Guided Imagery, Mindfulness, and Hypnosis in the Treatment of Anxiety

An Experiential Project

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Abstract

Is access to the unconscious mind through guided imagery, mindfulness and hypnosis related to the identification of mistaken beliefs in clinical treatment of anxiety? This project explored the research findings on guided imagery or visualization, mindfulness, hypnosis, and mistaken beliefs in the treatment of anxiety with new thoughts and habits through visualization and anchoring the client’s positive life experiences. Evidence-based research demonstrated the positive impact guided imagery, mindfulness, and hypnosis have had on treating anxiety and have become effective techniques to manage anxiety related disorders. Anxiety currently affects about one in 13 people and is one of the most common of the mental disorders (Baxter, Scott, Vos, & Whiteford, 2012). Guided imagery, mindfulness, and hypnosis are changing mistaken beliefs into more socially accepted beliefs resulting in an acceptable level of anxiety. McCarthy, Lambert, and Brack (1997) believe a possession of various types of coping resources contribute to handling stressful situations in a positive manner.
Table of Contents

Anxiety .......................................................................................................................... 5
  Definitions .................................................................................................................. 5
Individual Psychology .................................................................................................. 5
  Mistaken Beliefs ......................................................................................................... 5
Guided Imagery ............................................................................................................. 6
  Definitions .................................................................................................................. 6
  History of Guided Imagery .......................................................................................... 6
  Adler and Guided Imagery ........................................................................................... 7
  Recommendations for Further Research ................................................................. 8
Mindfulness .................................................................................................................... 9
  Definitions and History ............................................................................................... 9
  Adler and Mindfulness ................................................................................................. 10
  Benefits ..................................................................................................................... 10
  Recommendations for Further Research ................................................................... 10
Hypnosis ......................................................................................................................... 11
  Definitions .................................................................................................................. 11
  Adler and Hypnosis ..................................................................................................... 13
  Hypnosis and the Mind Model Handouts ................................................................. 14
Conclusion .................................................................................................................... 18
  Presentation Summary ............................................................................................... 18
References .................................................................................................................... 19
Guided Imagery, Mindfulness, and Hypnosis in the Treatment of Anxiety.

At some point in our lives we all experience anxiety, it is only when it starts to interfere with health, work, or relationships that clinical treatment may be necessary. Adler believed behavior resulted from what people believe not what they actually are (Carlson & Maniacchi, 2012). Anxiety results from the mistaken beliefs held about the world around them and the expectation the beliefs create. This can result in self-fulfilling prophecies. Guided imagery, mindfulness, and hypnosis assist in changing the old, limiting, mistaken beliefs into new thoughts and habits through visualization and anchoring the client’s positive life experiences.

Guided imagery, mindfulness, and hypnosis share similar cognitive processes and phenomenology. They are fundamentally cognitive-behavioral techniques that involve thinking, imagining, and experiencing along with suggestions that can target cognitive, behavioral, and affective change. The techniques engage all senses, allowing a client to imagine smells, tastes, sounds, and feelings during the session (Highstein, 2017).

The initial interview of a client for guided imagery, mindfulness, or a hypnotherapy session consists of three steps: putting the client at ease, interviewing, and discussing goals of the session(s). According to Oberst and Stewart (2003), three components create the frame for Adlerian interventions: (a) parameters of the therapeutic contact, (b) relationship with the client, and (c) agreement on goals for treatment (p. 54). Guided imagery, mindfulness, and hypnotherapy use the same three components when meeting with the client. Research suggests guided imagery, mindfulness, and hypnosis provide a positive impact on treating anxiety and are effective techniques to manage anxiety related disorders. “Anxiety—the most common of all mental disorders—currently affects about one in 14 people (7.3 percent)” (Baxter, Scott, Vos, & Whiteford, 2012, p. 5).
Anxiety

Definitions

Anxiety describes the body’s fight or flight response with different levels, from the normal worrying and tension felt at times to full blown panic attacks. When anxiety changes from an occasional occurrence to frequent episodes it can become problematic. Relaxation can reduce anxiety and a daily practice produces a protective effect against stress and anxiety.

A handout received during the Adler Graduate School Hybrid Class Basic Counseling Skills (2013) defined anxiety as the “over-estimation of harm, danger, or negative consequences and the under-estimation of available resources to deal with the situation (internal or external resources). Many people will recognize one of these manifestations as primary or familiar; many will have both presentations” (p. 101). The handout also points out “the greater the difference there is between reality and the “shoulds, ideals, or expectations” the greater the anxiety can be”.

Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5, American Psychiatric Association, 2013), described fear as the immediate, autonomic response to danger creating the flight or fight response along with escape behaviors. The American Psychiatric Association defined anxiety as a tensing of the body muscles, vigilance of perceived impending danger and avoidance tactics by the individual. Fear and anxiety overlap at times with shared characteristics (2013, p. 189).

Individual Psychology

Mistaken Beliefs

Mistaken beliefs, also called errors (Adler), basic mistakes (Dreikurs), or interfering ideas (Powers) are used interchangeably in Individual Psychology (Griffith & Powers, 2007, p. 31). The different terms possess slightly different meanings by the founder of the terms. A person
could say though that all relate to the mistaken convictions developed during childhood to make sense of the world. Later in life, the mistaken beliefs create defective adaptation and failure in one or more of the four life challenges developed during childhood (Griffith & Powers, 2007). The client may not recognize or remember the situation or theme that created the mistaken beliefs especially if traumatic. Any of the three techniques provide the relaxation to reduce the anxiety to assist recall. The hypnosis goes a step further to change the emotions or feelings associated with the recollection and create new neurotransmitter pathways for healing.

**Guided Imagery**

**Definitions**

The medical definition of guided imagery by the Merriam-Webster Dictionary (n.d.) involves a sequence of verbal suggestions or other techniques to guide the self or another to imagine places and sensations to reduce stress or anxiety (Medical definition of guided imagery para. 1). While Utay and Miller (2006) defined guided imagery as “a flexible intervention whose efficacy has been indicated through a large body of research over many decades in counseling and allied fields, it has earned the right to be considered a research-based approach to helping” (p. 1).

Guided imagery, also called guided visualization, includes the sights, sounds, smells, tastes, and feelings that accompany the imagery. Remembering the crispness of the fall day, the colors of the leaves, the energy used to accomplish a physical task, the praise felt for doing a good job, or the sweetness of a chocolate from a loved one are all examples of types of imagery and evoke positive mental images (Eastburn, 2011).
History of Guided Imagery

History provides evidence to demonstrate guided imagery as a medical therapy dating back centuries to the Tibetan monks of the 13th century with others claiming the Greeks and Romans already used it (Highstein, 2017). In 2002, Jeanne Achterberg published Imagery in Healing. This book explored the positive use of imagery on anxiety, pain and illnesses (p. 76).

Helen Bonny (1921-2010), a musical therapist, has been widely recognized as the initial link between guided imagery and medicine to expand consciousness for therapeutic purposes. In the 1970’s, Bonny joined with consciousness researchers who sought treatment for patients with serious illnesses like cancer using psychedelic and psychotropic drugs. Through her work, music became an important element of the research to help patients explore their inner mental state, selecting and sequencing music to maximize the therapeutic effect. The Bonny Method of Guided Imagery and Music (GIM), consists of psychotherapy based on music with a trained facilitator. The technique provides relief from stress-related, physical, emotional, and addiction disorders. The method continually changes and today, clinicians treat individuals and groups in health care and clinical settings (Highstein, 2017).

In 2008, modern brain scans and blood assays provided a new way to study the effects of guided imagery. Similar to meditation and hypnosis, the studies provided research demonstrating the ability of guided imagery to change immune activity on the cellular level (Highstein, 2017).

Adler and Guided Imagery

Lingga and Kottman (1991) recommended a technique for changing mistaken beliefs using visualization of early recollections. Individual Psychology psychologists believe early recollections demonstrate the mistaken beliefs the client developed at an early age. Some
mistaken beliefs change through talk therapy however, others require a deeper intervention and that is where the guided imagery technique assists the therapist to change the client’s mistaken beliefs. The therapist brought the mistaken beliefs to the conscious level, took the client on a journey to change them through the visualization of the event and asked the client to imagine a positive way to view it. This action-oriented model especially assisted clients who resisted analyzing their mistaken beliefs, continued in their negative self-talk, or struggled to make the connection between what was happening in their life now and how the past affected it. Before attempting the technique, a strong therapist-client relationship is required along with processing afterwards. A case study (Lingg & Kottman, pp. 258-259) demonstrated how the authors used the technique and referred to it as early recollection visualization.

