Self-Hypnosis Boosts Self-Concept: A Review

Pooja Sahni[1] , Dr. Rubina Fakhr[2]

[1]*Psychology, Lovely Professional University (INDIA)*
[2]*Psychology, Lovely Professional University (INDIA)*

Abstract

The self-concept is an unparalleled part of one's personalitywhether that encompasses a child or an adult. Much work is being done to study different strategies to bring effective change in one's self-concept to improve overall functioning. The main objective of this paper is to review the current scenario of how self-hypnosis can alter and improve self-concept. It shall study the key areas under self-hypnosis, and components of self-concept. Further it will propose how future research in this area could be applied to develop training programs.

Keywords-Self-hypnosis, self-concept

Introduction

SELF-CONCEPT

Self-concept is an overarching idea about who we are- physically, emotionally, spiritually, socially and in anyother aspects that make up who we are (Neill, 2005). The influential self-efficacy researcher Baumeister(1999) define self-concept as follows "The individual's belief about himself or herself, including the person'sattributes and who and what the self is". Rosenberg (1979) in his book, "Conceiving the self"says self-concept is the totality ofindividual's thoughts and feelings having reference to himself as an object.

According to Lewis (1990), the development of a concept of self has 2 aspects-

1. The Existential self: This is 'the most basic part of the self-scheme or self-concept; the sense of beingseparate and distinct from others and the awareness of the constancy of the self' (Bee,1992). Theexistential self begins as young as 2-3 months old and develops due to the relation the child has with theworld (Lewis, 1990).

2. The Categorical Self: The child realizes that he/she exists as a separate experiencing being. Hence, they realize that they are also an object in the world just as other objects which can be experienced and hasproperties. The self can be put into categories like gender, age, size or skill.

Carl Rogers (1959) believed that self-concept has 3 components:

1.Self-image: The view you have ofyourself. A person's self-image is developed by many factors likefriends, parents, media, society etc. Kuhn (1960) investigated the self-image by using the 20 statementstest. He asked people to answer the question 'Who am I?' in twenty different ways. He concluded thatresponses can be divided into two groups- social roles &personality traits.

2.Self-esteem: How much value you place on yourself. Self-esteem, also known as self-worth, refers tothe extent to which we accept, approve or value ourselves. It includes evaluating oneself and can beeither positive or negative.

2.1. High self-esteem (Positive view of ourselves):Leads to confidence in our own

abilities, self-acceptance, not worrying about what others think and optimism.

2.2. Low self-esteem (Negative view of ourselves): Lack of confidence, want to be/ look like someone else, alwaysworrying about what others think, pessimism. Morse and Gergen (1970) showed that in uncertain or anxiety arousing situation our self-esteem changes rapidly. Miller and Ross (1975) showed that people who believed that they had socially desirable characteristics continue to believe in oneself.

Argyle (2008) believes that four factors influence self-esteem: The reaction of others, comparison with others, social roles, identification.

3.Ideal self: What you wish you were really like. According to Carl Rogers, if there is a disbalance between how you see yourself (self-image) and what you'd like to be (ideal self) then this is likely to affect how much you value yourself. Hence there is an intermingling relationship between self-image, ego ideal and self-esteem.

When a person's ideal self is not consistent with what actually happens in the life and experiences, a difference may exist between person's ideal self and actual experience. This is called incongruence whereas if a person's ideal self and actual experience are similar or consistent, a state of congruence exists. According to Rogers, development of congruence is dependent on unconditional positive regard.

Self-Hypnosis

Hypnotherapy is a guided hypnosis or a stupor like condition of center and fixation accomplished with the helpof a clinical subliminal specialist. This daze like state is practically identical to being completely caught up in asurpassing book, motion picture, music, or possibly one's own musings or contemplations. During this state,customers will flip their consideration totally internal to look out and use the common assets somewhere insidethemselves which will encourage them construct changes or recover management in sure parts of their life.

Umaand Satheesh (2017)who researchedempirically on Self-hypnotic

therapy as a tool to boostemotional intelligenceconcluded that a considerableimprovement can be seen in EQ levels after the post hypnotic therapy. It was inferred that EQ levels can be enhanced through self-hypnosis.

