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Research Paper



Therapeutic Application of Principles of Positive Psychology in Hypnotherapy

Dipankar Patra¹*

ABSTRACT

Since time immemorial, man has been searching for happiness and the approach to it has been diametrically opposite in the Eastern and western world. Modern psychology for a long time has been focusing on illness, disorders and dark side of our being and Positive psychology had emerged as a reaction to it. In this document, the primary author, who is also a practicing hypnotherapist, sets the context by drawing on the difference between the approaches of traditional psychology, Indian psychology and positive psychology. Also discussed are the principles of hypnotherapy, therapeutic benefits of hypnotherapy, the neuropsychobiology of the phenomenon of hypnosis along with word of caution for therapists converging to the therapeutic application of the principles of positive psychology in hypnosis. There is a brief note on the emerging concept of flow hypnosis. The author concludes by highlighting on the key research areas in both positive psychology and hypnotherapy. Hypnotherapy, although recognized in India for quite some time needs to be incorporated in the syllabus of medical practitioners and psychologists so that mankind can benefit from this wonderful science.

Keywords: Indian Psychology, Traditional psychology, Positive psychology, Hypnosis, Hypnotherapy, Flow Hypnosis, Mindfulness, Flow

Swami Vivekananda had always stressed on the positive aspects of life like love, harmony, service, etc. which are also the foundation of spiritual wisdom. For us, Indians, wellbeing is related to positive attitudes and cultivating what is seen as the ideal aspects of life and living. They include the spiritual aspirations and altruistic motivation, values and attitudes. Most of these concepts of positive psychology find echo in emerging trends in psychological studies called Positive Psychology. Unfortunately, main stream psychology and positive psychology has little room for spiritual longings and moral compulsions of people.

What we understand as modern Psychology is not "true psychology" asserts Swami Abhedananda (1946). There is no place of psyche (Originally in Greek meaning soul) and instead modern western psychology is more physiological in origin and studies external

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¹Research Scholar, Department of Psychology, Annamalai University, India

^{*}Corresponding Author

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behavioural manifestation of the mind. Indian Psychology according to him is true psychology as it "recognizes the existence of the mind, body and soul and tells us that what we call the physical body is the dwelling of the soul which is the source of the intelligence and self-consciousness."

According to Ramakrishna Rao, K. (2013), the goal of Indian psychology is self-realization of the inherent altruistic nature in one's life purposes. While Indian psychology has the necessary theoretical framework from which the ethics of altruism can be justified, western psychology, in contrast leans heavily on the egoistic hedonism and utilitarian purpose as delineated in positive psychology. Christopher Peterson (2006), implies positive psychology to have a scientific approach to what makes life worth living. On the other hand, Indian psychology stresses on the ego transcending and altruistic nature as central to meaningful existence. Positive psychology could go beyond hedonistic pleasure to define happiness.

Many concepts used like, positive emotions, happiness, suffering, flow, subjective well-being, spirituality, wisdom, etc. are casually incorporated, often very vague and unclear in positive psychology. These are however, very explicit and central to Indian psychology. Thus, subjective wellbeing, which is a person's cognitive and affective evaluation of one's self has been interpreted by positive psychologists and researchers as a utilitarian rather than altruistic route of happiness. Indian psychology stresses on the deconstruction of the ego by embracing the ethics of altruism is the way for happy and meaningful existence. Unlike in positive psychology, concerns of happiness as pointed by Swami Vivekananda on happiness are derived from a wholesome philosophy of life and not constructed piecemeal from the experiential reports of people.

Happiness as a central focus of positive psychology can be broken down into 3 components: the pleasant life, the engaged life and the meaningful life. (Seligman, 2003; Seligman, Rashid & Parks, 2006). In the Indian context, happiness has its roots in the state of desire lessness. From the Indian point of view, spirituality is the basis of positive psychology. Indian philosophy and Indian psychology share a framework and believe that human beings have enormous potential hidden in its being which can assist one to raise human consciousness. Through spirituality, negative attitudes engage into positive and gives a vision of consciousness. Spirituality, here has a greater connection with happiness and according to Buddhism, the cause of happiness is virtuous karma, the law of causality and delusion, a concept which is alien in modern psychology.

Thus, in summary, Indian psychology inspite of a solid theoretical foundation, lacks the strong empirical support for its concept and theories which is present in positive psychology. Positive psychology inspite of its considerable empirical base, is found to be weak in theory. The comforting point is that it could, however, bring the disparate data into a cohesive framework for sustained and programmatic research. Thus, it would be wise to assume that greater collaboration is needed between psychologists working both in the area of Indian psychology and positive psychology could lead to more beneficial research. There is inevitable growing evidence of significance convergence of thought in important respects between research work in positive psychology and that in the area of Indian psychology. Likewise, Indian psychology which seems to be struggling to find a niche in modern academic psychology may benefit by concentrating on the points of convergence between.

Positive Psychology and Traditional Psychology

Sheldon, Kannon and King, Laura (2001) describe positive psychology as – "the scientific study of ordinary human strengths and virtues" and psychologists are urged to adopt a more open and appreciative perspective regarding human potentials, motives and capacities.

The aim of positive psychology is to better understand and apply these factors that enable individuals and communities to thrive and flourish (Seligman & Csikszentmihalyi, 2000). Thus, the focus is different from tradition problem focused or "fixing" approach associated with psychotherapy (Cheavens, Feldman, Woodward & Snyder, 2006). Martin Seligman's wished that positive psychology would help grow beyond the confines of traditional psychology and beyond the disease model to alleviate the study and understanding of wellness rather than illness in human functioning. Positive psychologists are said to be more inclusive as it does not negate the negative; it is just that the focus is put on the positive side of human nature.