Kaufman (2007) examined the Adlerian perspective on guided visual imagery for stress and coping. Individuals suffering from chronic, unrelenting stress may suffer from many physiological and psychological issues.

Guided visual imagery can be an effective technique for the treatment of chronic stress within a broader Adlerian framework. Through the use of guided visual imagery to narrow the attentional set while facilitating a psychophysiological healing response, individuals may be taught to enhance their innate potential to cope better with the vagaries of life. (p. 193)

**Recommendations for Further Research**

Ahsen (1989) published more than 30 books regarding the field of mental imagery and distinguished the difference between guided imagery and imagery with the latter supported by empirical research. The article analyzed the use of guided imagery verses mental imagery. More evidence-based research regarding the various contexts of imagery and the inherent
complexities involved require further study. Guided imagery still lacks credible research however conclusive empirical research supports the term imagery (Ahsen, 1989). A correlation between imagery and body activity was discovered in the field of education (Ahsen, 1989). The interconnection requires more than gym time or outdoor sports otherwise disruption may result. Ahsen discussed phenomenology and what is hidden under the surface. Conflict at the somatic level plays an important part in the imagery model as it can be easily measured.

**Mindfulness**

**Definitions and History**

Linehan (2015) influenced the psychotherapy field tremendously by incorporating mindfulness into her dialectical behavior therapy (DBT) model for treating borderline personality disorders. Her mindfulness practice goals reduced pain, tension, stress, and the increased mind control encouraged clients to experience life as it really is in the present moment. The Linehan (2015) definition of mindfulness consisted of three main parts: living each moment with intent, no judgement or rejection of what is happening at the present time or now, and no preconceived notions (Linehan, 2015, Mindfulness Handout 1A). Siegel (2013) simply defined mindfulness as “Mindful awareness is simply a way of cultivating what we have defined as the integration of consciousness” (p. 342).

Gautama Buddha lived approximately 2,600 years ago and was first credited with the origin of mindfulness (Armstrong, 2001). Kabat-Zinn, a modern-day leader of mindfulness, created the North America programs. He believed mindfulness is an exploration of ourselves, our worldview, and how we fit into that view while feeling gratitude for the richness of now (Coholic, 2011).
Green, Laurence, and Lynn (2014) stated that the current interest in mindfulness may be traced back through the history of hypnosis to the connection between the inner mind and conscious awareness of living in the moment (p. 203).

**Adler and Mindfulness**

The Lifestyle Analysis, a useful Adlerian tool, reveals the mistaken beliefs or patterns developed in childhood. Altman (2014) suggested in order to change a pattern you first need to know what the pattern is. Altman further stated that “mindfulness is a powerful, scientifically proven medicine for breaking free from harmful emotional ruts and mindless habits in order to live with full awareness and greater freedom” (p. xv).

**Benefits**

Davis and Hayes (2011) discussed the positive influence that mindfulness meditation provided for psychotherapists in the treatment of their clients. Several mindfulness definitions with evidence-based interpersonal, intrapersonal, and affective gains were examined. Research between therapists and therapist trainees that practice mindfulness meditation, those that do not, and client outcomes with each measuring empathy, compassion, counseling skills, demonstrated decreased stress and anxiety, and other benefits. Examples of ways to incorporate mindfulness meditation into therapeutic practices were listed with practical examples demonstrating therapist mindfulness, mindfulness-informed psychotherapy, and mindfulness-based psychotherapy. Davis and Hayes discussed the possibility of incorporating mindfulness training into counselor education and continuing education programs. The study of neurophysiological processes provide insight into the length and quality of mindfulness needed to accomplish the described benefits of the article.
Recommendations for Further Research

Mayorga, De Vries, and Wardle (2016) examined the connection between mindfulness behavior and the treatment of anxiety through a mixed-methods study produced by researchers at Texas A&M University. The quantitative study used two different methods of measurement, the Mindfulness Attention Awareness Scale (MAAS) to assess dispositional mindfulness, and the Burns Anxiety Inventory (BAI) to measure anxiety. The BAI demonstrated significant results in the treatment group with no change in the control group. The authors felt future research with more sessions, sessions lasting longer, or increased frequency could positively influence anxiety levels along with mindfulness scores.