Since psychotherapy is an associate in nursing extra kind of restorative guide, utilized together with variousassortments of mental or therapeutic treatment, their square measure a few applications. Psychotherapy will beused to treat tension, fears, substance misuse including tobacco, sexual pathology, unwanted unconstrainedpractices, and perilous propensities. It will be wont to encourage improve rest, learning issue, correspondence, and relationship issues. Psychotherapy will help in torment management and encourage resolve ailments likenatural procedure issue, skin issues, and epithelial conduit aspect impacts of pregnancy and treatment. It mightlikewise be used by dental specialists to help patients to deal with their feelings of dread or to treat teethpounding and diverse oral conditions.

There is an enhancement in treatment when CBT is integrated with hypnosis in management of emotionaldisorders. A theoretical model called the cognitive dissociative model of depression, Alladin (1994,2006,2007) provides the rationale for combining hypnosis with CBT in management of depression. Another model wasdiscovered from this called cognitive hypnotherapy-multimodal approach as an adjunct to variouspsychotherapies. Cognitive hypnotherapy uses CBT as the major theory for combining because CognitiveTheory provides a unifying theory of psychotherapy and psychopathology. It proposes cognitive hypnotherapyas an assimilative model of psychotherapy for the management of emotional disorders.

According to Strauss (1989,2000), Creative Self Hypnosis can be used to enhance self-management, positive relationships, mind control, effective action, strategic interaction, optimal performanceand creative living.

Although there are totally various strategies, clinical psychotherapy is typically acted in an exceedingly quiet,remedial environment. The master can control you into a casual, directed

state and raise you to put trust inencounters and things in positive manners by which will help your revision the technique you feel that and actdislike some emotional depictions of mental state in motion pictures, books, or in front of an audience, you'llnot be oblivious, snoozing, or in any answer of management of yourself. you'll hear the advisor'srecommendations, nonetheless, it's dependent upon you to decide if or to not follow up on them.

Hypnosis is certainly not a psychotherapeutic treatment or a kind of psychotherapy, anyway rather an apparatusor technique that encourages various styles of treatments and therapeutic or mental medications. Exclusivelyprepared human services providers confirmed in the clinical mental state will choose, with their patient, ifmental state should be utilized together with various medications. like psychotherapy, the length of mental statetreatment fluctuates, wagering on the multifaceted nature of the issue.

Franz Friedrich Anton Mesmer, who directed bunch stupor enlistments in eighteenthcentury in Europe, stood out for his ostentatious vogue and his fixes of mania that evaded variousdoctors of the time. Obviously, Mesmer neglected to create a psychological state, he basically rediscoveredmethods that had been rehearsed far and wide since the beginning of history- fourth-century BCE.

Egyptian demotic papyrus from Thebes portrays a kid being evoked into a recuperating daze by eye obsessionwith a lit lamp. In Third-century BCE Greek sanctuaries in Epidaurus and Kos, devoted to the god Asclepiuswhose snake-weaved workers are at present our trendy therapeutic picture, the caduceusutilized sleepinducing like brooding ceremonies to give their emotional fixes.

Mesmer's commitment was that he helped the Western world to remember this grand medicinal guide. Youthfulspecialists rushed to him to survey, yet the restorative establishment was no friendlier to practice of medicationthen than now. Mesmer was ousted from trainingspecialists and furthermore theoverall population has stayed captivated with mental state from that point forward. Lately, we have had theoption to see mental state much better than Mesmer did together

with his eighteenth-centuryvariants of attractive and electrical fields of the body, so we tend to quantify and ready to perceive whatgenuine changes in cerebrum movement happen all through the strategy, furthermore an abundance oflater intellectual andsemanticinvestigationhelps and encourages legitimization to it.

Hypnotherapy brings along the latest examination on the character of mental state and investigations of what itwill achieve in treatment. It tends to the subject of what mental state is: the discernment, cerebrumaction, and character attributes that describe it, likewise as social convictions concerning the psychological state.

The most widely recognized idea in mental state content is that the thought is stupor, stunning mentalsymbolism, the longing to hold out recommendations to be sure every one of the marvels of hypnosisradiatefrom the spellbinder. Truth be told, it is the subject United Nations organization creates, which becomes viable by the disposition attributes related with the adaptability to enter a daze and just a couple of people squaremeasures absolutely unhypnotizable, nonetheless, the sum ready to aptitude the most profound mesmerizingmarvelseyes open mental trips, pessimistic visualizations (neglecting to comprehend one thing that is directlyin front of one), proposed amnesia and physiological state adequate for a medical procedureis close to nothing.

