



ISLAMIC HYPNOTHERAPY AND ANCHOR HYPNOTHERAPY TO REDUCE SMOKING INTENTION IN ADOLESCENTS: A PILOT STUDY

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Abstract

Keywords:
adolescence;
hypnotherapy;
smoking intention

This study aimed to test the effectiveness of Islamic hypnotherapy and anchor technique in reducing smoking intentions in adolescents. There were 18 participants in the study: 6 people in the experimental group I (given intervention in the form of Islamic hypnotherapy), 6 people in the experimental group II (given intervention in the form of anchor hypnotherapy), and 6 people in the control group or a waiting list group which would be given intervention after the completion of intervention process in the experimental group I and II. Data were analyzed using the Wilcoxon Signed Rank Test and Kruskal Wallis Test. The data showed that Islamic hypnotherapy was effective in lowering smoking intention ($p=0.027$), but anchor hypnotherapy was ineffective in lowering smoking intention ($p=0.343$). The control group showed no change in smoking intention ($p=0.596$). Qualitatively, participants in experimental groups I and II reported decreased smoking frequency but the decrease was higher in the experimental group I. Meanwhile, the control group did not experience a decrease.

Abstrak

Kata kunci:

remaja;
hipnoterapi;
intensi merokok

Artikel ini bertujuan menguji efektivitas hipnoterapi Islami maupun teknik *Anchor* dalam mengurangi niat merokok pada remaja. Ada 18 partisipan dalam penelitian ini, yang dibagi ke dalam tiga kelompok, enam orang dalam kelompok eksperimen I (diberikan intervensi dalam bentuk hipnoterapi Islam), enam orang dalam kelompok eksperimen II (diberikan intervensi dalam bentuk hipnoterapi menggunakan teknik *Anchor*), dan enam orang dalam kelompok kontrol yang masuk daftar tunggu atau diberi intervensi setelah proses intervensi dalam kelompok percobaan I dan II selesai. Teknik analisis yang digunakan *Wilcoxon Signed Rank Test* dan *Kruskal Wallis Test*. Hasil analisis data menemukan bahwa hipnoterapi Islam efektif dalam menurunkan niat merokok ($p=0,027$), hipnoterapi *Anchor* tidak efektif dalam menurunkan niat merokok ($p=0,343$), dan kondisi kelompok kontrol tidak berubah ($p=0,596$). Secara kualitatif, partisipan dalam kelompok eksperimen I dan II mengalami penurunan frekuensi merokok dengan tingkat penurunan lebih tinggi terjadi pada kelompok eksperimen I. Sementara pada kelompok kontrol tidak terjadi penurunan frekuensi merokok.

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INTRODUCTION

The transition from child to adulthood is a part of human development, where at this time, a teenager goes from being dependent to developing autonomy and maturity. During this period, teenagers experience many physiological and biological changes, which encompass

a change of emotional conditions. In addition, adolescents are also experiencing various cognitive changes as they develop abstract thinking capacities, understand new ways of information processing, and become more critical. This change is quite challenging and, if coupled with common pressures experienced by teenagers, can make them sometimes less able to cope. However, teenagers who successfully cope with stress usually have good coping or problem-solving strategies (Berzonsky, 1981; Cole, 1963; Geldard, 2012; Hurlock, 1973; Jersild, 1965; Santrock, 2003; Santrock, 2011).

Adolescents in the transition stage usually experience many problems (Casey et al., 2010; Hashmi, 2013) suicide, and accidental death during this time of life. Yet some teens emerge from adolescence with minimal turmoil. We provide a neurobiological model of adolescence that proposes an imbalance in the development of subcortical limbic (e.g., amygdala). Teenagers, who are still immature, tend to explore new things. They might be influenced by the behaviours of their friend circle, better known as a *peer group*. If their friends are smokers, the teenager might follow the behavior and become a smoker. Puspaningtyas and Zuraya (2022) mentioned that from 2019 to 2021, the number of smokers had increased by 2.1 million. The number went from 57.2 million in 2019 to 59.3 million by 2021 and the total of national cigarette consumption reached 248.7 billion sticks that year. According to the Central Bureau of Statistics (2022), 3.69% of the smokers in Indonesia are under 18 years old or categorized as teens.

