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INTRODUCTION

There are powers of the mind and the life-force which have not been included in nature's present systemization of mind and life in matter, but are potential and can be brought to bear upon material things and happenings or even brought in and added to the present systematization so as to enlarge the control of mind over our own life and body or to act on the minds, lives, bodies of other or on the movements of cosmic Forces. The modern admission of hypnotism is an example of such a discovery and systematized application.

- Sri Aurobindo - Life Divine. Chapter XXIV

1 Introduction

Human beings have been progressing on this earth since ancient time. Human being has been into research since time in memorial, due to this; there were various discovery modes; as a result of this world has become quite accessible. We can say that the world has become a smaller place for us. But desires are unlimited in spite of all the luxury we have. In search of fulfillment of this vicious circle, we leave behind mental peace, consequently our heart cries for peace.

Our ultimate aim in life is to bring peace, happiness and satisfaction in our life. To bring this satisfaction and happiness in our life, we have to be quite adjustable. Self awareness is necessary for well adjustment. Self awareness is closely concerned with self-concept.

The concept of self, its development and related terms such as ego and character, from perhaps the most controversial area of current psychological theory and research. Self-concept helps everybody to grow properly and adjust properly. Positive self-concept always strengthens the ability of reasoning, problem solving and efficiency of a child. High self-esteem leads a person towards great success. Various researches have showed that hypnosis helps to enhance self-concept and self-esteem.

2 What is "Self"?

What constitutes the "self" has been pondered by philosophers, poets, artists, and others for millennia. More recently, psychologists have sought to define and research a range of self constructs.

2.1 Definitions of self constructs

2.1.1 Self-esteem: Self-esteem refers to general feelings of self-worth or self-value.

2.1.2 Self-efficacy: Self-efficacy is belief in one's capacity to succeed at tasks. General self-efficacy is belief in one's general capacity to handle tasks. Specific self-efficacy refers to beliefs about one's ability to perform specific tasks (e.g., driving, public speaking, studying, etc.)

2.1.3 Self-confidence: Self-confidence refers to belief in one's personal worth and likelihood of succeeding. Self-confidence is a combination of self-esteem and general self-efficacy.

2.1.4 Self-concept: Self-concept is the nature and organization of beliefs about one's self. Self-concept is theorized to be multi-dimensional. For example, people have different beliefs about physical, emotional, social and many other aspects of themselves.

3 Historical conceptions of "Self"

Character development, personal growth, and development of self-constructs are commonly valued goals in Western society, and are largely taken for granted as desirable. However, this is a relatively recent phenomenon:

Between 700 and 1500, the concept of the "self" referred to only the weak, sinful, crude, "selfish" nature of humans. The evil "self" was contrasted with the divinely perfect nature of a Christian soul. Joseph Campbell believed the concept of an independent, self-directed "self" didn't start to develop until about 800 years ago. So, it is a relatively new idea which has grown in importance. In medieval times, values and meaning were dictated by the community ("do what you are told to do"). Today, modern "self" theory says each person is expected to decide what is right (almost by magic and without much reliance on the accumulated wisdom of the culture) and to know him/her

well enough to determine what courses of action "feel right." In short, we must know ourselves, so we can set our life goals and self-actualize. The cultures of 1200 and 2000 are two very different worlds. (Clayton E. Tucker-Ladd, 1996.)

3.1 "Self" in the 20th century

Previous to the 20th century, social institutions, including schooling and psychology (which barely existed) did not emphasize the development of positive beliefs about "self". There was greater emphasis, for example, on developing relationship to divinities and organized systems of government. With the ousting of religion as the dominant organizational culture in Western society, and the rise of capitalism with its emphasis, particularly in North America, on expression and valuing of personal freedom, a 'cult of the self' has blossomed.

Indeed, self-constructs seem to be positively associated with other desirable qualities, such as better quality of life, higher academic performance, and so on, but there is debate about whether improving self-esteem, self-concept, etc. causes improved performance, or vice-versa. What's more, there is evidence that high self-esteem when combined with prejudice can lead to increased aggression.

Education and parenting in North America has been criticized for overemphasizing praise and affirmation of children. Simply boosting self-esteem without boosting personal skill, it has been argued, creates vacuous self-belief which leads to more serious problems arising from the self-deception.

