Language in the Hypnotherapy of Depression
Healing: A Neurolinguistic Study

Putu Sutama
Department of Balinese Literature, University of Udayana, Denpasar, Indonesia

Maria Arina Luardini*
Department of English Education, University of Palangka Raya, Central Kalimantan, Indonesia

Joni Bungai
Faculty of Teaching and Education, University of Palangka Raya; Central Kalimantan, Indonesia

Tans Feliks
Linguistics Study Program, Nusa Cendana University, Kupang; Indonesia

Abstract—The neurolinguistic concept is similar to language function in that it expresses thought that leads to behavior, habit, and character. This study focuses on neurolinguistics to investigate the language used in hypnotherapy. Language is a therapy medium for curing depressive disorders resulting from different factors. Most of the depressive disorders treated at the Bali Brahma Kuntha Center Clinic are caused by disharmony or connection interruption between the left and right hemispheres of the brain, resulting in perception mapping errors. This mind disharmony is responsible for depressive disorder. This study employs a descriptive qualitative approach with a corpus of language or text data to cure depressive disorders. The corpus is the text used by the participants involved in the curing activities between the patients and the therapist. The data was collected using the observation method via recording and note-taking. The results reveal that language is closely related and cannot be separated from a depressive disorder. The type of hypnotherapy used to cure depressive disorder employs religious doctrines, referred to as theohypnotherapy. Overall, language or text is completed with the body, with hand touch induction especially used in the curing procedures. The hypnotherapy results indicate all the patients, based on the testimony texts, recovered from the depressive disorder.

Index Terms—theohypnotherapy, depression, neurolinguistics

I. INTRODUCTION

The connection between language and the mind is a matter many people have investigated for a very long time. Several linguistic studies have claimed that people depend on language in their life (Dardjowidjojo, 2004). Sapir (1924) states that the mercy of language enables humans to live and connect with each other. The question is do humans use language when they think, or can humans think without using language? The human mind is often characterized by the recovery of conceptual (semantic) knowledge from memory, and there is ongoing discussion regarding whether language may impact the nature of such conceptual representations (Emmorey, 2019; Gleitman & Papafragou, 2014). Every language’s linguistic system serves as both a medium for conveying thinking and a means of producing thought (Saputra et al., 2022; Whorf, 1997).

This study explores depressive disorder as a disease many people suffer from in today’s society. This disease attacks the human mind and has the following symptoms: being distracted, worried, pessimistic, having difficulty concentrating, and having an imbalance between mind, body, and soul. The depressive disorder is expressed through language by those who suffer from it. Therefore, the disorder’s existence can be identified in the form of a language recording or text. As it is classified as a disease, depressive disorder can be treated by a professional therapist.

The depressive disorder is in the brain and attacks the mind. The disorder not only disturbs the brain but also affects other organs. What causes depressive disorder? Many factors are responsible. From the medical viewpoint, the order can result from a wound in the brain or another biological disease. However, from the linguistic or neurolinguistic viewpoint, the order is presumed to result from a condition in which the literacy, lexical, grammatical capacity, and quality are disturbed.

A low capacity and poor quality in the brain cause those suffering from the depressive disorder to have the following negative perceptions: they feel imprisoned/shackled, they feel at a “dead end,” they have a heavy burden, they feel their lives have come to an end, and their lives are no longer useful.

*Corresponding author: maria_luardini@edu.upr.ac.id
Those with the depressive disorder are unable to find a solution to their negative perceptions. If these negative perceptions are left untreated, they can lead to a deterioration in health. As yet, the depressive disorder cannot be medically cured; that is, it cannot be cured using chemical medicines. Only hypnotherapy, as an alternative healing process, can cure the disorder by employing language or text.

The use of hypnotherapy concerns many interesting problems and discussion points:
1. What is the relationship between the depressive disorder and language?
2. What type of hypnotherapy is used to cure the depressive disorder?
3. What are the processes and procedures through which the depressive disorder is cured?
4. What is the result of the disorder curing process using hypnotherapy?