Although many people including teenagers adopt smoking habit, it has adverse effects. The adverse effects encompass several aspects. From health aspect, smoking increases the prevalence of lung diseases, liver diseases, respiration problems, cancers, infertility, and other health issues (West, 2017). Financially, smoking causes the person to spend a significant

amount of money to purchase the cigarettes. In psychological aspect, smoking habit might be categorized under impulse-control disorder. Smoking is often a maladaptive coping strategy when someone feels anxious, depressed, or troublesome. When a smoker faces a problem that triggers a negative emotional reaction, they will likely smoke to neutralize the negative emotions rather than focusing on the problem (Lyvers, Hall, & Bahr, 2009; Mousavi, Matinkhah, Maadani, & Masjedi, 2012).

Adolescence is a transitional stage that includes a period of vulnerability to negative influences such as crime, drugs, sexuality, and behaviors that endanger health (Hurd, Zimmerman, & Xue, 2009; Myers & Kelly, 2006). Willis (2012) wrote that the stage is an excellent period to develop human's potentials. Desmita (2017) stated that the age range for adolescence period set by experts is from 12 to 21 years-old. There are three categories within the period: early adolescence (from 12-15 years-old), middle adolescence (from 15-18 years-old), and late adolescence (from 18-21 years-old).

Willis (2012) explained that teenagers typically encounter some problems, such as adjustment difficulty, religious issues, health problems, economic problems, employment, desire to take a part in society, and problems with spending their leisure time or others. For example, adjusting to society is quite hard for teenagers because they must obey religious norms and community rules. In addition, adolescents must instill positive attitudes towards health. At this stage, adolescents develop autonomy and maturity.

A common health problem among teenagers is smoking. Based on an interview in September 2018 with guidance and counseling teacher of *Madrasah Aliyah* (high school level) X in Yogyakarta, five students smoked at school, both within the school perimeter and outside the gate. The behavior is easy to spread out among peer groups and difficult to take care of with only reprimand, so it requires special handling. The school

has taken action by punishing students who are caught smoking in school, e.g., counseling, offering alternative activities, reporting to parents, and awarded penalty points. However, the smoking behavior was still rampage.

Smoking behavior, especially in adolescents, can be influenced by many factors, including identity seeking which causes them to try new things in their environment (Liang, Liao, Lee, & Liu, 2022; Sen & Basu, 2000; Sumiatin, Ningsih, & Su'udi, 2022; Windahsari, Candrawati, & Warsono, 2017; Yahya, Hammangabdo, & Omotara, 2010). Environmental factors that affect smoking behavior in adolescents include family factors, such as lack of attention from busy parents or family problems. In addition, adolescents might also imitate the smoking behavior from their parents.

Smoking can damage the health of the smokers and others through passive smoking. The widespread of this behavior can lower the wellbeing of Indonesian people, physically and psychologically. Previous studies (Paschke, Scherer, & Heller, 2002; Rodgman, Smith, & Perfetti, 2000; Vijayaraghavan, Messer, White, & Pierce, 2013) found that a single cigarette stick contains 20-40 nanograms of benzo(a)pyrene. Benzo(a)pyrene causes mutation in the P53 gene (tumor suppressor genes), originally cancer-protection genes, which leads to cancer development. Therefore, smoking is not good for health because it increases risks of diseases, especially in tandem with other risk factors like high stress level.