Hypnotizable is certifiably not a present/missing arrangement, be that as it may, a period. a few qualities weregenerally conjectured to see hypnotizable like hysteric character, latency, "powerless will," and "need toplease," these truly bear next to no relationship once exposed to chic examination.

Self-hypnosis and Self-concept

In reviewing the literature related to self-hypnosis and how it can be used to improve the self-concept the data is varied. Various programs and strategies have been introduced to help in the same direction, DeVos and Louv(2008) researchedon Hypnosis-induced mental training programmes as a strategy to improve the self-concept of students.The creation and implementation of strategies that could improve student development is

receiving new research interest. The main objective of the research was to establish whether hypnosis-induced mental training programmes as a strategy could alter the self-concept of students which in turn could improve their overall academic functioning. Two experimental and two control groups were randomly selected from a population of undergraduate psychology students at the University of Stellenbosch in South Africa. The analysis of variance showed that the two hypnosis-induced mental training programmes had a significant positive effect on the self-concept of the participants.

Self-concepts develop through people's unique experiences yet are also constantly partially formed by existent social expectations and power structures in the environment, mediating the link between social context and individual behaviour, (Markus & Wurf,1987). The self-concept is grounded in the human's reflective consciousness, interpersonal relations and interactions, and the human capacity for executive functioning that enables agentic and decisive behaviours (Baumeister, 1998).

To function effectively a person's fundamental motives and powerful human drive to hold and guard positive self-use are of vital importance, (Gecas 1991and Stets & Burke, 2003).Therefore, few studies have been conducted on the Use of Hypnosis for Assertive Training and Self-Concept Change in Women: A Case Study like De Voge(2011)who concluded that due to sex role training, many women have problems which involve feelings of powerlessness, low self-concept, passivity, and use of a "sick role" in relationships. As a result, women in treatment have special needs for mutuality with the therapist, not a leader-follower relationship, and for experiencing power in the therapy process. The paper presented a treatment model designed to meet these needs. Specific techniques of hypnotherapy were presented for use in assertive training and self-concept change in women. The techniques, which were illustrated through the presentation of a case study, are as follows: (1) mastery-oriented induction techniques and imagery, (2) guided dreaming for problem analysis and self-concept change, (3) visual rehearsals of assertive behaviour, (4) insight through time

regression, (5) implosion in trance, (6) visualizing catastrophic events. This approach is proposed as a possible model for clinicians who are involved in the treatment of women.

According to researchers, self-concept clarity is sensitive to daily life events and is mediated by both self-esteem and mood(Neslek & Plasco, 2001). In this sense, self-concept has been viewed as dynamic-as active, forceful, and capable of change. It interprets and organizes self-relevant actions and experiences, it had motivational consequences, providing the incentives, standards, plans, rules, and scripts for behaviour; and it adjusts in response to challenges from the social environment. One can conclude that majority of self-concept researches could be best described as an attempt to relate very complex global behaviour.

A study conducted by Chierici (1989) on the use of hypnosis to increase self-concept with drug and alcohol abusers investigated the use of hypnosis as one possible strategy of boosting self-concept with substance abusers. Although hypnosis has been used in the field of addiction in varied ways with equivocal success. It has also been used with others groups for ego-strengthening and improving self-concept. Hence the goal of this research was to apply the successes of hypnosis in work with self-concept to an addicted population.

The use of self-concept has a variety of impact in the functioning of humans. Self-concept due to its multiple uses had been considered as the nucleus of the personality with directive properties, therefore, self-concept has been redefined as a self-theory that the individual has unwittingly constructed about himself as an experiencing, functioning individual.

Scholze (2011) investigated the use of hypnosis to improve academic self-concept and self-concept in college students. Several studies provide data that demonstrated an increase inself-conceptis possible via the use of hypnosis(Markwell,1965; Koe&Oldridge, 1987; De Vos&Louw,2008) even when improving self-concept is not direct goal.

According to American Psychological Association (APA) taskforce, Chambless and Hollon, (1998) hypnosis has been used in one form or another to relieve pain and suffering since pre historic times. It recognizes hypnosis

as a legitimate therapeutic tool. Those characteristics that add strength to hypnotherapyand are empirically informed or supported are listed below.Hypnosis adds leverage to treatment and shortens time (Dengrove, 1973). The rapid changes are attributed to the brisk and profound behavioural, emotional, cognitive and physiological changes brought on by hypnosis(Salzburg, 1986).