This article is mostly based on neurolinguistics and is concerned with the relationship between the human brain and language. The human brain comprises of several components, each with its own functions, one of which is language. One component coordinates with another to produce speech. If this function is disturbed, then speech disorder occurs and the person becomes difficult to understand (Sastra, 2011).

The human brain normally has 100,000,000,000 neurons that form 20,000 networks. Regarding language function, the roles played by the brain control and regulate all movements and activities. It is located in the skull and generally comprises the big brain, the small brain, and the brain stem. The big brain consists of two parts: left and right. The left part, or hemisphere, manages (among other functions) language, and the right hemisphere manages things other than language. The left hemisphere has three lobes:
1. The Frontal Lobe (cognitive function)
2. The Temporal Lobe (auditory function)
3. The Parietal Lobe (sensory function)

One area in the frontal lobe is the Broca, which is responsible for speech function. An area in the temporal lobe is responsible for the comprehending function (the speech skill) and is called Wernicke (Sastra, 2011). Each lobe has specific language functions, namely hearing, seeing, speaking, controlling, and responding to the sounds heard and things viewed. The neural network is so complex that the nerves and other bodily organs are systematically united.

The theory of neurolinguistics suggests the brain structure is closely related to the language-forming process (Sastra, 2011). Therefore, using language to cure the depressive disorder through hypnotherapy is logical and empirical. The hypnotherapy method is intended to manage the brain wave potential through the available frequency. This approach means regulating the frequency of the normal consciousness when it is in the Beta wave (12 - 25 Hz) and gradually moving down to the Alpha wave (8 - 12 Hz) and then the lowest wave (0.5 - 4 Hz), the Delta wave.

When the frequencies of the Alpha, Theta, and Delta waves occur, the human mind is in the condition most receptive to the message. These waves mean the mind is relaxed, allowing memory to be accessed, meaning the depressive disorder can occur without intervention by the conscious mind (the Beta wave) (Gunawan, 2006).

When the patient’s brain is relaxed and receptive, they will automatically follow the therapist’s instructions for trauma resolution, memory reconstruction, and releasing emotions (that have disturbed their life) until they recover from the depressive disorder. The brain braves are described as follows:
1. The Beta wave (udatta) occurs when the patient is under normal circumstances with a frequency of 12 - 25 Hz.
2. The Alpha wave (anudatta) occurs in more relaxed circumstances with a frequency of 8 - 12 Hz.
3. The Theta wave (swarita) occurs in relaxed and receptive circumstances with a frequency of 4 - 8 Hz.
4. The Delta wave (ekasruti) occurs in the most relaxed and receptive circumstances with a frequency of 0.5 - 4 Hz.

*Note: the italicized terms udatta, anudatta, swarita, and ekasruti were created by I Ketut Gede Suatmayasa, the owner of the Brahma Kuntha Clinic Center.

The four brain waves are closely related to the nerve vibrations resulting from air pressure changes (Kridalaksana, 2001). Regarding the neurolinguistic context, the brain controls language comprehension, production, and acquisition. It especially controls linguistic sounds that include segmental sounds and suprasegmental sounds, such as prosodic features of short and long sounds, loud and light sounds, tense and lose sounds, and tones and accents. The suprasegmental aspects of language sounds are closely related to the frequencies of the brain waves. The sound prosody should be adjusted to the frequency of the brain waves in the suggestive and inductive techniques used in language therapy.

The depressive disorder is a psychological condition featuring somatic aspects, such as a lack of appetite, low blood pressure, and weak pulse (Maramis, 1992). The primary cause of depressive disorder is in the dynamics of life and competition in the current era of development in every field of life, which may lead to complex socio-economic and cultural problems. According to Radityo (in Suatmayasa, 2021), depressive disorder refers to sadness with such a long intensity that it disturbs and increases the pressure on normal life. The disorder features emotional, cognitive, somatic, psychomotor, and vegetative issues (see World Health Organization, 2017).