Smoking is also referred to as a bridge to drug abuse because smoking and drug abuse start in similar fashion, curiosity, and both behaviors may lead to addiction (Baumeister, 2017; Windahsari et al., 2017). In addition, smoking and drug abuse become a symbol of courage and lifestyle for certain circles. Therefore, eradicating or at least reducing smoking prevalence is the first step to take as it may reduce the rate of drug abuse too. Economically, the government benefits from the cigarette industry due to its large taxes; which costs are passed down to consumers. In addition, the industry provides many employment opportunities. Still,

the government's advantage is paired by significant losses, namely health problems and declining life, which are intangible. Data also show that billions of rupiah were spent to purchase cigarettes across Indonesia (Windahsari et al., 2017). Therefore, the government needs to take action.

Treatment approach that is often applied to overcome the intention of smoking is psychoeducation using a picture card that shows the dangers of smoking (Kuhu, 2012; Song, Huttunen-Lenz, & Holland, 2009). Psychoeducation is a modality delivered by professionals through the integration of psychotherapy and educational interventions (Economou, 2015; Shaban & JaferNodeh, 2019). Psychoeducation increases self-efficacy through vicarious experience and social influence (Shaban & JaferNodeh, 2019).

Sari (2012) also implemented a psychoeducation called *SADAR* (*Sehat, Adaptif, Reflektif*/ Healthy, Adaptive, and Reflective) for adolescents. The program introduced thought management, emotion regulation, behavior management, and emotional internalization management, self-mapping, and environmental mapping. Sari's (2012) study showed that the psychoeducation was not effective to reduce smoking intention. On the other hand, other studies (Antari, 2019; Faizah & Haq, 2019), proved that psychoeducation effectively lowers smoking behavior in adolescents. In addition to psychoeducation, preventive smoking behavior touches a person's subconscious level by using hypnosis/hypnotherapy and improving self-efficacy.

Another strategy that can be used to reduce adolescent smoking intention is cognitive behavioral therapy (CBT). CBT can help an adolescent to restructure thoughts that cause anxiety or stress. These thoughts are likely to cause them turn into smoking as a coping strategy. When an adolescent is able to restructure their thoughts and irrational beliefs in the problems that they currently encounter, they can come up with adaptive responses to their problems. Additionally, rational thoughts and

beliefs can help an individual to neutralize negative emotions. Therefore, the adolescent would be able to avoid maladaptive behavioral response, such as smoking (Farooq, Puranik, & Uma, 2020; Hargiana, Keliat, & Mustikasari, 2018; Martínez-Vispo et al., 2019).

The next treatment strategy for smoking teenagers is hypnotherapy. Hypnotherapy is one of the most effective treatments for people who smoke. At the time when a person in a trance state will be given a treatment to weaken their desire to smoke (Mohamed & El-Mwafy, 2015) the researchers trained the students in practicing self hypnosis, and asked them to practice it at home and to document the frequency of daily smoked packs for nine weeks. Results: The present study findings indicated that the rate of male smokers among secondary school students in Beni-Suef city was 52.4%, about two third of studied students (65.4%. Sunarti and Noorjannah (2019)'s study proved that hypnotherapy is effective in reducing the frequency of smoking by giving impulses to weaken the desire to smoke. Budiman (2017) a design study aimed at testing the causal relationship (Polit & Beck, 2006 also stated that hypnotherapy with anchor techniques could reduce the frequency of smoking in adolescents by 78%; 11 out of 15 participants who received the hypnotherapy with anchor techniques had quit smoking. Additionally, Javel (1980) found that hypnotherapy contains induction and suggestion from an expert and it has a 60% effectiveness rate to reduce smoking intention. Margiyati, Dwidiyanti, and Wijanti's (2018) study implemented hypnotherapy in 20 smokers and the experiment found that the participants showed decrease in smoking intention. Other studies also support the notion that hypnotherapy is effective in helping people to stop smoking (Carmody, Duncan, Solkowitz, Huggins, & Simon, 2017; Elkins & Rajab, 2004; Elkins, Marcus, Bates, & Rajab, 2006).

Hassan (2014) wrote that hypnotherapy consists of hypnosis and therapy. Hypnosis comes from the Greek Hypnos, which means sleep.

