WELL-BEING, HAPPINESS AND SELF-HYPNOSIS

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ABSTRACT

In the current climate positive psychology and happiness studies are in the news and well-being is on the political agenda. Here will be explored (a) what we mean by well-being, (b) how we could measure it if that is appropriate, and (c) the place within this context for self-hypnosis, meditation, and other ways that we might utilize to increase our sense of well-being.

Key words: well-being, positive psychology, self-hypnosis, meditation, self-esteem

INTRODUCTION

Whenever we see clients one of the first questions to be asked is, what do they want to achieve by coming to see us? The answer may be described in many different ways but inevitably includes feeling better and happier with an increase in their sense of well-being. In order to understand the current focus on well-being we need to go back in history. Psychology, as a science, evolved from the natural sciences and philosophy (Boeree, 2000). During the 1920s psychoanalysis became predominant in psychology with other therapeutic approaches arising gradually from the 1940s to 1970s. It could also be said that up to 1945 psychology was concerned with understanding genius and well-being as well as understanding and treating mental illness. After the Second World War psychology became very much focused on the latter—on what was wrong with people and how to treat them—and the literature reflected this. Looking at the *Psychological Abstracts* (print version of the American Psychological Association's PsychINFO, discontinued in 2006) from 1967 to 1994 there are more than 88,000 mentions of negative emotions such as anxiety, depression, and anger, as opposed to just over 5,000 mentions of positive emotions such as happiness or life satisfaction (Myers & Diener, 1996).

Almost all psychological approaches were problem oriented and as a counterbalance to this focus on the negative, a 'new' school of thought arose and positive psychology developed (Seligman, 2002). This emphasized greatly the strengths of individuals and looking for the positives in life. It focused on studying the happiness of nations (Veenhoven, 2009) and individuals with a view to determining what one needs in order to be happy. One might be forgiven for thinking that this is a wonderful way to approach things rather than a problem orientation where the therapist tries to 'fix' whatever is wrong in the client's psychological responses to life. Research shows that happy people tend to be healthier and live longer (Tugade et al., 2004; Veenhoven, 2008) than their less happy peers and it is generally held

that a positive emotional state is generative, and increases productivity and creativity (Amabile et al., 2005; Isen, 2000).

Evolutionary psychology, however, shows us that negative emotions have survival value (Nesse & Ellsworth, 2009). For example, anger may energize us to right a wrong and anxiety may alert us to take preventative action. Many works of art have arisen from extreme grief or despair and often reflect the person's journey through these emotional states. So maybe we need a balance between negative and positive; maybe we should not regard 'negative' emotions as necessarily 'bad'.

If one follows positive psychological thinking too rigidly then one would never criticize for fear of engendering poor self-esteem and there is some evidence that those with low self-esteem access feelings of failure more effectively than those with high levels of self-esteem following negative feedback (Dodgson & Wood, 1998). But one of the best ways to learn is to make mistakes; are we looking to nurture a generation which is unable to separate negative feedback on an action from personal attack? Surely it is how the criticism is delivered that can make it damaging to the person's ego. The idea that we all have to win—that to lose a race at a school sports day is to be a failure—does this not foster generalization? I may be a complete failure at the egg-and-spoon race but that should not imply that I am a failure at everything else I do. Also continual praise with no acknowledgement of mistakes gives rise to an over-inflated ego, not good self-esteem (Twenge & Campbell, 2009).

Let us examine good self-esteem and what is meant by the term. Here six underpinnings of self-esteem are considered and these foundations need to be in place before one can achieve good self-esteem. (1) One has to live consciously aware and mindful of the present, rather than focusing on the past (common in depression) or on the future (as in anxiety). (2) Someone with good self-esteem is able to be assertive, which does not mean aggressively trying to get one's own way but rather allowing that we all have needs and accepting our own needs as well as those of other people. (3) Another important factor is that of self-responsibility, where we understand that we own our emotions, thoughts, and actions and likewise cannot control those of someone else. (4) Personal integrity is also important; being true to what one really believes and being in touch with one's intuition. (5) Another foundation stone is that of having a purpose; not only short-term goals but also having a sense of why one might exist, of one's purpose in the world. (6) Most important of all is the idea of self-acceptance, accepting good and bad, all parts of oneself in the knowledge that no one is perfect but we can all strive to improve. Even those parts of ourselves that we may regard as failures may have been instrumental in driving us forward.