In Indonesia, four provinces have a high rate of people suffering from mental disorder:
1. Special Territory of Yogyakarta (0.27%)
2. Aceh Province (0.27%)
3. South Sulawesi Province (0.26%)
4. Bali Province (0.23%)
In Bali Province, 9,729 out of 4,230,051 people suffered from serious mental disorders (Alicia, 2018) resulting from depression and chronic mental disorders (Hartini et al., 2018). These numbers are an interesting phenomenon; Bali is a small island with many people suffering from mental disorders.

II. METHOD

This study uses a qualitative approach because it investigates the language used to cure the depressive disorder through hypnotherapy. The data of the study is the therapy text, that is, the language used as the medium for therapy, starting when the patients began therapy to the time when they recovered.

The data used as the object of the study is the language easily understood by both the patients and the therapist. The Indonesian language forms the primary data, and data translated into the Indonesian language is the supporting data. The data was collected to gather the text forms used in the hypnotherapy curing process was from the observation (Bungin, 2008; Sudaryanto, 2015).

The data was analyzed using the descriptive-qualitative method, meaning language is used to describe reasoning. According to Bungin (2008), the qualitative method includes organizing, classifying, patterning, and formulating. The text was analyzed using the lexico-grammatical technique, in which the meaning equivalents of the lexical items are lexically identified. In addition, the grammatical items were also analyzed to identify the text meaning contextually.

III. FINDING AND DISCUSSION

A. The Relationship of the Depressive Disorder to Language

As explained in the theoretical background, the depressive disorder can be identified through the verbal expression of “language” in the descriptive text. The following data is the texts obtained from two patients with the depressive disorder, named Prameshi and Swastini (the texts were originally in the Indonesian language).

Text 1) Since I was laid off from work due to COVID-19, my mind has been so messed up. I cannot sleep every night. I am always thinking about how messed up I have been after being laid off. I am confused about what I can do to support myself and my family. Thinking about how my life is messed up every night only causes my mind to get worse. When I heard that today is Labor Day, I intended to express the complaint that I have in my mind to the government.

Text 2) Covid-19 has caused me to lose my business, and this has seriously ruined my mind. I was usually happy, as I could always sell my merchandise. However, since Corona came, turnover of merchandise has dramatically decreased. Nobody was buying my merchandise. I have stopped the business I used to run. This is a serious pressure in my mind because I have lost my source of income. Now I am thinking hard about to get a job or how to start a new business in order to make ends meet. This situation sometimes causes me to cry alone.

The two texts above describe the conditions of two people suffering from the depressive disorder. In Text 1, the depressive disorder is expressed using the following phrases: my mind has been so messed up. I cannot sleep. I am confused. In Text 2, the following phrases are used: has seriously ruined my mind, a serious pressure in my mind, I am thinking hard, sometimes causes me to cry alone.

The two texts indicate the depressive disorder is closely related to language. Consider the following evidence:

1. The concept of the depressive disorder in the texts is exposed through the following statements:
   - the distracted mind
   - being unable to sleep
   - the mind does not stop
   - the confused mind
   - the broken mind
   - the depressed mind
   - thinking hard
   - crying alone

These eight statements suggest the same meaning, namely “depression”. The two texts are constructed using neat lexico-grammatical compositions. Lexically, the words used are coherently constructed with the main meaning, that is, “depression,” which is synonymous with the terms “distracted mind” (Text 1) and “broken mind” (Text 2). Grammatically, the two texts are composed of thematic ideas: “my mind is messed up” and “my mind is broken.” From a systemic linguistic viewpoint, the two types of sentences describe someone suffering from a depressive disorder.

B. What Language is Used to Cure the Depressive Disorder?
The curing process refers to the communication between the patient and the therapist. The language used as the medium of communication is one the two parties can mutually master, namely the national language/Indonesian language. However, references containing life values within the religious context are also needed in several curing stages, such as when the patient is initially diagnosed and when mental consciousness is required. Therefore, verses from the holy book (Vedas) written in the old Javanese language are adopted. However, the verses are translated into Indonesian to make them easily readable and to ensure the patient understands them. The verses of the holy book are also written in the Sanskrit language, which is also referred to as the essence of value when the hypnotic power is transmitted. Thus, both the patient and therapist will have the same perception.