The term means a semi-conscious state resembles the characteristics of a sleeping person. This is because the individual's suggestion of relaxation and attention is concentrated on an object. Individuals who are suggestive and responsive to the influence of hypnotizing can recall events that have been forgotten and can relieve psychological symptoms.

Hypnotherapy was found to improve quality of life and happiness (Hassan, 2014); reduce depression, stress, and anxiety (Alladin, 2018; Hammond, 2013; Setyadi, Murti, & Demartoto, 2016; Whorwell, 2005); alleviate psychological problems in sports (Mukhopadhyay, 2021); solve psychological problems in educational context (Drigas, Mitsea, & Skianis, 2021; Wark, 2011); and help people from cigarette dependence (Margiyati et al., 2018).

Islamic hypnotherapy was proposed by Carson (1983), with the objective to tame the inner gremlin. Gremlin means something that interferes with the operation of the machine (the entity) or can also be referred to as a negative ego that distorts the dynamics of *nafs* or self (Frager, 2013). Islamic hypnotherapy involves delivering suggestion towards a person throughout the process of transforming the gremlin (negative ego) to positive ego.

Anchor hypnotherapy technique is used for cases that require symbols for empowerment as well as lasting post-hypnotic effects. This technique introduces “anchor”, which aims to help clients reaching a peak of positive emotional state. The anchor should be a “unique” symbol. The concept of anchor hypnotherapy is creating an intense emotional situation in which connecting to the client will be easier, and they can capture the symbol introduced in the therapy. When the symbol is recognized in other occasions, a similar emotional state reappears due to the association process (Budiman, 2017; Sugiyono et al., 2021) Central Jakarta. This research method uses Quasi Experiment Design. The results of the Chi-square test showed that after the intervention, the level of anxiety and

depression was obtained in the intervention and control groups for the anxiety variables $p=1.000$ ($p>0.05$).

The hypnotherapy method or procedure usually goes through five stages: pre-induction, induction, deepening, therapeutic procedure, and termination (Gunawan, 2009; Hunter & Eimer, 2012; Winarsih & Rohmadani, 2020). The pre-induction stage is when the client and the therapist build a good relationship (building rapport), and explore the problem. The second stage/induction is a technique that brings the client to a state of hypnosis by lowering the frequency of alpha brain wave. The third stage is deepening, to lower the client's theta brain waves towards a deeper hypnotic state after which followed by the stage of the therapeutic procedure, which is the intervention process given to the client; in this case, to lower the frequency of smoking the client is given treatment. The last stage is termination, the process of “reawakening” the client from his “hypnotic sleep” state.

Comparison between Islamic hypnotherapy and anchors because Islamic hypnotherapy is new and has never been studied before to reduce smoking intention. Meanwhile, anchor hypnotherapy has been studied before and shows effective results. This is in accordance with Budiman (2017) a design study aimed at testing the causal relationship (Polit & Beck, 2006) who found that hypnotherapy with anchor technique can reduce the frequency of smoking in adolescents by up to 78%, even from 15 people treated as many as 11 participants quit smoking.

The study aimed to test the effectiveness of Islamic hypnotherapy and anchor hypnotherapy techniques in decreasing smoking intention in adolescents. Hypotheses proposed in the study were Islamic hypnotherapy techniques and anchor hypnotherapy techniques effectively lower adolescent smoking intention.

METHODS

The research design used in this study is quasi-experimental with multiple treatment and control with pretest design, where this treatment design uses several treatment groups and control groups with pretests (Latipun, 2015; Saifuddin, 2019; Seniati, Yulianto, & Setiadi, 2005; Shadish, Campbell, & Cook, 2002).

The participants in this study were in mid-adolescence (aged 15-18 years old), attended MA (*Madrasah Aliyah*) X in Yogyakarta, Javanese, and lived with their parents. Researchers chose the participants at the school because it is a smoke-free school and applies strict rules in schools, but there are still students who smoke clandestinely. In addition, the participants intend to attend a therapy session.