Traditional psychology's larger emphasis on negativity and illness rather than positive phenomenon is rooted in negative belief system about the nature of humanity and some form of skepticism about the scientific approach of positive psychology. It is generally observed that even though positive emotions are more common in our experience, negative ones seem to violate our expectations and thus demand priority attention (Gable & Haidt, 2005). We are negatively programmed and normally have a fascination with the dark side of human nature where negative aspects are sometimes erroneously seen to be more authentic, reasonable and real. Thus, the orientation of each is diametrically opposite to each other.

In terms of health psychology too, negative emotions compromise our health whereas positive emotions seem to help restore or preserve the health of both our minds and bodies. In recent times, researchers have seen positive emotions to have every bit as much biological and evolutionary significance as the negative emotions. Positive psychology, here just attempts to restore balance within the discipline. Working from a positive psychological perspective entails a balanced approach, attending to symptoms or problems as well as mobilizing strengths and facilitating well-being (Rashid, 2009).

It is interesting to note that there is growing importance to the study of resilience and post traumatic growth (as opposed to Post traumatic stress disorder) which seem to underline positive psychology's emphasis on human strengths and positive coping abilities. Peterson and Seligman (2004) were involved in a project the goal came up with an impressive volume called *Character Strengths and Virtues: A Handbook and Classification*, which is in stark contrast to the psychiatric manuals that define and describe pathologies, like the ICD10 or DSM V.

Much of the research in positive psychology is focused on personal traits, such as self-esteem, physical attractiveness, optimism, intelligence, and extraversion and on the states, such as work-situation, involvement in religion, quality and quantity of friends, marital status and the quality of relationships. These explain why some people seem to be happier than others. Also, religion has found significance within positive psychology because as it has a solid foundation of well-being for most people. The expression of essential human qualities and virtues add up to individual well-being and that of others.

Baumgardner, Steve and others (2015) in their work, defines 3 areas of positive psychology, comprising of:

- positive subjective experiences (such as joy happiness, contentment, optimism, and hope),
- positive individual characteristics (such as personal strengths and human virtues that promote mental health) and
- positive social institutions and communities that contribute to individua health and happiness.

Also, the following five pillars mentioned below identifies some of the main theories and leading researchers that contribute to modern positive psychology which are based **on** Seligman's (2012) meta-theory of positive psychology known by its acronym PERMA.

- **Positive emotions** or feeling good. The chief exponents are: Broaden and Build theory of Fredrickson, Learned Optimism by Seligman and Emotional Intelligence by Goleman.
- **Engagement** or being completely absorbed in activities. The chief exponents were: Flow theory of Csikszentmihalyi, Strength focus by Buckingham, Seligman and Linley and Mindfulness by Langer and Siegel.
- **Relationships** or being strongly connected to others. The chief exponents are: Positive/Negative ratio by Losada, Active Constructive Responding by Gable, Pygmalion effect by Rosenthal and Eden and Social Capital by Baker & Dutton.
- **Meaning** purposeful existence. The chief exponents are: Existential positive psychology, PURE model by Wong and Altruism research by Swartz and Values
- **Achievement** a sense of accomplishment and success. The chief components are Goal setting theory, Hope theory by Snyder, Self Determination theory by Ryan and Growth mindset by Dweck

Our focus in this document is to focus on hypnotherapy practice which also enhance wellbeing and performance as supported by fostering principles outline in PERMA above both within individuals and groups. This exploration of positive psychology, its history, researchers, and key findings reveals numerous potentially fruitful opportunities for hybrid approaches integrating positive psychology and hypnosis. Let us now turn out attention to the therapeutic interventions in positive psychology.

1. Therapeutic interventions of Positive Psychology

The aim of psychotherapy is to encourage self-respect, self-acceptance, building healthy interpersonal relationships and empowering self and others to make better and informed choices which can ultimately develop a positive orientation to the future (Meyer, 2012). While the interest about positive aspects of human functioning is not at all new, the scientific approach and study has only gained momentum very recently. Some studies have evaluated the effectiveness of interventions such as positive psychotherapy (Seligman et al., 2006) and well-being therapy. It would be thus worthwhile to attempt to integrate positive psychological perspectives in all therapeutic contexts (Joseph & Linley, 2006), by reconsidering our basic assumptions of psychotherapy which can lay stress on discovering and focusing on human strengths, thereby emphasizing on positive traits and assisting people to discover untapped potentials to effect transformation.

Positive psychology allows therapist to have a broader and more balanced view of clients and therapy and assists therapists in discovering newer avenues for therapeutic intervention. This not only serves to assist in diagnosing and treating psychological distress (Wood & Tarrier,

2010), they also help increase one's overall productivity in life and enhance satisfaction in life (Cheavens et al, 2006). Currently, in the field of clinical psychology there is a lot of emphasis given in the incorporation of variables of positive psychological functioning in case conceptualization, assessment and treatment (e.g., Rashid & Ostermann, 2009; Wood & Tarrier, 2010). Also, there is focus given in similar integration in the field of counselling psychology (e.g., Harris, Thoresen & Lopez, 2007; Linley, 2006) and psychological coaching (e.g., Biswas-Diener, 2009; Linley, Nielsen, Gill.et & Biswas-Diener, 2010; Armatas, 2009). Let us now turn out attention to understand broadly about hypnosis and hypnotherapy.