Hypnosis

Definitions

“Hypnosis is a state of hyperacuity. Most people think about it being a detached, unaware kind of state. It’s not. It is a highly focused state, wherein sensory and motor capacities are altered in order to initiate appropriate behavior” (Thompson, 2004, p. 12).

Elman, 1964, questioned:

are you one of those people who think they have never been hypnotized? Perhaps you wouldn’t “allow” yourself to be hypnotized. If so, you are laboring under completely false illusions. There isn’t a person alive of normal intelligence and over the age of two who has not been hypnotized, and if you are in your later years, you have been hypnotized many times. If you doubt this, you don’t know what hypnosis is. (p. 17)

What is hypnosis then? It depends on who you ask as no definitive definition exists. In fact, entire books have been written on this subject alone such as Drake Eastburn’s (2011) book, What is Hypnosis?
Gil Boyne, the president of The American Counsel of Hypnotist Examiners, defined hypnosis as “an extraordinary quality of mental, physical, and emotional relaxation. An emotionalized desire to satisfy the hypnotist’s instructions, directions, and suggestions, except those that generate conflict with the subject’s values, character, attitudes, religious beliefs, and moral principles” (Eastburn, 2011, p.5).

Hypnosis refers to a state or condition in which the client becomes highly responsive to suggestions. The hypnotized individual seems to follow instructions in an uncritical, automatic fashion and attends closely only to those aspects of the environment made relevant by the hypnotist. If the client is profoundly responsive, he or she hears, sees, feels, smells, and tasted in accordance with the suggestions given, even though these may be in direct contradiction to the actual stimuli that impinge upon the client. Furthermore, memory and awareness of self can be altered by suggestions. All of these effects may be extended post-hypnotically into the individual’s subsequent waking activity. It is as if suggestions given during hypnosis come to define the individual’s perception of the real world. In this sense the phenomenon has been described as a “believed-in fantasy” (Biddle & Brookhouse, 2004, p. 2).

People use this commonly occurring and natural state of mind unknowingly all the time. It is a natural, everyday state. For example, if you have ever watched a television program or movie and become completely absorbed into the program, you were probably in a trance. This trance is what caused you to not hear your mother calling you to dinner, until she raised her voice for the third time. Advertisers understand this. They use television programs to induce a hypnotic trance and then provide you hypnotic suggestions, called commercials.
Most drivers experienced *highway hypnosis* at some time in their driving career or will. The driver was daydreaming and missed their turn or hypnotized while you enjoyed a television program (being hypnotized by someone else), and you have followed hypnotic and post-hypnotic suggestions when you preferred some brand name that you saw repeatedly on television, called hypnotic compounding of suggestion (Eastburn, 2011).

**Adler and Hypnosis**

Content phenomena (*Zusammenhangserscheinungen*) as discussed in Ansbacher and Ansbacher (1964) stated due to social interest, everyone, to a certain degree, meets others halfway and if safeguards are low, a larger degree of influence may be allowed. Adler stated the personality or inner self exists separate from the perception the client holds. Hypnosis bypasses the critical factor or perception and targets change in the inner self. Clients most susceptible to suggestion tend to possess low self-esteem and overrate the opinions of others (Ansbacher, & Ansbacher, 1964).

Hypnosis involves three stages: induction, suggestion, and deinduction (Smith, Morton, & Oakley, 1998). During induction, the hypnotist usually instructs the client to focus on their voice and become progressively more relaxed although relaxation is not required. Induction leads to a state of suggestibility allowing the hypnotist to communicate with the subconscious and for the client to experience a state of relaxation and the release of mental tension. During mental relaxation, the information obtained from the client during the intake are installed to create the desired outcome. As anxiety usually results from future thinking regarding an action or lack of, post-hypnotic suggestions work well. These suggestions have the client act in certain ways once the session is over. Deinduction involves returning the client to a normal, alert, energized state at the end of the session.
While in the hypnotic trance, a client experiences a heightened sense of reality and memories appear to be real and present.

Green, Laurence, and Lynn (2014) discussed how far the psychotherapeutic intervention of hypnosis progressed by the year 2014. A literature review conducted by three different universities Department of Psychology professors illustrated the positive therapeutic outcomes when hypnosis was used in conjunction with relaxation, or Cognitive Behavioral Training (CBT) Green, Laurence, & Lynn, 2014). The quantitative studies in the article consisted of posttraumatic conditions, stress, and hypnosis. The research demonstrated CBT or relaxation training did not work as well as when hypnosis was added to the therapeutic treatment.