Researchers chose the age range of middle adolescence (15-18 years) because they already develop self-control (Berzonsky, 1981; Hurlock, 1973; Papalia, Olds, & Feldman, 2008; Santrock, 2011). Madrasah Aliyah X was chosen because the school applies a rigid smoke-free policy, but some students still smoke. Participants living with parents were chosen because parents can be both positive and negative models for students. It might provide an insight about how these dynamics affect the decrease in intention and frequency of smoking.

The population size (students who had smoking intention) was 45, but there were 29 students who had moderate to high smoking intention. Smoking intention was measured using a smoking intention scale (Rohmadani, 2016). The scale had been tested for content validity using Aiken's V with a validity score of 0.667, and also for reliability using Cronbach's alpha, with a score of 0.914 (Saifuddin, 2021).

Based on pretest scores, participants were grouped in experimental group I, II, and control group. Researchers made sure that all groups had equal mean score. At the end, each group consisted of students.

The experimental group I was given intervention in the form of *Islamic hypnotherapy*, the experimental group II was given intervention in the form of anchor hypnotherapy, and the third group as a control group (waiting list and given intervention when the treatment had been completed). Each experimental group was given intervention at different times (sessions 1 and 2). Before the intervention, participants were asked to fill out an informed consent sheet and given information about the intervention process and its effects.

The treatment was given to two experimental groups, starting material about the dangers of smoking by the speaker, then collecting qualitative data about the beginning of their smoking behavior, the rate of smoking intention, and the frequency of smoking. Each group showed different attitude; experimental group I had prominent character. They talked more, liked to tell stories, were not shy about expressing opinions, were cooperative in participating in the program, suggestible, and had close bond with the peers. Additionally, some of them were active smoker, even had smoked before the school started. On the other hand, experimental group 2 displayed a different attitude. They were difficult to suggest even some found it hard to create imagination during the anchor-stage, and generally seemed like they did not enjoy the therapy hypnotherapy. Experimental group II also reported lower smoking intention compared to the experimental group I. The stages of the intervention can be seen in the table 1.

Table 1.
Stages Of Islamic Intervention And Anchor Hypnotherapy

Number	Stages in Hypnotherapy	Description
1	Pre-induction talk	In this stage, the hypnotherapist builds a rapport with the participants. This is done by: talking about the participants daily lives and their smoking behaviors then perform a suggestibility test to the participants
2	Induction	Induction is a technique to guide the participants into a state of hypnosis, which was carried out in this study through relaxation. It is was carried out in conjunction with the hypnotherapy process of each group
3	Deepening	Guiding the participants to achieve a deeper state of hypnosis using counts as well as imagining a place of comfort
4	Suggestion	This stage is an the participants because at this stage participants were given suggestion that smoking is an unhealthy behavior. They were also suggested to change their behavior to a more healthy and productive one. At this stage, there are differences: <ol style="list-style-type: none">1. Islamic hypnotherapy: given suggestion with Islamic principles and taming the inner gremlin (ego negative) and transforming into a positive ego2. Anchor hypnotherapy: given a positive suggestion and then associated with the anchor (a certain symbol that the participants believe can be a trigger for lowering smoking when remembering the symbol)
5	Termination	Gradually pulling the participants back to their conscience, is carried out gradually.

In the intervention process, there were three participants in experimental group II not participating in session one. To make the number of participants in each group equal, three participants from experimental group I and control group were dropped during the analysis. After the conclusion of intervention, experimental and control groups were asked

to fill a posttest scale. The data were then analyzed using the Wilcoxon Signed Rank Test and the Kruskal Wallis Test with the help of SPSS.

RESULTS AND DISCUSSION

Research Results

Figure 1, 2, and 3 present the score comparison of each group (experimental group I, II, and control group) during pretest and posttest.