Hypnosis serves as a strong placebo for majority of patients. Lazarus (1973) and Spanos and Barber (1974,1976) provided strong evidence that hypnotic induction is beneficial for those patients who believe in their efficacy. Such observations led Kirsch (1985, 2000) to develop the socio cognitive model of hypnosis known as response set theory. Hypnosis breaks resistance (Erickson & Rossi, 1979).Hypnosis fosters a strong therapeutic alliance, (Brown &Fromm, 1986). Skilful induction of positive responses especially when patients perceive them to be emerging from their own inner resources gives patients greater confidence in their own abilities and help foster trust in therapeutic relationship.Hypnosis induces deep relaxation(Dozois & Westra,2004).Hypnosis facilitates rapid transference (Brown & Fromm,1986). This happens due to greater access to fantasies, memories and emotions during hypnotic induction. Hypnosis strengthens ego (Alladin & Heap,1991,2002).Hypnosis facilitates divergent thinking (Tosi &Basiden, 1984). Hypnosis directs attention to wider experiences such as feeling of warmth and happiness by reconstruction of dysfunctional realities. Hypnosis allows engagement of the non-dominant hemisphere. It provides direct entry to cognitive processing of right cerebral hemisphere which accesses and organises emotional and experiential information. Hence, hypnosis can be used to reconstruct such processes. It enables access to non-consciousness processes and allows integration of cortical functioning. The sub cortex is the seat of emotions thus, entry to it helps in organization access and integration of emotions, facilitates imagery conditioning (Alladin & Wenzlaff, 2007,2004).Hypnosis creates perceived self-efficacy. Bandura (1997) believes self-efficacy to be a central tool to all forms of therapeutic change. It

creates a sense of hope and affects the treatment outcomes (Lazarus, 1973). Its techniques are easily exported. Since it provides a broad range of short-term techniques, hence it can be easily integrated with various forms of therapy (Brown & Fromm,1986).

Implications for future research

A number of issues require attention from future researchers. Few researches have been undertaken on self-hypnosis to boost self-concept which have been discussed in the last section of the paper. Its relationship with other variables like substance abusers, assertive training in women, academics for school children and college life have also been discussed. Thereis more area where considerable attention is required for research purpose. It would be interesting to the study the areas where adults and children are facing low self-concept and self-esteem and one can apply training programs and strategies using hypnosis techniques to assess and alter the self-concept bridging in the gap created via lower self-concept. We can also develop training programs imparting the knowledge of self-hypnosis to the clients which can be self-elevating for them. One can also include the components of self-concept, further research can be done on how high self-concept can help in all areas of functioning like academic achievement, workplace, interpersonal and intrapersonal relationships, and how self-hypnosis can be incredibly be used to improve the self-concept. Russell (1984) investigated the efficacy of hypnosis in the treatment of learning problems in children, the study concluded improvement in reading ability, academic achievement, self-concept, academic behaviour dyslexia in 6–17-year-old children with learning disabilities. The study depicted impressive results. But the research gaps remains that there are no researches on how self-hypnosis can be used as a self-training method and strategy to improve/boost self-concept. Therefore, future researchers should focus on using self-hypnosis as an aid to bring changes and alterations in self-concept and enhance the overall functioning among children and adults to bring self-satisfaction. This can prove to be of great help for educators, organizations as such research can

bring changes in the current scenario and performance status.

Conclusion

The paper sought to review the existing literature on self-hypnosis to improve self-concept. The literature depicted a significant relationship between both the variables that is hypnosis and self-concept but there is yet to be studied and investigated on. The paper also depicted the relationship of these variables with other parameters like assertive training for women, substance abusers and addicts and many more. The paper also provided recommendations for the future scope for the research in the field of self-hypnosis and self-concept to researchers, educators and organizations of these.

References

1. Adrian, M., Zeman, J., Erdley, C., Lisa, L., & Sim, L. (2011). Emotional dysregulation and interpersonal difficulties as risk factors for no suicidal self-injury in adolescent girls. Journal of abnormal child psychology, 39(3), 389-400.

2. Billings, C. E., Downey, L. A., Lomas, J. E., Lloyd, J., &Stough, C. (2014). Emotional Intelligence and scholastic achievement in pre-adolescent children. Personality and Individual Differences, 65, 14-18.

3. Bin Ahmad, K. Z. (2019). Examining the Effectiveness of Neuro-Linguistic Programming (NLP) techniques in improving Emotional Intelligence (EI) scores. Journal of Research in Emerging Markets, 1(1), 1-9.