2. Hypnosis and hypnotherapy

Although hypnosis has been described in some theoretical textbooks and has been developing over time, the proposed definitions are still more like a description of its process, or the phenomenon experienced by the subject (Green, Barabasz, Barrett, & Montgomery, 2005; Heap, Aravind, & Hartland, 2002). For instance, Division 30 of the American Psychological Association states that "When using hypnosis, one person (the subject) is guided by another (the hypnotist) to respond to suggestions for changes in subjective experience, alterations in perception, sensation, emotion, thought or behaviour" (Green et al., 2005). Thus, while there is some controversy over how to define hypnosis, it is generally agreed among hypnotherapists to be a natural function of the mind and body. There also seems to be some unanimity among therapists that during hypnosis a state of intense, effortless concentration is essential. Most hypnotists agree upon 2 facts that hypnosis involves both internal absorption and response to suggestions which, generally has a goal-directed behavior.

The neuro-psychobiology of hypnotic phenomenon

There is considerable interest of how hypnosis works at the neuro-psycho-biological level. It has been proven without doubts that hypnosis modifies the way the brain sorts through our perception, recognize conflicts and deals with errors. Suggestions received during hypnosis are not subjected to the same rigour of conscious activity in the frontal lobe of the brain. Rather it changes the activity in the anterior cingulate cortex region in the brain. Attention research shows that our subconscious part of our mind has the ability to select which facets of the sensory bombardment in the brain are relevant to synthesize a singular, consistent, narrative that becomes our conscious experience. Neuropsychological research also shows that when external, subconscious influences affect a person's behaviour, the brain creates a story which attributes the new behaviour to the client's own reasons and motivation. Thus, a new subject of psychoneuroimmunology has emerged which is currently popular in academic circles which focusses on the therapeutic impact of the body and mind, both conscious and subconscious, in relation to positive changes initiated within an individual by relaying on their inherent, internal subconscious resources.

Benefits of hypnotherapy

During hypnosis, the creative and imaginative faculties of the mind assist in producing intuitive results beyond the domain of ordinary conscious volition. Also, it has proven benefits during variety of acts of physical exertion, such as artistic performance, professional sports, and educational activities such as test taking (Wark, 1998).

Hypnotherapy is the use of hypnosis by inducing trance in the treatment of a medical or psychological disorder or concern (Elkins, Barabasz, Council, & Spiegel, 2015). It is a technique requiring engagement of a person's mind to utilize their own internal resources and abilities to nourish, grow and to heal themselves. Research work demonstrated not only reduced illness symptoms, but also enhancement of positive outcomes such as well-being,

good quality of life and increased satisfaction. Thus, in a clinical setting, hypnotherapy is used to elicit subconscious processes within the individual thereby helping one in the therapeutic process of healing or problem-solving. Thus, there should be clear, identified, realistic and achievable objectives for problem solving (Rhue, Lynn, & Kirsch, 1993). In a true sense, hypnotherapy underpins a branch of psychotherapy which promotes healing, problem solving and personal, creative development through positive association. It helps us to "re-program" our existing dysfunctional behavioral patterns.

Hypnosis helps one to bypass the logical, critical and analytical faculties of the conscious mind and coordinates directly with the subconscious or unconscious mind in the language it understands. Thus, there are usage of pattern, association, stories, analogies, metaphor, etc. which are widely used mainly in the Ericksonian indirect method of hypnosis. This is what makes it so effective in overcoming fears and phobias, depression, stress as well as self-limiting and self-destructive thoughts, habits and suppressed emotions. It takes practice and patience for anyone to unlearn negative thought patterns and habits and hypnotherapy can be a very effective tool in ensuring a quick, automatic positive mindset response to reframe and reorient or habitual thought patterns. In hypnosis, one is taken into a state of trance through techniques like relaxation, visualization, etc., where one is more susceptible to suggestion. At this stage, the subconscious mind is ready to adopt a new learned response or habits.

The psychological applications of hypnosis have been proven in handling various stages and forms of addictions, behaviour modification, management of anger, handling of anxiety, issues relating to bereavement, various form of conversion disorder and eating disorder, handling fear while flying, flow and peak experiences, forensic interviewing, marital communications, mindfulness meditation, issues surrounding body weight, PTSD, issues relating to body shape, sleep issues, targeted performance in sports, addressing stress and of course the most widely used area – depression.

In terms of medical applications documented research proves its efficacy in the areas of treatment of asthma, various form of auto immune disorders, warts, cancer related fatigue, cystic fibrosis, dental applications, diabetes mellitus, dysphagia, enuresis, fibromyalgia, simple headaches, hypertension, IBS, women problems (menopause – hot flashes, labour and delivery), Morgellons disease, nail biting, nausea associated with chemotherapy, Parkinson's disease, pediatrics, pre-surgery, prostate cancer, Reynaud's syndrome, skin disorders, spasmodic torticollis, vocal cord dysfunction, etc. Hypnosis is most widely used in the area of pain disorders through hypnotic analgesia for both acute and chronal forms of pain (Montgomery et al., 2000; Patterson and Jensen 2003; Jensen and Patterson 2006).

It is surprising that the medical profession has taken very long time to accept the effectiveness of hypnosis and hypnotherapy in treating many ailments and now It is no longer a secret that the unconscious or the subconscious mind heals the body and works through one's belief system. This is precisely what the new study of psychoneuroimmunology delineates. Sooner or later, like the therapist, the client realizes that transformative changes within an individual resides in the inherent and intuitive subconscious desire to effect a transformation or change.

Hypnotherapists also help clients practice self-hypnosis in maintaining a positive mindset by utilizing scripts or recordings with positive affirmations which are repeated with complete conviction. For a long time, some positive emotions are generally incorporated by hypnotherapists through scripts, like love, inspiration, hope, gratitude, awe, amusement,

pride, interest, joy and serenity. Regular practice of self-hypnosis, and support from a hypnotherapist, equips one with a mental toolkit to maintain a positive mindset, and thrive from it. These are the same traits which are also in the domain of positive psychology discussed.