Well-being is now firmly on the political agenda. In 2000 a Local Government Act was passed in England and Wales, instructing and empowering local authorities to do whatever was necessary to enhance and promote the social, economic, and environmental well-being of their area. In 2006 a Whitehall Well-Being Working Group was convened to determine a definition of well-being. The definition they rolled out to policy makers contained the following: well-being is having one's basic needs met, having a purpose, being able to achieve goals, and to participate in society. This can be seen to be enhanced by supportive personal relationships, involvement in empowered communities, good health, financial security, rewarding employment, and a healthy and attractive environment (Newton, 2007). Given the current climate it is hard to see how much of this relates to a large sector of our society.

If well-being is so dependent on what a person has, why have various studies shown that many underdeveloped countries are happier than the UK? As Professor Daniel Kahneman from the University of Princeton has found, the 'standard of living has increased dramatically and happiness has increased not at all, and in some cases has diminished slightly' (Kahneman et al., 1999). And why are some people with physical disabilities, or who have very little in the material sense, happy and fulfilled rather than miserable and depressed (King et al., 2000)? The ancient mystics tell us that well-being has to embrace suffering. We have to learn to live with chaos, for out of chaos comes creation. This has always been known and is reflected in many spiritual practices. But in the West chaos became viewed as evil; for instance when Westerners explored certain Eastern religions such as Hinduism they mistakenly viewed the God Shiva as the Destroyer, not understanding the concept that he destroys in order to create. Pre-modern man looked at the world with wonder, gratitude, and awe rather than doubt and scepticism. But from Descartes onwards, the sky and the world were viewed as inanimate, ultimately explainable by science and there for the use of mankind, who was infinitely superior because he had a soul. This attitude took the heart out from our being and whilst science made wonderful advances in helping us to understand the physical world around us and brought us, for the most part, improvement in our material well-being, it has not brought happiness. Man, when viewing himself as made of clay and merely a physical body, in a very real sense could be seen to be suffering from cosmic aloneness. Hand in hand with the paradigm of reductionist science, materialism and consumer ideology arose. This focuses upon what is wrong with you and what you need to have in order to fix it; if something is wrong then all will be well once we have discovered how to treat it. This follows from beliefs that we are merely physical entities, that mind and consciousness arise from the brain and once we understand how the brain works we will have a complete explanation for everything.

We have to have a reason for suffering so we look to see who or what we can blame. The culture of blame denies self-responsibility and gives rise to fears of litigation, which in turn engenders over-cautiousness, reliance on protocols (because they are safe), and lack of creativity. The blame culture also decreases trust and leads to ever increasing legislation. Lack of trust has been linked to increased unhappiness (Veenhoven, 1993). Anyone doing a kindness is viewed as having an ulterior motive and, as caring and altruism decrease, so does social interaction within the community.

This culture of increased individualism gives rise to the need to do better than others, increased competitiveness, and to greater comparison. Within such a cultural context when people see others doing better than they are or having more than they do, it leads to increased unhappiness, feelings of failure, and lowered self-esteem.

If we really want to increase our feelings of well-being we need a better definition. If happiness is merely the contentment of fulfilled desires, we quickly adapt (Brickman et al., 1978; Qizilbash, 2006) and want more which then gives rise to unhappiness. It would seem that well-being and happiness are two different things although they overlap somewhat. It is suggested that well-being is more dependent on our environment and material factors whilst happiness is vastly greater than this and is a way of being rather than simply having things; as Richard Wagoner has said, 'Joy is not in things; it is in us.' As the Nobel prizewinning poet and novelist Hermann Hesse said: 'Happiness is a healthy mental attitude, a grateful spirit, a clear conscience, and a heart full of love. Happiness is a how, not a what; a