4. Cikrikci, Ö., &Odaci, H. (2016). The determinants of life satisfaction among adolescents: The role of metacognitive awareness and self-efficacy. Social Indicators Research, 125(3), 977-990.

5. Downey, L. A., Johnston, P. J., Hansen, K., Birney, J., &Stough, C. (2010). Investigating the mediating effects of emotional intelligence and coping on problem behaviours in adolescents. Australian Journal of Psychology, 62(1), 20-29.

6. Fulweiler, B., & John, R. M. (2018). Mind & body practices in the treatment of adolescent anxiety. The Nurse Practitioner, 43(8), 36-43.

7. Gonida, E. N., &Leondari, A. (2011). Patterns of motivation among adolescents with biased and accurate self-efficacy beliefs. International Journal of Educational Research, 50(4), 209-220.

8. Ilmi, J., Suharsono, Y. Y., &Ingarianti, T. T. M. (2017, September). Self-Hypnosis Training to Improve Self Confidence in Students for Speaking in Public. In 3rd International Conference on Education and Training (ICET 2017). Atlantis Press.

9. Kenny, M. E., Walsh-Blair, L. Y., Blustein, D. L., Bempechat, J., & Seltzer, J. (2010). Achievement motivation among urban adolescents: Work hope, autonomy support, and achievement-related beliefs. Journal of Vocational Behavior, 77(2), 205-212.

10. Kirdök, O., & Korkmaz, O. (2018). Dimensions of Personality and Emotional Intelligence as Predictors of High School Students' Career Decision Difficulties. Educational Research and Reviews, 13(12), 495-502.

11. Leask, J. K. (2012). Hypnotherapy for children & adolescents: the perspective of South African psychologists (Doctoral dissertation).

12. Lewis, A. D., Huebner, E. S., Malone, P. S., & Valois, R. F. (2011). Life satisfaction and student engagement in adolescents. Journal of Youth and Adolescence, 40(3), 249-262.

13. Lomas, J., Stough, C., Hansen, K., & Downey, L. A. (2012). Brief report: Emotional intelligence, victimisation and bullying in adolescents. Journal of adolescence, 35(1), 207211.

14. MacDermott, S. T., Gullone, E., Allen, J. S., King, N. J., &Tonge, B. (2010). The emotion regulation index for children and adolescents (ERICA): a psychometric investigation. Journal of Psychopathology and Behavioral Assessment, 32(3), 301-314.

15. Montague, M., Cavendish, W., Enders, C., & Dietz, S. (2010). Interpersonal relationships and the development of behaviour problems in adolescents in urban schools: A longitudinal study. Journal of youth and adolescence, 39(6), 646-657.

16. Nasir, F., &Munaf, S. (2011). Emotional Intelligence and Academics of Adolescents: A Correlational and Gender Comparative Study. Journal of Behavioral Sciences, 21(2).

17. Overgaauw, S., Güroğlu, B., Rieffe, C., & Crone, E. A. (2014). Behaviour and neural correlates of empathy in adolescents. Developmental neuroscience, 36(3-4), 210-219.

18. Siu, A. M., &Shek, D. T. (2010). Social problem solving as a predictor of well-being in adolescents and young adults. Social Indicators Research, 95(3), 393-406.

19. Tamanaifar M R, SedighiArfai F, Salami Mohammad Abadi F. The Relationship of Emotional Intelligence, Self-Concept and Self Esteem to Academic Achievement. IRPHE. 2011; 16 (2) :99-113

20. Turner, S. L., Conkel, J., Starkey, M. T., & Landgraf, R. (2010). Relationships among middle-school adolescents' vocational skills, motivational approaches, and interests. The Career Development Quarterly, 59(2), 154-168.

21. Van Noorden, T. H., Haselager, G. J., Cillessen, A. H., & Bukowski, W. M. (2015). Empathy and involvement in bullying in children and adolescents: A systematic review. Journal of youth and adolescence, 44(3), 637-657.

22. Varma, S. (2017). Self-hypnotic Therapy as a Tool to Boost Emotional Intelligence-An Empirical Study. IIMS Journal of Management Science, 8(1), 52-61.

23. Wisner, B. L., Jones, B., &Gwin, D. (2010). School-based meditation practices for adolescents: A resource for strengthening self-regulation, emotional coping, and self-esteem. Children & Schools, 32(3), 150-159.