Finally, a word of caution. Although hypnosis is a natural experience and to learn to hypnotize is relatively easy, the usage of hypnosis in treating people suffering from various forms of physiological and psychological issues takes years of practice, patience and perseverance. A lay hypnotherapist can actually induce wrong suggestions erroneously which can create paranoid psychosis, false memory syndrome or symptom substitution within a client. Sometimes severely repressed trauma during childhood resurfaces during hypnosis and the therapist has to be extremely skillful in handling such abreactions during therapy. Deep rooted psychological issues need to be handled with extreme care and most hypnotherapist exercise extreme caution while diagnosing severely psychotic, neurotic and schizophrenic people. Thus, there is a careful need to assess the readiness, alacrity and soundness of the person before a therapist decides to treat one with hypnosis and the usual ethical principles applicable to counselling and psychotherapy are equally applicable in case of hypnotherapy.

3. Positive Psychology and Hypnosis

Applications of Positive psychology principles in hypnosis

Positive psychology research can be applied much more powerfully with hypnotherapy than with normal traditional psychotherapy. Tharina Guse (2012) in the work *Enhancing Lives: A Positive Psychology Agenda for Hypnotherapy* summarizes some of the foundations of positive psychology research areas which are also practiced by hypnotherapists are:

- **Broaden and build theory** –Frederickson, Barbara (1998) demonstrated that loving kindness meditation involves positive emotions, resulting in a personal resource variety of resources like increased mindfulness, purposefulness in life and improved social support. They also help decrease various illness symptoms.
- Hypnotherapeutic insights and techniques, like post hypnotic suggestions, strengthen and reinforce the positive emotions mentioned above.
- **Learned optimism** Martin Seligman (2006) defines it as a set of cognitive skills within an individual that enable reframing of personal events in relation to their permanence, pervasiveness, and personalization nature.

 Here too, focused awareness interventions, used in mindfulness and hypnosis assist in
 - Here too, focused awareness interventions, used in mindfulness and hypnosis assist in intensification of awareness of positive changes which generally reinforce and reintegrates cognitive shifts in personal awareness. Thus, optimism is learned though subconscious experiencing in a altered state of consciousness.
- **Flow** This is explained by Csikszentmihalyi (1990) as a state of awareness where one is completely engrossed and absorbed in an activity.
 - Hypnosis is also a type of flow experience where there is an internal absorption of personal experience during a state of trance induced by the hypnotherapist which generally facilitates a positive and upward growth of wellbeing and performance. Hypnotherapists help the client connect to their memories of flow experiences to deepen their trance/meditative state during trance induction. They also use post hypnotic suggestions to support the client in seeking and entering heightened states of flow so that normal daily routines to receive positive outcomes are effective outside of the trance experience.

- Strengths Clifton, Buckingham, Peterson, Seligman and Linley focused on the identification and development of personal strength as a core aspect of positive psychology through the use of tools.
 - Guided mindfulness meditation and hypnosis have been also found to be effective in helping individuals in recognizing and connecting to their core strengths. Hypnotherapists, generally use age regression and age vivification technique to take the client back to the time of flow experience in their lives where some key strength must have been optimally utilized by the client. Here too, post hypnotic suggestions are used to support the application of these strengths in the future as a form of task.
- **Pygmalion Effect** Rosenthal and Jacobson (1968) stressed on the power of future positive expectations to improve on the performance of an individual in a wide range of relationships around the client.
 - Hypnotherapists apply the Pygmalion effect in the client's own relationships via hypnotic suggestions strategies to focus on the relationship effect. Thus, future pacing technique and age progression techniques in hypnosis helps one to achieve these results very effectively as there is no conscious interference of the mind in sabotaging the positive goals.
- **PURE Model** Wong (2012) who built upon Viktor Frankl and logotherapy had stressed on the crucial role of personal meaning in human wellbeing and the acronym PURE stands for purpose, understanding, responsible action and evaluation elements of meaning.
 - Hypnotherapists structure their session to take clients on exploratory journey in to these four components of meaning in their client's meaning of life. Techniques like visualization imagery, technique of 4 seasons, etc. help therapists assist one to find existential meaning and purpose of one's being.
- **Growth Mindset** Dweck, C. S (2016) studied on the growth mindset of individuals where one is led to believe that their success in pertains invariably to hard work, learning, training, doggedness, resilience, etc.
 - Hypnosis assists one by regressing clients to a memory in the past where the client has invariably experienced episodes of the growth mindset in their life. The therapist identifies such incidents and amplify the feelings and positive thoughts through regression therapy and help them to reorient their behaviour in the future to strengthen them through the use of post-hypnotic suggestions.

4. The interface between positive psychology and hypnotherapy

In the earlier section, we have seen that positive psychology and hypnotherapy actually reinforce each other as there are some inherent similarities in theory and practice. Both facilitates human potential and well-being by identification and utilization of possessed resources which help to cultivate positive mind-set and attitudes for continual growth and well-being.

A recent study regarding a programme of positive intervention in elderly (Ramírez, Ortega, Chamorro, & Colmenero, 2009) showed that positive psychological intervention actually increased the participants' life satisfaction and subjective happiness. There is also ample research highlighting the effect of hypnotic suggestions (both as a trance work as well as in post hypnotic suggestions) help one to reframe one's dysfunctional belief system. In their work, Guse, T. (2006) attempts to elucidate the synergy between hypnotherapy and positive psychology by reviewing existing practices and research findings.

Hypnosis as have been instrumental in assisting, both directly and indirectly shifting a patient's focus from negative thoughts, feelings and emotions to positive ones. We must mention the pioneering work by Milton Erickson (2006) who wrote extensively about paying additional attention to focus on one's strengths, much before the field of "Positive Psychology" came into being. Erickson seem to have a strong belief that anyone practicing clinical hypnosis did so with the subconscious and therapeutically invaluable belief that people generally have many more innate, internal abilities than that are consciously realized. Erickson used hypnosis primarily as a vehicle to empower these innate and intuitive abilities and realizations which subconsciously impact a positive therapeutic outcome.