In addition to the three languages mentioned above, the local language (Balinese) is also used in the general communication process, as the two parties are fluent in this language, but only to say hello and greet the patient the first time they come to the clinic.

C. The Types of Hypotherapies Applied to Cure the Patient with the Depressive Disorder at the Brahma Kuntha Center Foundation Denpasar

There are many methods to cure patients with depressive disorder: (1) they can scientifically be cured (via counseling from a psychologist or psychiatrist); (2) they can be traditionally cured; and (3) they can be alternatively cured. Based on the regulation issued by the Ministry of Health of the Republic of Indonesia No. 1109/Menkes/Per/2007, the third option is classified as an alternative, complementary medical service in which the hypnotic method or hypnotherapy is included. This regulation states that hypnotherapy is an alternative, complementary medical service conducted through mind and body intervention (Aminudin, 2022). According to Wong and Hakim (2019), hypnotherapy has a scientific basis. In the 20th century, hypnotherapy was permitted in different countries after it was proven it could cure trauma (posttraumatic stress disorder) victims after World Wars I and II and the Korean War (Suatmayasa, 2021). In Indonesia, hypnotherapy was introduced in 2002, when the first hypnotherapy organization, called the Indonesian Board of Hypnotherapy, was established (Suatmayasa, 2021). Today, hypnotherapy is a popular method for addressing health problems and has been recognized as a proven alternative cure (Cristian, 2016).

A clinic in Bali that employs hypnotherapy to cure patients with depressive disorder was established by Dr. Gede Suatmayasa, S.H., C.H., C.Ht., MNLP., better known as Guru Mangku Hipno. The name of the clinic is the Brahma Kuntha Center, the permit for which was issued by the Ministry of Health No. 448.3/28.pt.XII.I4/Dikes. At this clinic, patients with a depressive disorder are cured using hypnotherapy combined with the patient’s belief-based hypnotic power, referred to as thehypnotherapy, which is a version of hypnotherapy. In thehypnotherapy religious concepts or doctrines are used to impact the patient’s memories. Religious hypnotic power has been proven to affect patients’ perceptions more strongly, meaning the patient is more likely to recover from a depressive disorder. Hypnottic power, combined with religious concepts and values, especially those related to aspects of divinity, can effectively heal the patient. The religious concepts are as follows: (1) God is merciful; (2) God is infinitely fair; and (3) God is generous.

The messages in the holy book (Vedas) are proven to penetrate the critical factors more effectively and enter the subconscious directly. When such messages are repeatedly mentioned, they can intensively inspire the patient’s emotions. The messages will be more effective if they are completed to remind the patient of God’s existence and that God’s omnipotence can lead patients to recover from a depressive disorder. This approach makes patients feel their relationship with God is growing closer (Khuzaiyah et al., 2018).

The messages in the holy book (Vedas) are proven to penetrate the critical factors more effectively and enter the subconscious directly. When such messages are repeatedly mentioned, they can intensively inspire the patient’s emotions. The messages will be more effective if they are completed to remind the patient of God’s existence and that God’s omnipotence can lead patients to recover from a depressive disorder. This approach makes patients feel their relationship with God is growing closer (Khuzaiyah et al., 2018).

(a). The Process and Procedure of Curing at the Brahma Kuntha Center Foundation

The Brahma Kuntha Center Foundation, as a formal institution, follows professional administrative procedures and processes when conducting its activities to cure patients with depressive disorder. These processes and procedures concern private data and whether the patient requires only a consultation or therapy. The study only focuses on the therapy aspect. The therapy procedure includes the following steps:

a. The therapist welcomes the patient with the Hindu greeting: “Om Swastasthu.” It means that it is hoped that you are in good health and safety. Then, the therapist introduces himself to the patient and asks about their identity, origin, status, and profession. The language used is the Indonesian language. This stage is intended to create a harmonious, friendly, and conducive atmosphere.

b. The therapist performs what is referred to as the critical area to identify their problem. The therapist then encourages the patient to talk (e.g., see Texts 1 and 2). Once the patient finishes their story, the therapist identifies the depressive disorder of the patient.