talent, not an object.' The Buddhist perspective which embraces suffering and acceptance says: 'The key to happiness is to expect yourself, others and the world to be as they are.'
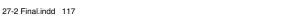
If one was to measure this elusive well-being and happiness how might one approach the task? Firstly one could use objective indicators such as employment statistics, crime rates, measures of economic activity or pollution, educational indices, and public health statistics. This gives an idea of how a population as a whole is doing generally, in a material sense, but is it reducible to the individual's experience of happiness and well-being? Many quality of life questionnaires have been used to measure the degree of well-being felt by an individual or a particular group of people (Ventegodt et al., 2003). Subjective well-being questionnaires are also commonly used but are affected by personality traits and life events (Diener & Lucas, 1999). Questionnaires that measure degrees of anxiety and/or depression such as the Hospital Anxiety and Depression Scale (HADS) (Zigmond & Snaith, 1983) or the Clinical Outcome Routine Evaluation (CORE) (Mellor-Clark et al., 1999) are frequently used in studies. More recently questionnaires that measure changes in a person's areas of concern have been developed: Measure Your Own Medical Profile (MY-MOP) (Paterson, 1996) and the more psychologically orientated Psychological Outcome Profiles (PSYCLOPS) (Ashworth et al., 2004).

Many studies since the 1980s have used the above measures to endeavour to determine how happy we are as individuals or as populations and to try to develop ways to increase our happiness. But is happiness really something we can pursue? I believe happiness is not something we can pursue; it is a way of living one's life. As the American Nathaniel Hawthorne says, 'Happiness is like a butterfly which, when pursued, is always beyond our grasp, but, if you will sit down quietly, may alight upon you.' Thomas Paine (1737–1809), a radical thinker of his time, said, 'If you cannot find happiness along the road, you will not find it at the end of the road.' Happiness has to do with balance and harmony. Going back to what was said earlier about the underpinnings of self-esteem, it would seem that happiness is tied in with self-acceptance and personal integrity as well as self-responsibility. Gandhi said, 'Happiness is when what you think, what you say and what you do are in harmony,' so we might say that happiness is living in harmony with yourself.

How do we achieve this harmonious balance? Balance between our unconscious 'soul' or inner self—the so-called 'right brain' part of ourselves, and our conscious, 'rational' and intellectual self—or 'left brain' part. To help our patients to achieve a mental balance we can teach them to centre themselves physically, using breathing and visualization, and teach mindfulness techniques to fully connect them to the here and now, without judgement or evaluation. We know that by becoming still with an internal focus of attention or by becoming absorbed in an activity we can recharge ourselves and help get things into perspective. Historically we took long, boring journeys on horseback or walked for many miles, we had tedious tasks to do, there was less pressure to perform and this enabled us to have more 'being' time. Silence may be conducive to this internal exploration and now we are very seldom in silence, with piped music, television, iPods, and car audio systems constantly assailing our ears. People often seem to be afraid just to be with themselves.

It is probably of little surprise to us as hypnotherapists that facilitating a period of quiet meditative time (stilling) has been found to be so effective in schools in helping children not only in their academic achievement but also with their behaviour (Erricker et al., 2001; Barnes et al., 2003). Meditation classes and mindfulness training are all becoming more

popular as people experience the benefits of taking some 'being' time. Exercise has been shown to be as effective as medication in mild depression (Mead et al., 2008) and we know that both exercise and the expressive arts are helpful in achieving and maintaining well-being (Puig et al., 2006). They foster that communication with our unconscious that is facilitated by activities that require more right-brain processing. When we teach our clients self-hypnosis we are giving them a life tool that they can utilize to help themselves in so many ways. Teaching our clients some form of meditative or self-hypnotic process can be very useful, not only in helping to maintain emotional balance but also in facilitating and enhancing metacognitive abilities (Brown & Ryan, 2003). There are many studies that have shown the benefit of meditation or self-hypnosis (Bogart, 1991; Ruysschaert, 2000; Dobbin et al., 2004; Manoch et al., 2009).