This area deserves further research. Among other tasks, attention needs to be paid to distinguishing shallow self-esteem boosting methods from well developed, effective approaches to personal and social development.

As self-concept seems to play a significant role in the growth and development of a person, some detailed information about its nature and its relation to other important factors of personality will provide an objective and encouraging basis for the educators and counselors to work on. Torrance (1954) vouches for the practical uses of knowledge of the self-concept in

counseling and guidance. With such educational and counseling ends in mind, numerous studies have been undertaken on the subject in different parts of the world. Indian studies on the subject have dealt with: factors contributing to changes in self-concept; implementation of self-concept in occupational choices; differences in self-concepts of achievers and non-achievers in school; etc.

4 Self-concept

The self-concept as an organizer of behaviour is of great importance. Self-concept refers to the experience of one's own being. It includes what people come to know about themselves through experience, reflection and feedback from others. It is an organized cognitive structure comprised of a set of attitudes, beliefs, values, variety of habits, abilities, outlooks, ideas and feelings of a person. Consistency of behaviour and continuity of identity are two of the chief properties of the self-concept. Wylie 1974, Brookover 1988 and Mishra 1989 indicates that self-concept is positively related with their school achievement. Self-concept is a factor which helps to study the human behaviour and personality.

There are several different components of self-concept: physical, academic, social, and transpersonal. The physical aspect of self-concept relates to that which is concrete: what we look like, our sex, height, weight, etc.; what kind of clothes we wear; what kind of car we drive; what kind of home we live in; and so forth. Our academic self-concept relates to how well we do in school or how well we learn. There are two levels: a general academic self-concept of how good we are overall and a set of specific content-related self-concepts that describe how good we are in math, science, language arts, social science, etc. The social self-concept describes how we relate ourselves to other people and the transpersonal self-concept describes how we relate to the supernatural or unknown.

4.1 Definitions and meaning of self-concept

Self-concept, an ignored and neglected area in psychology and education for long, has now been recognized to play a vital role in personality development. It has been established by contemporary researches that the way an

individual perceives himself goes to shape his behaviour patterns. There is growing awareness that of all the perceptions we experience in the course of living, none has more profound significance than the perceptions we hold regarding our own personal existence-our concept regarding the point, which we are and how we fit into the world.

Self-concept may be defined as the totality of perceptions that each person has of themselves, and this self-identity plays an important role in the psychological functioning of everyone.

By self, we generally mean the conscious reflection of one's own being or identity, as an object separate from other or from the environment. There are a variety of ways to think about the self. Two of the most widely used terms are self-concept and self-esteem. Self-concept is the cognitive or thinking aspect of self (related to one's self-image) and generally refers to

"The totality of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence" (Purkey, 1988).

Self-esteem is the affective or emotional aspect of self and generally refers to how we feel about or how we value ourselves or one's self-worth. Self-concept can also refer to the general idea we have of ourselves and self-esteem can refer to particular measures about components of self-concept. Some authors even use the two terms interchangeably.

Franken (1994) states that

"There is a great deal of research which shows that the self-concept is, perhaps, the basis for all motivated behaviour. It is the self-concept that gives rise to possible selves, and it is possible selves that create the motivation for behaviour."

Franken (1994) suggests that self-concept is related to self-esteem in that,

"People who have good self-esteem have a clearly differentiated self-concept.... When people know themselves they can maximize outcomes because they know what they can and cannot do"

This supports the idea that one's paradigm or world view and one's relationship to that view provide the boundaries and circumstances within which we develop our vision about possibilities. This is one of the major issues facing children and youth today (Huitt, 2004).

Self-concept has been defined by several authors. William James (1890) holds it to be all that a person is tempted to call by the name me or mine. Murphy (1947) defines it as the individual as known to the individual. According to Symonds (1951), it is the way or manner in which the individual reacts to him self. He spells out four aspects of self: I. how a person perceives himself; ii. What he thinks of himself; iii. How he values himself; and IV. How he attempts through various actions to enhance or defend himself.

Carl Rogers (1951) views the self as a differentiated portion of the phenomenal field, consisting of a pattern of conscious perceptions and values of the "I" or "me". He spells out some of the properties of self: a) the self develops out of the organism's interaction with the environment; b) it may interjects the values of other people and perceive them in a distorted fashion; c) it strives for consistency; d) the organism behaves in ways that are consistent with the self; e) experiences that are not consistent with the self-structure are perceived as threats; f) the self may change as a result of maturation and learning.