c. Then, the therapist describes the patient’s psychological aspect by asking questions about the patient’s hobbies, what they like and dislike, and whether they know about therapy.

d. In this stage, the therapist makes the patient’s report by explaining the curing process, preparing them to be healthy and successful, and having new expectations.

e. The next is changing the old frame of thinking into a new one. In this step, the therapist ensures the old frame is erroneous and can be changed or renewed into the new frame using hypnotherapy by using hypnotic power with the patient by following the steps proposed in the theory of hypnotherapy, which is adapted from the holy book Sarassamuscaya of Balinese Hinduism, Verse 81 (see Text 3 below).
Text 3) “that state of thought, as it is: it changes. What is aspired is sometimes intended, the thought is sometimes full of doubt, that is what is intended, if one can control one’s mind, one will certainly be happy now and in the other world” (Kajeng, 1997, p. 25).

Text 3 describes how a person’s mind changes if the mind is not well and correctly controlled. However, one will be happy if one can control one’s mind well and correctly.

By employing hypnotherapy using the verse above with the Palawakya rhythm, the tone is smooth and even can touch the patient’s brain’s Alfa wave. So, hypnotherapy causes them to be aware that the perception they have created and the old frame (memory) they have mapped are erroneous. In this stage, the therapist guides the patient to build a better condition- a new frame of thinking.

Text 4) - “Starting from now, your mind is healthy.”
- “You have been able to settle the existing problem.”
- “Starting from now, you have a strong personality.”
- “You will be certainly successful.”
- “Starting from now, you have a new expectation.”

The hypnotic power created using the above sentences is intended to emphasize that Text 3 is a verse from God that can guarantee that a person who can control their mind will be happy. The hypnotic power (Text 4 is delivered using simple sentences that the patient can easily understand. These simple sentences are composed using basic structures:

Mulai saat ini, pikiran anda sehat
adv. Of time subject predicate

Anda sudah dapat menyelesaikan masalah yang anda
subject predicate object

Anda pasti sukses
subject predicate

Mulai sekarang Anda memiliki harapan baru
adv. Of time subject predicate object

The characteristics of the simple sentences used to impart hypnotic power are as follows: (1) they should be formulated to express a single meaning; (2) unambiguous; (3) active sentences; and (4) short, clear, and easily understood.

From the neurolinguistic viewpoint, the characteristics of the sentences used to impart hypnotic power can touch the subconscious; they can be directly accepted and positively significant, giving power to a patient with a depressive disorder. The neurolinguistic concept sentences with negative forms and the future tense are avoided, such as don’t, will, won’t, and no. It is because the subconscious mind can only receive and carry out messages for result-oriented active sentences. The characteristics of the subconscious mind are as follows:

(1) Childish
(2) In a hurry when giving a response to a problem
(3) Requires rapid solutions (right now)
(4) Feels blessed

In addition, the subconscious mind tends to receive the positive and strengthening sentences as follows:

(1) The sentence of certainty:
“You are certainly able to …”
“You are certainly successful.”
“You are certainly healthy.”

(2) The strengthening meaning:
“You are healthy and happy.”
“You have a strong personality.”
“You have high enthusiasm.”

One verse or one text is not enough to transmit the hypnotic power; another text is needed to strengthen it. The following text is coherent with Text 3.

Text 5: Verse 79 of the book of Sarasamuscaya:
“So the conclusion is that it is the mind that determines if feeling is determined to take place; so one starts saying or doing something. Therefore, the main source is the mind” (Kajeng, 1997, p. 28).

It can be concluded that depressive disorder is a mental disorder (see Text 5), and this disorder can be cured. In this text, the form only mentions the ontological object of the depressive disorder, that is, a mental disorder in the patient’s brain. Therefore, it is necessary to transmit hypnotic theological power, so God will help cure the depressive disorder in accordance with His words, as recorded in the holy book.