In 2007 it was shown that long term meditators had increased attentional function (Brefczynski-Lewis et al., 2007). Meditators were shown to do well on the Stroop test demonstrating increased processing speed. This of course may be because those with greater ability to concentrate are drawn to meditative practice whereas those who have difficulty concentrating for any length of time maybe do not persist with such practice. Lutz et al. (2004) showed that long term meditators self-induce high amplitude gamma synchrony during mental practice and when brain activity was plotted it showed an inverted U-shape, with novices showing the least and the experts the most activity. Verplanken (Verplanken et al., 2007) studied negative thinking and judgement patterns and demonstrated that increased depth of the trance state (measured by self report) was correlated with increased optimism and a decrease in perceived stress. Davidson (Davidson et al., 2003) demonstrated a possible link to immunology in that after flu vaccination those who had undergone an eight week training in mindfulness meditation had an increased rise in antibodies compared to a control group. Self-hypnosis has also been shown to improve immune function (Gruzelier, 2002; Naito at al., 2003). As well as helping psychologically, various studies have demonstrated that meditation has an effect on the physical structure of our brains. Cortical thickening in parts of the frontal cortex and insula has been demonstrated in long term meditators compared with controls (Lazar et al., 2005). Various studies have demonstrated an increase in the putamen (Pagnoni & Cekic, 2007) and in the hippocampus and frontal cortex (Luders et al., 2009) and in the lower brain stem (Vestergaard-Poulsen et al., 2009). It has been shown that there is a decrease in cortical volume with increasing age and meditation has been shown to be cortically protective. When Pagnoni measured global grey matter volume he found no increasing decrease with increasing age of the meditator group compared with a control group.

Here self-hypnosis and meditation have been talked of as though they are interchangeable for both appear to access the same state or mode of functioning (Otani, 2000; Holroyd, 2004); it is what one does in the state that is different. In meditation one focuses one's attention, there is reduced arousal, and the aim of the procedure is an inner spiritual exploration. In self-hypnosis there is again focused attention and reduced arousal and the aim is suggestion, usually mediated by some form of therapeutic imagery, which is what will be explored next.

If we aim to teach self-hypnosis probably the simplest way is to teach revivification, where one asks the client to go back and re-experience some enjoyable experience as if it were happening again. With someone who is highly anxious it can be extremely useful to

get them to select a physical activity they enjoyed and to imagine doing it very fast. They then gradually slow it down as they feel appropriate until they are at rest, relaxing somewhere pleasant. A good activity to revivify is swimming; from a fast crawl to gently, easily, and effortlessly swimming slowly through the water to turning on your back and floating, completely relaxed, and supported by the water. This matches the adrenalin state of someone who is chronically anxious and as they use their imagination and visualize swimming, this form of processing decreases arousal which enables them to relax a little further and slow down their imagined activity accordingly. It may take several days before someone who is chronically anxious can slow down sufficiently to feel comfortable floating, but this is a very non-threatening way to introduce someone to hypnosis. Any way of focusing attention can be used to induce self-hypnosis. This could be a kinaesthetic focus, such as in progressive muscular relaxation, arm catalepsy, arm levitation, or other ideo-motor methods; a visual focus, such as eye fixation or the use of imagery; or an auditory focus using music, chanting, or sound. Ericksonian approaches serve to direct the client's awareness to their current experience of sight, touch, and sound, without consciously changing it in any way, in much the same way as mindfulness practice. Another excellent way of teaching self-hypnosis is by anchoring the trance state, the relaxed feeling achieved in a session with a therapist leading the hypnosis, to a post-hypnotic trigger. Firing this trigger then allows almost instant access to the same feeling when activated, but training generally improves the person's ability to access trance anyway, in the clinical rather than experimental context.