Also, Michael Yapko (2012) in his book, *Trancework*, mentions that hypnosis was a vehicle of psychological intervention which offered practical means for actualizing the aims of positive psychology mainly in 3 related areas: positive subjective experiences (happiness, pleasure, gratification, fulfillment), positive individual traits (strengths of character, talents, interests, values), and positive institutions (families, schools, businesses, communities, societies). While most psychotherapists focus on all 3 areas, some feel that the area of individual character occupies a central role both in positive psychology and psychotherapy. Several commonalities exist between hypnotherapy and positive psychology. This is evident while one reviews specific approaches to principles applied in hypnotherapy. The application of hypnosis for well-being has been reflected in the works of Cardena (2001). Yapko (2007) went a step further in asserting that hypnosis was "the original positive psychology". He felt that hypnotherapy was essentially an approach that stressed on the importance of understanding the various adaptive aspects of a qualitative human experience.

Psychotherapeutic techniques are delivered in the context of a therapeutic relationship with the clients that incorporates some variables like trust, timing, delivery, expectation, level of demand, etc. The value of experiential learning at a deeper subconscious level is one of the most compelling reasons a hypnotherapist conducts hypnosis sessions with the clients and hypnosis supports such interventions executed in a state of trance. By its very nature, hypnotic trance provides a powerful mechanism to access unconscious facets that may enhance well-being. A trance state induced in hypnosis facilitates focus of attention (Zeig, 2008) which can actually amplify personal capacities and resources, similar to identifying and enhancing strengths in positive psychology. Many therapists who are skilled in hypnosis possibly already implement these techniques to increase well-being may not be actually consciously aware of it.

This mobilization of unconscious processes facilitates internal healing. Erickson (2010) acknowledged the confluence of his typical unconventional approach and positive psychology highlighting the principles of observation and utilization of the client's strength. The hypnotherapist plants the seeds of positivism and strength in an individual after inducing trance and through the application of suggestions The application of hypnosis to enhance happiness using positive psychology frameworks has also been researched by Ruysschaert (2009) who had concluded that when a therapy is based upon a particular positive outcome such as self-image or social connection, hypnosis can be used to relive, intensify, and nurture such experience, mainly through the visualization technique.

There is some overlap between the experience of hypnotic trance and the positive psychology in the concept of "flow" (Csikszentmihalyi, 1990), characterized as a state of deep absorption, similar to what happens during hypnosis. Let us now focus our attention to one of

the facets of positive psychology – used extensively in hypnosis and termed as Flow hypnosis by Isabelle Prevot-Stimec & Dan Short (2002).

5. Flow hypnosis

We know that the concept of flow, first described in 1975 by Csikszentmihalyi (1990), is an altered state of consciousness characterized by complete immersion by an individual in a specific task, often involving problem-solving. This is characterized by little or no effort required in conscious, active problem solving. Thus, it happens naturally in a state of internal absorption in a chosen activity where well-defined goals and motivation are perfectly matched.

Prof. Ramakrishna Rao studies closely the 4 characteristics of flow (Intense concentration, absorption, loss of self-awareness and feeling of challenged without being overwhelmed) and the 9 indicators of flow like, goals, feedback, balance between challenges and skills, merging of actions and awareness, overcoming of distractions, not worrying about failures, disappearance of self-consciousness, distorted sense of time and manifestations of autotelic activity which is activity that is an end in itself. He had concluded that the concept of flow was vague and ambiguous permitting as it appeared to be a conglomerate of subjective feelings of individuals with no cohesive rationale. In the Indian context, we understand flow as a state of samadhi which has its own underling philosophy and psychology. Nidhidhyasana is a very basic to experience flow.

Csikszentmihalyi (1990) was familiar to Indian tradition and its relevance to positive psychology and has made reference in his writings. However, he seemed to have failed to understand the nuances of Indian psychology in terms of profundity, sublimity and depth of Indian psychology. In one place he had erroneously referred to the control of consciousness which as per our understanding is not possible. What can be controlled and transcended is the human mind through the practice of meditation and Yoga.

While hypnosis is an intentional process that involves suggestion induced by the therapist and can lead to the phenomenological experience of trance and therapeutic benefits, a flow experience is a phenomenological experience of effortless action produced generally through intervention of structured activities designed to attain some goals. Thus, both flow and hypnosis bear some substantial converging points and the differences are very superficial.

Flow psychology also elaborates on the existential psychology of Rollo May and Victor Frankel and the concept of flow has been taken up in many applied fields, including sports psychology, performing arts and education. In all these activities there is a total absorption of immersion in a given task, with no distraction. It is exactly this state of cognitive absorption which matches with the famous hypnotherapist Braid's concept of fixation of attention Braid (1853). Also, Isabelle Prevot-Stimec & Dan Short (2013) in their article discusses extensively on the practical application of how hypnotherapists use the concept of flow psychology.

We have seen earlier those hypnotherapeutic techniques utilize unconscious resources which can be aligned with positive psychology's focus on identifying, enhancing and utilizing psychological strengths. Thus, strengths like gratitude, hope, love, etc., are utilized in hypnosis where the techniques like age regression, age-progression, hypermnesia, ego-state therapy, visualization and mental rehearsal techniques are utilized to amplify these innate human qualities. Identifying and utilizing on personal strengths are generally associated with increased well-being, including increased positive affect and self-esteem. They ultimately

also impact in decreased levels of stress (Linley et al., 2010; Wood et al, 2010). Also, Peterson and Seligman (2004) stressed the importance of individuals identifying their own innate "signature strengths", preferably though the use of the tool – Value in Action Inventory. Hypnosis can facilitate enhancement of these signature strengths, as well.