Text 6) The Book of Rg. Veda II.5.7
The above text’s meaning is that one’s life’s strength should depend on oneself. Everybody has the right and obligation to regulate themselves based on their strong beliefs and focus on positive aspects, taking them ever closer to the universal power. Sincere and holy offerings constitute a method of growing close to God, including strengthening one’s spirituality. Spiritual strength augments one’s thoughts, which then reinforces one’s body, helping to avoid disease. Text 6 also indicates that mental disorders can lead to physical disease, as all have the mind as the source. Finally, religiously, God can be begged to cure every disease.

Text 7) The Book of Yajur Veda XIV.17

Mano me jinva-atmanam me poh. Oh, the One Almighty God, strengthen our minds and souls (Titib, 1996).

The meaning of Text 7 is that God can cure every disease. Therefore, one should do one’s best to find ways of recovering oneself from a disease. In this stage, the therapist attempts to build the relationship. Therefore, the relationship between the two should be in harmony and symmetrical. In other words, the patient and therapist will have the same perception in the healing.

(b). Commencing the Therapy Process

In this section, the therapy process will be explained in detail with several stages. Firstly, before the patient enters the therapy room, the therapist asks, “Are you ready to be treated?” This interrogative sentence has the hypnotic power to ensure the patient genuinely intends to be treated to recover from the disease. The patient’s answer should be “Ready, teacher” or “Ready, sir.” Then, the therapist escorts the patient to the therapy room, where the patient is invited to sit. When the patient is sitting, the therapy begins using the hypnotherapy supported by the authoritative induction technique as follows:

(a) Now, have a seat and take a deep breath (relax)
(b) Inhale through the nose and release through the mouth.
(c) Now, pray and ask God to help you recover from the disease you are suffering from.
(d) Straighten your legs and arms forward. Move and relax your legs and arms.
(e) Take a deep breath and exhale.
(f) Then, after the therapist says, “1, 2, 3, 4 and 5,” the patient sleeps. The therapist then touches the patient’s arms, causing the patient to lie down.
(g) While the patient sleeps, the therapist transmits the hypnotic power using the following language:
   - “Imagine you are sleeping on a mattress with a white spray mat.”
   - “Imagine you are sleeping while hearing the sound of water splattering.”
   - “You are sleeping with a calm feeling.”

In this stage, the therapist observes the patient’s breathing by the belly movement to ensure they have achieved a relaxation “trance.” Once the therapist is certain the patient is in a (slight, medium, or serious) trance, the therapist begins transmitting the hypnotic power to “release the negative memory”.

(h) The therapist transmits the hypnotic power using the instruction induction method.

“First, I ask you to empty your mind and concentrate fully. On the count of three, I will form a space like a hole in your head. Then, therapist says, “1, 2, 3” while the therapist demonstrates making a hole in the patient’s head. Next, the therapist instructs the patient to release the negative memory from their mind through the hole. The therapist counts, “1, 2, 3, 4, 5” and says, “Now, your mind is already clean,” “now, your mind is already normal”.

Second, the therapist then transmits the hypnotic power to the patient by making a hole in the upper part of the patient’s stomach with the same command. Then, the therapist says, “1, 2, 3,” and demonstrates how the hole is made in the patient’s stomach around the epigastrium.” The therapist then instructs the patient to release the negative memories until none remain.

Then, the therapist transmits the third hypnotic power, making similar holes in the patient’s feet using his fingers. The therapist then says, “Now, take out all the ailments that are in your stomach, and feet through the holes in the soles of your feet until they are exhausted and clean.” On count, one to five, all your illnesses have come out. The therapist while counting 1,2,3,4,5 says, “Now your stomach and legs are healthy and you are back to normal”.

After the three parts of the body are treated, the therapist transmits the final hypnotic power using the following sentences:
   - “Imagine you are already healthy.”
   - “Your mind is already clean.”
   - “Your heart is already clean.”
   - “Your body is entirely healthy.”
   - “Now you have a strong personality.”

In the next step, the therapist transmits the hypnotic power using an induction “command,” in which the patient imitates or repeats the words or sentences the therapist says, such as “I am healthy,” “I am happy,” “I am enthusiastic,” “I can….,” “I am successful,” and “I am brave.”
All the therapist’s sentences are repeated by the patient in their unconscious mind. In this stage, the therapist has completed the curing process while the patient is asleep and relaxed. The final stage is called “Termination”.