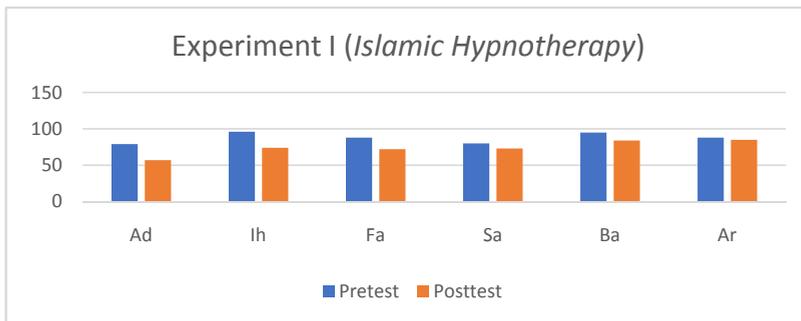


Figure 1. The Difference In Pretest And Posttest Scores Of Participants In Experimental Group I

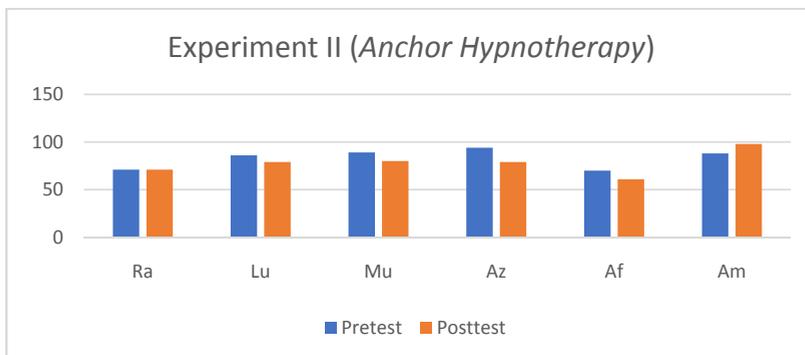


Figure 2. The Difference In Pretest And Posttest Score Of Participants In Experimental Group II

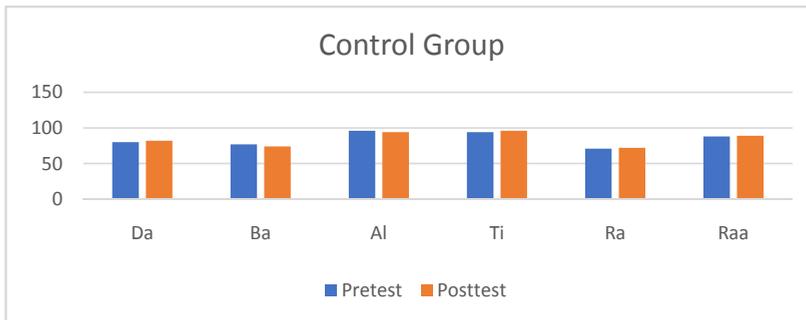


Figure 3. The Difference In Pretest And Posttest Score Of Participants In The Control Group

Based on Figure 1, the experiment I group showed decreased scores in smoking intention after receiving Islamic hypnotherapy. While in experimental group II, three participants tended to decrease, but the other three were relatively the same, and the control group relatively did not experience differences during pretest or posttest.

Table 2.
Three Group Significance Score

Group	Number of participants	Mean Rank	Asymp. Sig. (2-tailed)
Experimental I (Islamic hypnotherapy)	6	14.00	.027
Experimental II (anchor hypnotherapy)	6	9.58	.343
Control	6	4.92	.596

Based on table 1 above, it can be seen that Islamic hypnotherapy is effective in lowering smoking intention ($p=0.027$; $p<0.05$). In contrast, anchor hypnotherapy does not effectively lower smoking intention ($p=0.343$; $p>0.05$). And the control group did not change ($p=0.596$; $p>0.05$).

Based on table 1, the highest mean rank or drop score (pretest and posttest difference) is found in experimental group I with a mean rank=

14.00, followed by the second experimental group with a mean rank = 9.58 and the control group with a mean rank = 4.92.