Tripathi (2015) conducted a mixed-methods study to examine the effect of hypnotic regression on anxiety patients. The Sinha Comprehensive Anxiety Test (SCAT) provided the data results of the three to four hypnotic regression sessions conducted on the sample size of ten anxiety clients. Discussion of the different parts of the brain regarding the possible regrowth of new neurons destroyed through abuse or trauma the client suffered as a child or adult. The type of anxiety studied consisted of an irrational, excessive fear, dread of future events lasting longer than 6 months, with the anxiety progressively increasing if not treated. The results supported the theory that hypnotic regression is suitable for treatment of psychological problems for anxiety (p. 1003).

**Hypnosis and the Mind Model Handouts**

The following three mind models suggested by Kein (2014) visually demonstrate the connection between hypnosis and the conscious, subconscious, or unconscious mind with the by-pass of the Critical Factor (Reprinted with permission).
Hypnosis and the Mind
Mind Model by Gerald F. Kein

Conscious Mind
- Short Term Memory

Subconscious Mind
- Permanent Memory
  - Automatic Bodily Functions
  - Unconscious Mind
    - Immune System
    - Emotions
    - Lazy Habits
    - Self-preservation
    - Will power
    - Rational
    - Analytical

Suggestions
- Suggestions that come in first are accepted as truth, creating the Critical Factor

Critical Factor of the Conscious Mind

Hypnosis is the by-pass of the Critical Factor of the Conscious Mind and the establishment of acceptable selective thinking.

Figure 1. Mind Model One: (from Drake Eastburn, 2014, used with permission)
Hypnosis and the Mind
Mind Model by Gerald F. Kein

Conscious Mind
- Short Term Memory

Subconscious Mind
- Permanent Memory
- Automatic Bodily Functions

Unconscious Mind
- Immune System
- Emotions
- Lazy
- Habits
- Self-preservation

Will power
Rational
Analytical

You're Worthless
You're Unwanted
You're Stupid

Suggestions

Critical Factor of the Conscious Mind

Hypnosis is the by-pass of the Critical Factor of the Conscious Mind and the establishment of acceptable selective thinking.

Figure 2. Mind Model Two: (from Drake Eastburn, 2014, used with permission)
Hypnosis and the Mind
Mind Model by Gerald F. Kein

Conscious Mind
Short Term Memory

Subconscious Mind
Permanent Memory
Automatic Bodily Functions

Unconscious Mind
Emotions Lazy Habits
Self-preservation

Will power Rational Analytical

Suggestions
You’re Valued
You’re Wanted
You’re Smart

Critical Factor of the Conscious Mind

Hypnosis is the by-pass of the Critical Factor of the Conscious Mind and the establishment of acceptable selective thinking.

Figure 3. Mind Model Three: (from Drake Eastburn, 2014, used with permission)
Conclusion

Is access to the unconscious mind through guided imagery, mindfulness, and hypnosis related to the identification of mistaken beliefs in clinical treatment of anxiety? Evidence-based research demonstrates the positive impact guided imagery, mindfulness, and hypnosis have on treating anxiety and are effective techniques to manage anxiety related disorders. The purpose of any of the relaxation scripts used in three techniques is to relax the mind and guide a client to imagine their own peaceful, safe place. The safe place is an imaginary area or place visualized by the client to calm and relax the mind when feeling stressed or anxious. The safe or “special place” allows the individual to focus internally, thereby redirecting attention toward internal rather than external events (Kaufman, 2007, p. 198).

Presentation Summary

On January 20, 2018 the author presented this thesis paper to an audience of six attendees at the Adler Graduate School in room number 211. A general discussion followed the presentation with most of the audience participating.

During the presentation, a question regarding the sentence, Clients most susceptible to suggestion tend to possess low self-esteem and overrate the opinions of others (Ansbacher, & Ansbacher, 1964) was asked. From the discussion, a new point of view was brought to light. Instead of seen from the perception of the client possessing low self-esteem and overrate the opinions of others, one of the audience participants, a hypnotherapist herself, suggested it may be the reverse. A client with those characteristics may give more control to the therapist instead of retaining healthy boundaries. After the discussion the presentation ended and evaluations were collected.
References


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