By far the most influential and eloquent voice in self-concept theory was that of Carl Rogers (1947) who introduced an entire system of helping built around the importance of the self. In Rogers' view, the self is the central ingredient in human personality and personal adjustment. Rogers described the self as a social product, developing out of interpersonal relationships and striving for consistency. He maintained that there is a basic human need for positive attitude regarding both from others and from one self. He also believed that in every person there is a tendency towards self-actualization and development so long as this is permitted and encouraged by an inviting environment (Purkey & Schmidt, 1987).

We develop and maintain our self-concept through the process of taking action and then reflecting on what we have done and what others tell us about

what we have done. We reflect on what we have done and can do in comparison to our expectations and the expectations of others and to the characteristics and accomplishments of others (Brigham, 1986; James, 1890).

That is, self-concept is not innate, but is developed or constructed by the individual through interaction with the environment and reflecting on that interaction. This dynamic aspect of self-concept (and, by corollary, self-esteem) is important because it indicates that it can be modified or changed.

Self-concept may be defined as the totality of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence. Self-concept is different from self-esteem (feelings of personal worth and level of satisfaction regarding one's self) or self-report (what a person is willing and able to disclose). Fromm (1956) was as beautifully clear as anyone when he described self-concept as "life being aware of itself."

The self-concept is composed of relatively permanent self-assessments, such as personality attributes, knowledge of one's skills and abilities, one's occupation and hobbies, and awareness of one's physical attributes. For example, the statement, "I am lazy" is a self-assessment that contributes to the self-concept. In contrast, the statement "I am tired" would not normally be considered part of someone's self-concept, since being tired is a temporary state. Nevertheless, a person's self-concept may change with time, possibly going through turbulent periods of identity crisis and reassessment.

5 Self-esteem

Self-esteem is not identical to self-concept though the two are often confused. The self-concept is a set of ideas about oneself that is descriptive rather than judgmental. Self-esteem, on the other hand, refers to one's evaluation of one's own qualities. An example may clarify the distinction. An eight year old boy might have a concept of himself as someone who fights a lot. If he values his ability to fight and stand up for him, that quality might add to his self-esteem. If he is unhappy about himself or his tendency to get into conflicts, then his pones to aggression might detract from his self-esteem. One reason for wide spread interest in self-esteem is the notion that poor self-esteem

might account for school failure for some children. (Paul and Conger, 1984.) Thus, to enhance self-esteem is to help growing children. Hypnosis can help to enhance self-esteem.

Self-esteem is a term used in psychology to reflect a person's overall evaluation or appraisal of his or her own worth. Self-esteem encompasses beliefs (for example, "I am competent" or "I am incompetent") and emotions such as triumph, despair, pride and shame. A person's self-esteem may be reflected in their behaviour, such as in assertiveness, shyness, confidence or caution. Self-esteem can apply specifically to a particular dimension (for example, "I believe I am a good writer, and feel proud of that in particular") or have global extent (for example, "I believe I am a good person, and feel proud of myself in general").

Synonyms or near-synonyms of self-esteem include: self-worth, self-regard, self-respect, self-love (which can express overtones of self-promotion), and self-integrity. Self-esteem is distinct from self-confidence and self-efficacy, which involve beliefs about ability and future performance.

5.1 Definitions and meaning of self-esteem

Given its long and varied history, the term has had no less than three major types of definition, each of which has generated its own tradition of research, findings, and practical applications:

1. The original definition presents self-esteem as a ratio found by dividing one's successes in areas of life of importance to a given individual by the failures in them or one's "success / pretensions". Problems with this approach come from making self-esteem contingent upon success: this implies inherent instability because failure can occur at any moment.
2. In the mid 1960s Morris Rosenberg and social-learning theorists defined self-esteem in terms of a stable sense of personal worth or worthiness. This became the most frequently used definition for research, but involves problems of boundary-definition, making self-esteem indistinguishable from such things as narcissism or simple bragging.
3. Nathaniel Branden in 1969 briefly defined self-esteem as "...the experience of being competent to cope with the basic challenges of life and

being worthy of happiness". This two-factor approach, as some have also called it, provides a balanced definition that seems to be capable of dealing with limits of defining self-esteem primarily in terms of competence or worth alone.