Based on analysis with the Kruskal Wallis Test, it is known that Chi Square=8.741 and $p=0.013$ ($p<0.05$), so it was concluded that there was a significant difference between the scores of the three groups, and the highest decrease happened in the experimental group I.

Discussion

In general, although the group given the anchor hypnotherapy technique did not significantly affect the intention of adolescent smoking, this group of experiment II experienced a decrease in smoking intention. While the control group also showed a decrease smoking intention (although not due to research factors), it was possible because they feared that their school was a smoke-free school and when BK teachers awaited the collection of posttest data. This is aligned with a study by Sunarti and Noorjannah (2019) which found that hypnotherapy can reduce the intensity of adolescent smoking by giving impulses that weaken the desire to smoke. Indonesian translation.

Experimental group I (given Islamic hypnotherapy) experienced the significance of the results. After being given treatment, they experienced a decrease in the intention and frequency of smoking. This was influenced by the characteristics of participants in that group, who were cooperative, open to the therapists, and seemed to enjoy the therapy process. Hypnotherapists would be able to work together with participants with such an open attitude. They confided to the therapist (evidenced by telling stories about the experience of smoking), did not worry if the therapist would report them to the teacher. Islamic hypnotherapy is given at the suggestion stage by incorporating Islamic elements (using self-transformation by taming the gremlin/negative ego). The gremlin is the narrator of our heads; it can be an imaginary being/creature that interferes with the smooth working

plan of machines (Carson, 1983; Collins-Donnelly, 2013; Frager, 2013). In the Islamic hypnotherapy, nearly all participants experienced a decrease in smoking intention; judging from the results of post-hypnotic interviews, all participants could meet their inner gremlins and transform them into positive forms/positive egos. Indonesian translation.

Islamic hypnotherapy worked by giving suggestions to participants about smoking. The suggestion was that smoking has more adverse effects than the positive ones. The adverse effect not only influences oneself but also others. Thus, the suggestion develops conscientiousness in students to block the smoking intention. Suggestion in hypnotherapy can alter individual's thought pattern and perception towards an object or an event (Capafons et al., 2006; Lynna, Laurenceb, & Kirsch, 2015). At the end, hypnotherapy can change individual behavior, including stopping the urge or intention to smoke.

The results presented above are aligned with the results of Budiman's (2017) a design study aimed at testing the causal relationship (Polit & Beck, 2006 study stating that hypnotherapy with anchor techniques could reduce the frequency of smoking in adolescents. Although the anchor technique used in the study was not significant, the results showed decreased in number. The effectiveness of the anchor technique given to the participants depends heavily on the hypnotherapist providing the therapy and the characteristics of the participants. Individuals in the anchor group were more introverted and did not have a cohesive group dynamics. The therapist aimed to build rapport with the individuals in the anchor group but did not achieve an expected result. Mirroring skills in the hypnotherapy process is essential. But it is also strongly influenced by the character of the participants. Participants in second experimental group were quiet, less cooperative, and seemed less interested in following the hypnotherapy process. Indonesian translation.

There were obstacles in conducting the present study. The target school/*Madrasah Aliyah*, had a strict regulation about smoking on the school ground and students who caught in action would be given 50 penalty points. Therefore, the researchers had to convince students about the confidentiality of the data being used in this study during the baseline data collection. The research team also re-affirmed this when providing treatment to the participants. Thus, rapport building had been done appropriately, aligned with ethical guideline about good relationship between researcher and the respondents (Dang, Westbrook, Njue, & Giordano, 2017; Goldstein & Glueck, 2016). However, the experimental group II seemed less enthusiastic to participate in the anchor hypnotherapy. Indonesian translation.