Flow hypnosis also involves positive emotions. Positive emotions not only lead to an openness to new ways of perceiving and acting for clients (Fitzpatrick & Stalikas, 2008), they also act as buffer between negative events and clinical disorders (Wood & Tarrier, 2010) Hypnotherapy facilitates eliciting positive emotions within an individual by using techniques like age regression, future pacing, age progression, etc. However, it is worthwhile to remind therapists that strengths should be enhanced when appropriate to the client's presenting problems and should be contextual.

It is not uncommon for one to confuse between the conceptual difference between mindfulness, flow and hypnosis. In their work, Davis, O.C and Ludwig, V. (2018) summarizes them as follows:

- **Mindfulness**: The features include intentional, nonjudgmental awareness of the present, concentration to facilitate nonjudgmental monitoring of one's surroundings in the present, the association with morally/ethically positive constructs like loving kindness and finally the emphasis on the individual being as an agent.
- **Hypnosis**: The features include response to suggestion and internal absorption, concentration primarily for exclusion of the external environment to hyper focus upon a particular thought, action or behavior which is morally or ethically neutral.
- **Flow**: The features pursue an autotelic, high-challenge goal where concentration is required to maintain awareness of the present and surroundings only insofar as they pertain to the goal. Flow involves application of high skills to meet challenges which are generally morally and ethically neutral.

It is worthwhile to note that in each of the three constructs there is a distinct attentional signature in terms of how concentration and awareness are used to create or facilitate the experience. They summarized that instead of conceiving of attention as a single construct, it may be viewed as comprising two different functions, one of which is concentration, and the other of which is monitoring (i.e., awareness of one's context).

CONCLUSION

Areas of research on hypnosis

We have seen that even though hypnosis has been used to treat a variety of conditions because of its flexibility in practice, there is still scant research, especially in the area of well-being enhancement and preventative care. Ruysschaert (2009) argued that hypnosis could be applied to facilitate health and well-being and scientific investigations of hypnotherapy tended to view psychological well-being as a by-product of symptom reduction. There were, however, some pioneering works worth mentioning.

Guse, Wissing and Hartman (2006a; 2006b) developed and evaluated the effect of a prenatal hypnotherapeutic programme on postnatal maternal psychological well-being among women suffering from perinatal depression. Erickson (2010) provided anecdotal evidence of how powerful the integration of positive psychology and hypnotherapy could be. The intervention process involved the application of broaden-and-build theory in positive psychology, which also involved the application of self-hypnosis to cater to resilience and prevent burnout in

therapists based on principles of positive psychology. Burns (2010) too presented a comprehensive case study to illustrate how happiness can be enhanced through hypnotherapy even in the presence of severe chronic pain. He explained strategies to the clients to access previous experiences of well-being through regression therapy and help clients to re-create such positive experiences in the present.

One study on the efficacy of Positive Psychology Hypnosis Intervention (PPHI) in older adults has been studied by Chnanis, Kongsuwan (2017). The PPHI model was designed by applying positive psychology's wellbeing model and theory based on Seligman's PERMA model of well-being and Fredriksson's Broaden and Build theory. Their findings were very encouraging as it showed the efficacy of enhancement in psychological wellbeing and mental health.

There is another study by Guse and Fourie (2013) where they implemented the integrated hypnotherapeutic and positive psychological approach with women who experienced childhood sexual abuse. Their study concluded that the use of a hypnotherapeutic approach aligned with positive psychology actually enhanced psychological well-being. Thus, from the existing literature, we can conclude that an integrated intervention model with hypnosis and positive psychology is expected to bring about meaningful outcomes for mental well-being enhancement

Despite considerable progress, the aim in achieving empirical support for hypnotherapy is still very frugal (Alladin, Sabatini & Amundson, 2007) and hence the pressing need for inclusion of positive psychology principles in hypnotherapy need to be further substantiated by empirical research. In this regard, the inclusion of accepted process related variables from positive psychology to be applied in hypnosis has been stressed by Alladin et. al (2007).

Final words

Mainly due to the colonization impact, the Indian culture has been dominated by a feeling of inferiority and western form of science and psychology are unnecessarily upheld superior to our indigenous ways. While western form of learning was largely an objective observational experience, the Indian way of learning traditionally has been more of an inner subjective experience along with a spiritual manifestation. Fortunately, hypnotherapy blends best taking into consideration the best of both the worlds.

Inpsite of the fact that hypnotherapy has tremendous potential, it is sad that although it was recognized by Indian government along with acupuncture in 2003 as an effective mode of therapy, there is not much development in terms of promoting this wonderful science for therapeutic purpose. It is interesting to note that hypnosis was recognized much earlier by British Medical Association in 1955 and American Medical Association in 1958.

Charotar University of Science and Technology and MS University (UGC recognized universities) in Baroda are the only 2 universities offering one year course on clinical hypnosis at a very rudimentary level. There are hundreds of professionals who offer courses which are unregulated in absence of governing bodies in India. There is an urgent need for future professionals to promote the wonderful science of hypnosis and movement should be initiated so that it becomes a part of the curriculum of the medical practitioners and psychologists in colleges and universities through recognized bodies which should regulate, control and certify professionals.

