?
3. Do you have any experience working with stress reduction?
4. Are you willing to participate in a study, answer necessary questions, and give suggestions?
5. Any experience working Armenian population? (this would-be a plus, but is not necessary).

Appendix B: Oral Consent Script

Hello, my name is Irina Meliksetyan. I am a student at The Chicago School of Professional Psychology. I am conducting a research study of reducing acculturative stress amongst first generation Armenian Americans.

I am conducting this research as part of my studies in the Applied Clinical Psychology Program. After I have told you more about the project, you can decide whether you wish to participate. Your participation is completely voluntary, and you can decide to stop participating at any time during this project without penalty.

Let me explain what you will be asked to do. You will be expected to complete a questionnaire composed of 9 questions, which are related to your experience working with stress reduction. You will be asked to give as many suggestions as you can towards reducing acculturation stress amongst Armenian Americans. Participation in this study should take about an hour. You will be compensated with a \$20 Starbucks gift card as a token of appreciation.

In this study you may be at risk for feeling discomfort and emotional distress while answering the questions and giving suggestions. By participating in this study, future studies may directly benefit from your provided answers and suggestions.

During the study we will collect information such as years of hypnotherapy experience, years of being licensed, if worked with Armenian population, if worked on acculturation stress reduction, and list of suggestions that could help reduce acculturation stress. This information will be used by me for the purpose of this study. Your confidentiality will be maintained by replacing your name with an ID number on the questionnaire.

If you have any questions, please feel free to ask them now. If you have questions later, you may contact me via email, ixm8433@ego.thechicagoschool.edu or via phone, (818) 806-8933.

If you have any questions about your rights as a participant in this research, you can contact The Chicago School of Professional Psychology Institutional Review Board (IRB) or my Dissertation Chair Dr. Sean Sterling at:

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Appendix C: Structured Questions for Expert Panel

1. How many years have you been treating patients with hypnosis?
2. Do you have any experience working with the Armenian population?
3. Do you have any experience working with acculturation stress?
4. What percentage of your patients are dealing with acculturative stress?
5. Please list the top three psychological issues that you believe need to be targeted in a hypnosis treatment of acculturative stress:

a.

b.

c.

6. What suggestions would you include in a hypnosis session in order to effectively reduce acculturative stress? Please list as many as come to mind (10 maximum).

a.

b.

c.

d.

e.

f.

g.

h.

i.

j.

7. The literature suggests that Armenian Americans tend to struggle with the following issues (language barrier, education and government systems adjustments, diversity shock, and financial barriers). What suggestions would you add (if any) to the list above, if your patient was Armenian American?

- a.

- __ b.

- __ c.

- __ d.

- __ e.

8. What are the potential barriers to using hypnosis to treat Armenian Americans' acculturative stress?

9. What are the potential benefits of using hypnosis to treat Armenian Americans' acculturative stress?

Appendix D: Tables and Figures

Table D1

Demographic Information of Participants

Number	Gender	Exp. working w/Armenians	Exp. w/Acculturation Stress
#1.	Male	Yes	Yes
#2.	Female	No	No
#3.	Female	Yes	Yes
#4.	Female	Yes	Yes
#5.	Female	Yes	Yes

Table D2

Demographic of Participants (Continued)

	Yrs. Tx Patients w/hypnosis	% Dealing w/aculturative stress
#1.	11	<5%
#2.	35	0%
#3.	36	0%
#4.	11	5%
#5.	15	50%

Table D3

The Findings/Results

	#1	#2	#3	#4	#5
Year Treating with Hypnosis	11	35	36	11	15
Exp. with Armenian Population	Yes	No	Yes	Yes	Yes
Exp. with Acculturation Stress	Yes	No	Yes	Yes	Yes
% of Pt. w/ Acculturation Stress	<5%	0%	0%	5%	50%
Top 3 Psychological Issues to be treated with Acculturation Stress	1. Social Anxiety 2. Somatic Complains 3. Negative Internalization	1. Anxiety 2. Self-Worth 3. Stress	1. Transitional Issues 2. Self-Esteem 3. Stages of Loss	1. Anxiety 2. Cultural Differences 3. Depression	1. Anxiety 2. Phobia 3. Trauma
Top 3 Suggestions to use in Hypnosis session	1. Self-Awareness 2. Take more social risks 3. Move away from negative	1. Increase Self-Confidence to boost Self-Image 2. Increase concentration to improve language skills and job opportunity 3. Increase new culture experiences	1. Increase Self-Confidence and Self-Belief 2. Increase Independence 2. Increase Individuation	1. Self-Worth and Self-Acceptance 2. Increase tolerance 3. Stress reduction	1. Refused to answer. Stated that everyone is affected differently

Potential Barriers using Hypnosis	None	None	None	None	None
Potential Benefits of using Hypnosis	Can help build positive associations to new and challenging circumstances	Great for personal goal achievement	Possibilities are endless	Helps with anxiety, depression, acceptance, and tolerance	There aren't any

Anxiety, Self-Esteem and Depression

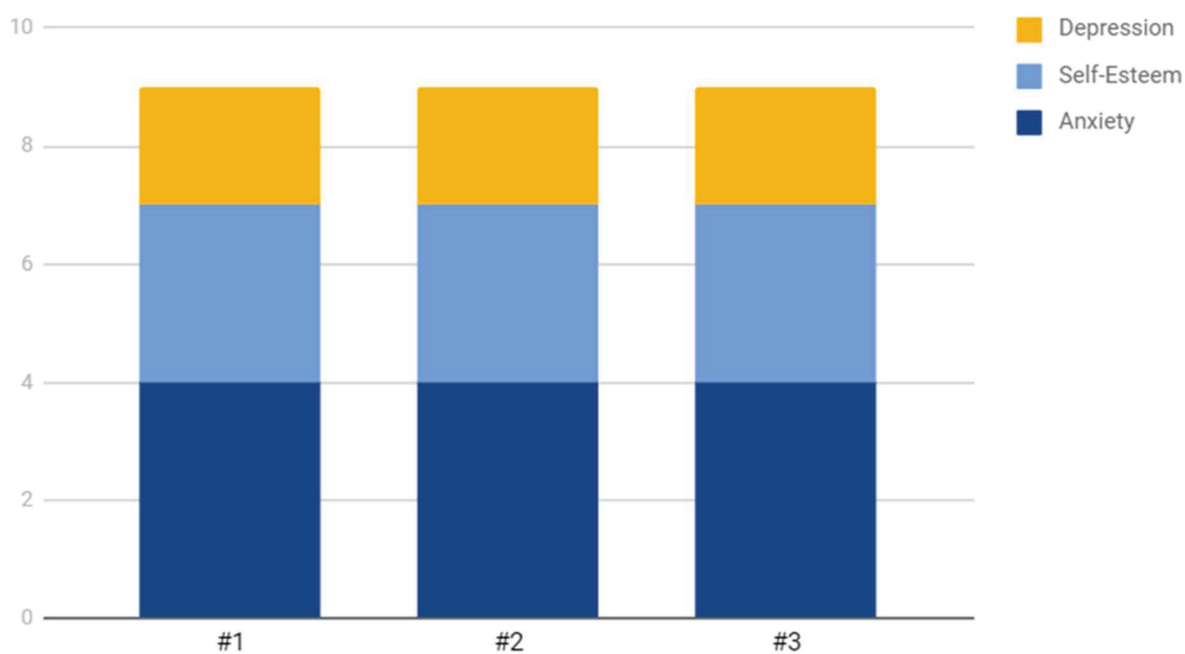


Figure D1. The top 3 themes.