Thabrany (2012) wrote that advertising can have a far-reaching impact that people who smoke are dashing, courageous, and handsome people. If a woman then she is considered more beautiful by smoking. A study by Nurhasana et al. (2020) also revealed that a perception that smoking makes someone looks “cool” or attractive leads them to start smoking. Environment is another risk factor, such as the ease of obtaining cigarettes and the low price (Thabrany, 2012). Liang et al. (2022) also mentioned that the environment is a factor in smoking behaviour. When an individual is surrounded by people who are smoking, they might develop an urge to start smoking. Adolescents also have limited knowledge about the dangers of smoking and assume that smoking can drive away loneliness, sadness, anger and frustration. Socio-cultural factors such as the influence of parents and peer groups influence individuals to smoke. The peer group commonly has a bigger influence because adolescents are usually afraid of being isolated and ruled out by their peers.

Similarly, what happens in MA X is that students smoke because of peer influence. They also imitated the behavior of their fathers or older brothers who were active smokers, despite prohibitions from their

mothers. This finding is aligned with previous findings that role model is an important factor in one's smoking behavior (Green et al., 2008; Meier, 1991; Wiium, Breivik, & Wold, 2006). In psychology, the process of imitating behavior is called modeling. The concept was introduced by Albert Bandura. Modeling is a part of social learning theory. There are four stages in modeling and social learning theory; attention, retention, reproduction, and motivation (Bandura, 1977, 2001, 2003).

In the context of adolescent smoking behavior, the attention stage is when the adolescent observes someone close to him smoking. From that, the adolescent forms a certain perception about smoking. Meanwhile, at the retention stage, the people around the adolescent maintain the smoking behavior and cause the adolescent to think that smoking is something that they can do too. In the reproduction stage, the adolescent adapt to the smoking behavior of people around them and try out the behavior. Then, in the motivation stage, the adolescent has adopted the behavior and receive reinforcement to repeat the behavior. This reinforcement may come in the form of compliments or positive perception from others. The participants ultimately decided to smoke, even if they just smoked a stick of cigarette in one week. Participants in this study generally had a positive attitude towards smoking, for example being sure that smoking will not cause cancer, and they will stay healthy by smoking. They mentioned it prior to the hypnotherapy session, saying that many people who smoke still live a long life. The participants also thought that they should behave similarly to their smoking peers and considered smoking behavior as “masculine”. Those findings represent the three aspects of smoking intention, namely attitudes towards behavior, subjective norms towards behavior and perceived behavioral control (Ajzen & Fishbein, 2000; Fishbein & Ajzen, 2015).

Before hypnotherapy, therapists had discussions with participants from both groups about their reasons for smoking and what they

had expected from it. From the discussion researcher found that the participants realized the harm smoking can cause to one's health but they became smokers because of peer influence. After the hypnotherapy process (anchor and Islamic) the participants showed a decrease of tsmoking intention.

CONCLUSION AND SUGGESTION

Conclusion

Islamic hypnotherapy technique effectively lowers the intention and frequency of adolescent smoking. In contrast, anchor hypnotherapy technique is ineffective in lowering the intention and frequency of adolescent smoking. In addition, participants in the control group experienced no decrease in smoking intention. The hypnotherapy method transformed the inner gremlin to positive ego. Additionally, it suggested the client that the negative aspects of smoking outweigh its benefits. The limitation of this study is caused by the incomparable condition in the Islamic hypnotherapy group and the anchor hypnotherapy group, namely the difference in therapists' skill and participants' attitude between the two groups.

Suggestion

This research offers several suggestions. Future researchers should make an effort to match the conditions between the two experimental group, e.g., by involving experienced therapists and paying attention to participants' openness or self-disclosure. Additionally, future researchers also need to add more samples to the study to improve generalizability through parametric tests.

Meanwhile, schools can work with psychologists to provide treatment for students who smoke and to help combat students' smoking intention. The community also needs to understand that every behavior is potentially

imitated by adolescents. So, people need to control smoking behavior or smoking in certain places and thus adolescents would have a lower chance of imitating this behavior. In addition, the public, establishments that are selling cigarettes, need to pay attention to age limit. They should refuse to sell cigarettes to children and adolescents under legal age.

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