In this final stage, the therapist wakes the patient from their sleep using the following sentences to transmit the hypnotic power:
- “Within the count of five, you will wake up. 1, 2, 3, 4, 5 (while being touched by the therapist).”
- “Please wake up.”
- “Sit quietly. Relax the muscles of your hands, feet, and head.”
- “Well… now you are healthy again.”

The therapy then asks the patient: “How are you now? How do you feel now?” Generally, the patient answers as follows:
- “Now I feel good, quiet.”
- “Now I feel healthy and normal.”

After the dialogue between the therapist and patient is finished, the hypnotherapy process and stages are completed and closed using the complementary sentence “Om Santhi, Santhi, Shanti Om”. The therapist then says the patient can go home.

(c). The Result of the Therapy Process on the Depressive Disorder

Once the therapy process is complete, another stage outside the process follows: the testimony of the patient is given regarding how they feel and think. To address these two points, it is necessary to identify the verbal expressions used to express how the patient is after recovering from the depressive disorder. This process means the new frame in the patient’s brain can be identified. Example verbal texts from patients about this issue are as follows:

Text 8)
After I recovered from the depressive disorder, I feel that I have a new spirit in my life. Essentially, the steps I take are not disturbed by the problems I have. I plan my daily activities well. I do my best to patiently make myself get used to problems. Problems have never made me regretful. I spend my daily life with positive things useful to my life in the future. Although I sometimes have the same problems as those that caused me to suffer from the depressive disorder, I can manage them wisely. Essentially, I always show a patient smile when I do my activities to support my future life (15 July 2020).

Text 9)
When I suffered from the depressive disorder and was treated at Brahma Kuntha Center, I was invited to pray and think sincerely. I also acquired many words that affected me. Uniquely, all the words were well accepted by my mind and inspired me to rise from adversity. It was great that my mind could understand them, causing me to be free from the depressive disorder. Having recovered, and as an accountant, I can concentrate and work much better. Before, I quickly grew too tired to count numbers. However, since I recovered, I have been able to work with good concentration during office hours every day (9 August 2020).

Text 10)
I was treated at Brahma Kuntha Center and finally recovered from the depressive disorder. Now, I feel I can think and concentrate well. Actually, I still have problems, but it seems that they cannot disturb my mind. I am always quiet and feel comfortable. Despite the problems, my mind is still reliable enough to allow me to work at my office (13 August 2020).

Text 11)
When I suffered from the depressive disorder, I seldom acted logically. Even when I felt hungry, I realized that I had to eat, but I did not know why I did not want to eat. Since Guru Mangku Hipno’s hypnotherapy when I suffered from the depressive disorder, I have been able to focus. I have started to plan different programs for the future of my family and company. I have gradually done everything with certainty (15 October 2020).

The four texts above (Text 8, 9, 10, 11) describe the patients’ experiences after being cured of depressive disorder. In these testimonial texts, all the patients reveal they have recovered. Viewed from the neurolinguistic perspective, recovery means the negative memory in the old frame is eliminated, and the patients have a new structure, enabling them to be more open and optimistic. In addition, the patients have full expectations and are more certain their future will be positive. Text 9, for example, offers evidence that language (lexicon or words) is powerful enough to be used as hypnotic power for patients. The power of language and meaning can raise consciousness regarding making changes. From the psychoneurolinguistic viewpoint, form and meaning contribute new input to the patient’s mental dictionary, strengthening their literacy. Similarly, the other texts semantically represent the change in and the dynamics of the patients’ ways of thinking, their viewpoints, and how they do things. These new approaches reveal that the frame or memory can be flexibly composed.