When teaching clients self-hypnosis it is useful to suggest that they practise, maybe for ten minutes, once or twice a day. If they find this difficult one needs to explore what the problem might be. They may find difficulty concentrating; maybe rather than just being as they are, they try too hard or become too distracted with their thoughts and internal dialogue. In this situation I find that using an ideo-motor method or arm levitation usually works best. Some may feel guilty at taking time out for themselves; they say they are too busy. In this situation working on time management skills and self-esteem may be productive as well as helping them to realize that if they are feeling calmer there will be a knock - on effect on everyone they are in contact with. Planning a self-hypnosis practice schedule with the client can be helpful.

Why would we want to teach and encourage the use of self-hypnosis? Firstly it is anxiolytic; it gives the person time out to refocus. It allows and facilitates internal communication; it gives time to gain different perspectives. We cannot see the spot we are standing on, and taking time to centre oneself allows one to step out of the stream of our experience and look at it from the bank for a while. Self-hypnosis facilitates emotional healing through the use of imagery or intent. By using imagery or suggestion we can get rid of negative emotions, thoughts, and symptoms, replacing them with positive thoughts and feelings.

A process that is usefully taught that can be done either alone or whilst doing self-hypnosis is silent abreaction (Krakauer, 2009) which allows a safe release of strong negative emotion, such as anger. With eyes closed, one goes in imagination to a rocky place, miles away from anywhere, maybe a cliff or a quarry, where there are various loose stones and boulders lying around. A suitable rock is then selected to be the recipient of the anger the client wishes to be rid of. The anger is projected into the rock and the rock may be marked

in some way so that it becomes the anger the person wishes to be free from. They then look around for something that can be used to break the rock into tiny pieces. Once the rock has been smashed the small dusty bits left over can be disposed of, if it seems appropriate. It is important that once the client has completed this process that they take themselves to a calm, peaceful place afterwards before re-orienting to the present.
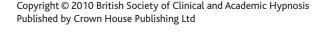
Another self-hypnotic process is that of the compassionate friend (Gilbert, 2000). This is very useful for those who have low self-esteem and a lot of self-criticism. Firstly you ask the client to close their eyes and imagine a typical time when they were self-critical. They allow an image to develop that represents their self-criticism and listen to what it says about that particular event. The feelings this engenders are then discussed. Usually the self-critical voice is angry or disappointed and gives rise to feelings of hopelessness or of being a failure. The aim of self-criticism, in that it tries to get us to improve, is then acknowledged. The person's ability to be a supportive friend is then explored and they are directed to re-member how they would react if a good friend of theirs was in trouble—revealing that they already know how to be caring, strong, supportive, and compassionate. It is simply that they neglect to activate that part of themselves when it would be helpful for them. They are asked to close their eyes again and make an image that represents the caring, compas-sionate friend part of them. They are then asked to listen to what that part of them has to say about the same event and the feelings that this generates are discussed. Feelings of encouragement are commonly reported. The client is asked to practise this exercise daily until activation becomes automatic in any relevant situation.

Another very useful exercise more effectively done in a state of self-hypnosis is the scaling question used in brief therapy. In hypnosis the client decides where they are on a scale from 1 to 10 where 10 is the way they want to be and 0 is the opposite. They then look at what they are doing that is stopping them being one point lower on the scale and also determine one thing they can do tomorrow that will help them to move one point up the scale. By doing this each evening, and noting down the answers to those two questions once they re-orient, it can give them useful information that they can use to improve and also maintain progress.

In conclusion we have seen that the important factors in well-being are having social networks such as family and friends (positive psychology prescribes five or more friends as necessary for happiness), having a meaning in life, a belief in something bigger than your-self (either from religion, spirituality, or a philosophy of life), and of having goals that one values and finds enjoyable (Manusov et al., 1995; Myers & Diener, 1996; Diener & Seligman, 2002). We have seen that happiness is dependent on how one approaches life; that it has to embrace both the good and the bad; that it is dependent on balance, acceptance, and living in harmony with oneself. The most important way to achieve this is by taking time out to 'be' rather than 'do' all the time. If, as a culture, we start to understand and value this we may hopefully move from merely acquiring knowledge to having wisdom, from a reliance on law to a hunger for justice and compassion, from the dogma of religion to a true spirituality, and from viewing the earth as a commodity to a caring stewardship of this world we live in.

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