REFERENCES

- Abhedananda, Swami (1946). True Psychology. Kolkata: Pelican Press.
- Alladin, A., Sabatini, L. & Amundsen, J.K. (2007). What we should mean by empirical validation in hypnotherapy: Evidence-based practice in clinical hypnosis. *International Journal of Clinical and Experimental Hypnosis*, 55(2), 115-130.
- Armatas, A. (2009). Coaching Hypnosis: Integrating hypnotic strategies and principles in coaching. *International Coaching Psychology Review*, 4(2), 174-183.
- Baumgardner, S. and Crothers, M. (2015). Positive Psychology. Pearson
- Biswas-Diener, B. (2009). Personal coaching as positive intervention. In *Journal of Clinical Psychology: In Session*, 65, 544-553
- Braid, J. (1853). Hypnotic Therapeutics: Illustrated by Cases: with an Appendix on Tablemoving and Spirit-rapping. Murray and Gibb, printers.
- Burns, G. (2010). Can you be happy in pain? Applying positive psychology, mindfulness and hypnosis to chronic pain management. In G.W. Burns (Ed.) *Happiness, healing, enhancement: Your casebook collection for applying positive psychology in therapy.* (pp. 202-213). Hoboken, N.J.: Wiley.
- Cardena, J.S. (2001). What is hypnosis good for anyway? *Presidential address for Division* 30, 103rd Annual meeting of the American Psychological Association, San Francisco, CA, August.
- Cheavens, J.S., Feldman, D.B., Woodward, J.T. & Snyder, C.R. (2006). Hope in cognitive therapies: On working with client strengths. Journal of Cognitive Psychotherapy: An International Quarterly. 20(2), 135-145.
- Chnanis, Kongsuwan, C. (2017). Happiness And Enhancement: Positive Psychology Hypnosis for Better Mental Health and Well-Being in Older Adults. https://research.portal.bath.ac.uk/en/studentTheses/happiness-and-enhancement-positive-psychology-hypnosis-for-better
- Csikszentmihalyi, M. (1990). Flow: the psychology of optimal experience. New York, NY: Harper Collins.
- Davis, O.C and Ludwig, V. (2018). The differences among mindfulness, flow and hypnosis. https://positivepsychologynews.com/news/orin-davis-and-vera-ludwig/2018011937672
- Dweck, C, S. (2016). *Mindset: The new psychology of success*. NY: Penguin Random House.
- Elkins, G. R., Barabasz, A. F., Council, J. R., & Spiegel, D. (2015). Advancing research and practice: the revised APA Division 30 definition of hypnosis. *International Journal of Clinical and Experimental Hypnosis*, 63(1), 1-9. doi:10.1080/00207144.2014.961 870.
- Erickson, B.A. (2010). What is right with him? Ericksonian positive psychotherapy in a case of sexual abuse. In *G.W. Burns* (*Ed.*) Happiness, healing, enhancement: Your casebook collection for applying positive psychology in therapy. (pp. 29-39).
- Fredrickson, B. L. (1998). What good are positive emotions? *Review of General Psychology*, 2, 300-319.
- Fitzpatrick, M.R. & Stalikas, A. (2008). Integrating positive emotions into theory, research and practice: A new challenge for psychotherapy. Journal of Psychotherapy Integration, 18(2), 248-258.
- Gable, S.L., & Haidt, J. (2005). What and why is positive psychology? *Review of General Psychology*, 9, 103-110.
- Green, J. P., Barabasz, A. F., Barrett, D., & Montgomery, G. H. (2005). Forging ahead: the 2003 APA Division 30 definition of hypnosis. *International Journal of Clinical and Experimental Hypnosis*, 53(3), 259-264. doi:10.1080/00207140590961321
- © The International Journal of Indian Psychology, ISSN 2348-5396 (e) ISSN: 2349-3429 (p) | 1752

- Guse, T. (2006). Enhancing lives: A positive psychology agenda for hypnotherapy. The Psychological Society of South Africa and Sage. 42(2), pp. 214-223.
- Guse, T., Wissing, M.P. & Hartman, W. (2006a). The effect of a prenatal hypnotherapeutic programme on postnatal psychological well-being. Journal of Reproductive and Infant Psychology, 24, 1-15.
- Guse T., Wissing, M.P. & Hartman, W. (2006b). A hypnotherapeutic programme to facilitate postpartum psychological well-being. *Australian Journal for Clinical and Experimental Hypnosis*, 34, 27-40.
- Guse, T., & Fourie, G. (2013). Facilitating Psychological Well-Being Through Hypnotherapeutic Interventions. Department of Psychology. University of Johannes burg.
- Harris, A.H.S., Thoresen, C.E., & Lopez, S.J. (2007). Integrating positive psychology into counselling: Why and (when appropriate) how. Journal of Counseling and Development, 85, 3-13.
- Heap, M., Aravind, K. K., & Hartland, J. (2002). Hartland's medical and dental hypnosis (4th ed.). Edinburgh: Churchill Livingstone.
- Prevot-Stimec, Isabelle & Dan Short (2002). The discovery of flow hypnosis. http://www.iamdrshort.com/New_Papers/B_article%20on%20flow%20with%20Isabelle.pdf
- Joseph. S. & Linley, P.A. (2006). Positive therapy: a meta-theory for positive psychological practice. London: Routledge.
- Jensen, M. & Patterson, D. R. (2006). Hypnotic treatment of chronic pain. Journal of Behavioral Medicine. 29(1), 95-124.
- Kennon Sheldon, K.M., & King, L., (2001). Why positive psychology is necessary. American Psychologist, 56, 216-217.
- Linley, A.P. (2006). Counseling psychology's positive psychological agenda: A model for integration and inspiration. The Counseling Psychologist, 34(2), 313-322.
- Linley, P.A., Joseph, S., Harrington, S. & Wood, A. (2006). Positive psychology: Past, present, and (possible) future. Journal of Positive Psychology, 1(1), 3–16.
- Linley, PA, Nielsen, K.M, Gillett, R. & Biswas-Diener, R. (2010). Using signature strengths in pursuit of goals: Effects on goal progress, need satisfaction, and well-being, and implications for coaching psychologists. International Coaching Psychology Review, 5(1), 6-15.
- Linley, P.A., Willars, J. & Biswas-Diener, R. (2010). The strengths book. Coventry, UK: CAPP Press.
- Montgomery et al. (2000). A meta-analysis of hypnotically induced analgesia: how effective is hypnosis? The international Journal of Clinical and Experimental Hypnosis. 48(2), 138-53.
- Meyer, A. L. (2012). Physical Activity Across the Lifespan Prevention and Treatment for Health and Well-Being: New York, NY: Springer New York: Imprint: Springer.
- Park, N., Peterson, C., Seligman, M.E.P. (2004). Strengths of character and well-being. Journal of Social and Clinical Psychology, 23(5), 603-619.
- Patterson, D.R. & Jensen, M. P. (2003). Hypnosis and clinical pain. Psychological Bulletin. 129(4),495-521.
- Peterson, C., & Seligman, M.E.P. (2004). Character strengths and virtues: A handbook and classification. New York, NY: Oxford University Press.
- Peterson, C., Ruch, W., Beermann, U., Park, N., & Seligman, M.E.P. (2007). Strengths of character, orientations to happiness, and life satisfaction. Journal of Positive Psychology, 2 (3), 149-156.