IV. CONCLUSION

To sum up, depressive disorder is closely related to language. The disorder can be identified through the language or text used, revealed via the patient’s verbal expressions. The text is descriptive and is formed using cohesive and coherent lexico-grammar. The text denotatively refers to disorders such as the distracted mind, the broken mind, the
confused mind, and the depressed mind. Overall, the descriptive text, as a verbal expression, has a unity of meaning. The neurolinguistic framework indicates there is a weak or disharmonious connection between the left and right hemispheres of the brain when managing external information, meaning there is something wrong with cognitive or conceptual mapping when suffering from a depressive disorder.

Then, based on the descriptive texts from the Brahma Kuntha Center patients, depressive disorder results, both implicitly and explicitly, from a lack of consciousness when managing oneself. Self-management concerns how people regulate the balanced relationship between the mind, body, and spirit. In the religious concept, consciousness is the bridge connecting the body and the soul, located in the heart, and God (para-atma), resides in the liver. It is this weak connection that can lead to depressive disorder. In addition to weak management, low literacy in religious affairs, and low divine literacy in particular, are also responsible for depressive disorder. Therefore, the religious texts used as the medium in theohypnotherapy are powerful and effective enough to ensure that hypnotic power affects patients.

Furthermore, the entire process of theohypnotherapy uses language as the medium to impart the hypnotic power, complete with a touch of the hand, if necessary. The Indonesian language is used to impart this hypnotic power. The quoted texts contain short, simple, active, and easily understandable sentences, with their rhythm and intonation adjusted to the brain wave, causing the vibration to be harmoniously detected. These sentences endow the hypnotherapy process with a single meaning, certainty, and strength.

Finally, the results of the theohypnotherapy used to cure the depressive disorder are clear from the patients’ descriptive testimony texts. In these texts, all the patients claim they have recovered from the depressive disorder. The word “recover,” meaning “being healthy or normal again,” is clear from the following word choices: good, enthusiastic, not distracted, focused, positive, and better.

REFERENCES


Putu Sutama is a lecturer at the Faculty of Cultural Sciences, Udayana University. He completed his Bachelor of Balinese Literature in 1985. Then, he completed his Masters in Linguistics at Udayana University and Doctoral degree in the Department of Linguistics at Udayana University. He also completed Diploma I in CHt Hypnotherapy (2022). In 1986-present he teaches Micro and Macro Linguistics. Fields of research area of expertise, namely Systemic Functional Linguistics and anthropolinguistics and prospective future wants to develop Hypno-Linguistics.

Maria Arina Luardini is a Professor at the Faculty of Teaching and Education at the University of Palangka Raya. She completed her Bachelor of English Literature at the University of Palangka Raya. Then, she completed her Master at La Trobe University and completed her Doctoral Degree in Applied Linguistics at Udayana University. Her areas of expertise are Linguistics, Ecolinguistics and English Language Education. She has published several works namely Language Use in EFL Classroom Interaction: A Sociolinguistic Study (2021), Religious Text of Panaturan (2019), Ecolinguistics of ethno-medicinal plants of the Dayak Ngaju community (2019), Ecolinguistics for teaching English (2018), Ecolinguistics for teaching English (2016).

Joni Bungai is a Professor at the Faculty of Teaching and Education, University of Palangka Raya. He completed his doctoral studies in the Department of Teacher Professional Education at the State University of Malang. His areas of research expertise are Education, Educational Management and Teaching and Learning Methods. There are some latest research that has been published, namely Implementation of digital literacy through village website development as an effort to empower the community (2020), Teacher’s Performance in Lesson Study through Experimental Method of the Lesson on Science Subject (2019) and Education on Clean and Healthy Behavior (PHBS) in Elementary Schools in Cangkang Village, Murung Raya Regency, Central Kalimantan (2022).

Tans Feliks is a Professor at the Linguistics Study Program, Nusa Cendana University, Kupang. He completed his doctoral studies at La Trobe University in 2000. The areas of expertise are English education, Language education, and Writing development. The following is his latest research, including the Teaching and Learning of Writing in Indonesian: A Case Study of a Primary School (2019), On Verbal Communication that Develops Country Borders Areas (2020), Making Teaching and Learning More Effective during the Covid-19 Pandemic and Beyond (2021) and Some Strategies to Successfully Learn and Master EFL (2022).