- Rao, K.R., (2013), Positive psychology from the perspective of Indian psychology, in Sanyal, Nilanjana (Edt.) Spirituality and Positive Psychology (pp 42-90). Kolkata: Ram Art Press.
- Rao, K.R., (2004). Centrality of Consciousness in Indian Psychology, in Joshi and M. Cornelissen (Eds.) Consciousness, Indian Psychology and Yoga (pp 53-75). New Delhi. Centre for Studies in Civilization.
- Ramírez, E., Ortega, A.R., Chamorro, A. & Colmenero, J.M. 2013. A program of positive intervention in the elderly: memories, gratitude and forgiveness. Aging and Mental Health. http://www.tandfonline.com.
- Rashid, T. & Ostermann, R.F. (2009). Strengths-based assessment in clinical practice. Journal of Clinical Psychology: In Session, 65, 488-498.
- Rashid, T. (2009). Positive interventions in clinical practice. Journal of Clinical Psychology: In Session, 65, 461-466.
- Rashid, T. & Ostermann, R.F. (2009). Strengths-based assessment in clinical practice. Journal of Clinical Psychology: In Session, 65, 488-498
- Rosenthal, R., & Jacobson, L. (1968). Pygmalion in the Classroom. The Urban Review, 3(1), 16-20.
- Rhue, J. W., Lynn, S. J. E., & Kirsch, I. E. (1993). Handbook of clinical hypnosis. American Psychological Association.
- May, R. (1953). Man's search for himself. New York, NY: W. W. Norton.
- Ruini, C. & Fava, G. (2004). Clinical applications of well-being therapy. In P A Linley & S Joseph (Eds), Positive psychology in practice (pp. 371-387). Hoboken, NJ: Wiley.
- Ruini, C. & Fava, G.A. (2009). Well-being therapy for generalized anxiety disorder. Journal of Clinical Psychology: In Session, 65, 510-519
- Ruysschaert, N. (2009). (Self)hypnosis in the prevention of burnout and compassion fatigue for caregivers: Theory and induction. Contemporary Hypnosis, 26(3). 159-172.
- Seligman, M.E. P (2003). Foreword: The past and future of positive psychology. In C.L.M. Keyes & J. Haidt (Eds.), Flourishing Positive psychology and the life well-lived (pp. xi-xx). Washington, D.C: American Psychological Association.
- Peterson, C., & Seligman, M.E.P. (2004). Character strengths and virtues: A handbook and classification. New York, NY: Oxford University Press.
- Seligman, M. E. P. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. American Psychologist, 55, 5-14.
- Seligman, M.E.P., Rashid, T. & Parks, A.C. (2006). Positive Psychotherapy. American Psychologist, 61, 774-788.
- Vivekananda, Swami (1959-1964). The complete works of Swami Vivekananda. 8 vols. Mayavati: Advaita Ashram.
- Frankl, V. E. (2000). Man's search for ultimate meaning. London: Rider.
- Wark, D. M. (1998). Alert hypnosis: History and applications. Current thinking and research in brief therapy: Solutions, strategies, narratives, 2, 287.
- Wong, P. T. P., (2012). The human quest for meaning: theories, research and applications. Routledge.
- Wood, A.M., Froh, J.A. & Geraghty A.W.A. (2010). Gratitude and well-being: A review and theoretical integration. Clinical Psychology Review, 30(7), 890-905.
- Wood, A.M., Linley, P.A., Maltby. J.A., Kashdan, T.B. & Hurling, R. (2011). Using personal and psychological strengths leads to increases in well-being over time: longitudinal study and the development of the strengths use questionnaire. Personality and Individual Differences, 50, 15–19.
- Wood, A.M. & Tarrier, N. (2010). Positive clinical psychology: A new vision and strategy for integrated research. Clinical Psychology Review, 30, 819-829.
- © The International Journal of Indian Psychology, ISSN 2348-5396 (e) ISSN: 2349-3429 (p) | 1754

- Yapko, M. D. (2012). Trancework: An introduction to the practice of clinical hypnosis. NY: Routledge.
- Zeig, J. (2008). An Ericksonian approach to hypnosis: the phenomenological model of hypnosis; the nature of hypnotic "states"; multilevel communication and indirection; and why all hypnosis is not hypnosis. Australian Journal of Clinical and Experimental Hypnosis, 36(2), 99-114.

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Conflict of Interest

The author declared no conflict of interest.

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