Branden's (1969) description of self-esteem includes the following primary properties:

1. Self-esteem as a basic human need, i.e., "...it makes an essential contribution to the life process", "...is indispensable to normal and healthy self-development, and has a value for survival."
2. Self-esteem as an automatic and inevitable consequence of the sum of individuals' choices in using their consciousness
3. Something experienced as a part of, or background to, all of the individuals thoughts, feelings and actions.

Self-esteem is a concept of personality, for it to grow, we need to have self worth, and this self worth will be sought from embracing challenges that result in the showing of success.

Self-esteem is commonly defined as the belief that a person is accepted, connected, unique, powerful, and capable. Self-esteem issues take on a particular significance for students with learning or attention problems because self-assessment of this concept requires the ability to evaluate and compare. These are two skills that are extraordinarily challenging for students with special needs. Therefore, these children are often unable to accurately measure or assess their own self-esteem.

Because self-esteem is a feeling - not a skill - it can only be measured by observing the way in which a person acts or behaves. Teachers and parents must become keen and insightful observers of children in order to assess their self-esteem.

5.2 Key difference between self-concept and self-esteem

The key difference between self-concept and self-esteem is due to the addition of feelings. Self-concept is simply the informational side of things, where you know facts about what you are like. Self-esteem is how you feel

about those things you know, like whether you enjoy the fact that you are talkative at parties (high self-esteem) or you think that you are annoying and need to learn to shut up sometimes (low self-esteem).

5.3 Similarities between self-concept and self-esteem

Self-concept and self-esteem also have a lot in common though, mostly that they are reflective processes. They can be influenced not only by observing one's own self and behaviour objectively, but also by observing the reactions that other people have to you and your behaviour, or imagining what other people might think of you, or what you would think of yourself if you see yourself from outside.

6 Hypnosis and clinical hypnosis

To average person 'hypnosis' is a technique used only for mysterious purposes by people with strange skills and special powers. Most of our perception and understanding of this science is based on incorrect or insufficient information. Hypnosis is a science which can be of immense value to us. Hypnosis is an altered state of consciousness with a shift of focus of attention. There are several psychological and physiological changes associated with the state. It is a heightened state of suggestibility that is generic ground of therapeutic change. Hypnosis (from Greek –Hypnos- sleep) has universal practice; however clinical practice is culturally conditioned. (Bhasker Vyas, 2006). Therapeutic hypnosis ,as it has developed and practiced over the past two centuries in the west since the time of Mesmer, is to a large extent a rediscovery of many of the mysteries of mind and behaviour that were first recorded, studied and practiced in India (Earnest Rossi-2006)

Modern hypnosis has been used for hundreds of years to build self-confidence, change habits, stop smoking, improve memory, end behaviour problems in children and eliminate anxiety, fear and phobias.

The question is... What is hypnosis? Hypnosis is a state of mind characterized by relaxed brain waves and a state of hyper-suggestibility. Hypnosis and hypnotic suggestions have played a major role in healing for thousands of years. According to the World Health Organization, 90% of the general

population can be hypnotized. Hypnosis is a perfectly normal state that almost everyone has experienced. What we call "highway hypnosis" is a natural hypnotic state. We drive somewhere and don't remember driving or even remember seeing the usual landmarks. We are on automatic pilot. The natural hypnotic state also exists when we become so involved in a book, TV show or some other activity that everything else is blocked out. Someone can talk to us and we don't even see or hear them. Whenever we concentrate that strongly, we automatically slip into the natural hypnotic state.

The hypnotic state, by itself, is only useful for the relaxation it produces. The real importance of hypnosis to the healing and emotional change process is that while we are in the hypnotic state, our mind is open and receptive to suggestions. Positive and healing suggestions are able to sink deeply into our mind much more quickly and strongly than when we are in a normal, awoken state of mind. All research has demonstrated that while in the hypnotic state, we cannot be made to do anything against our moral values.

All of our habitual and behaviour controlling thoughts reside in what is called our subconscious mind. It's called that because it is deeper than our conscious mind. It's below our level of consciousness. We are unaware of the thoughts and feelings that reside there.

Imagine that there is a trap door between our conscious mind and our subconscious mind. Normally, the trap door is closed until our brain waves slow down to a relaxed, alpha brain wave level. This happens when we are asleep. The door opens for short periods of time and ideas, images and thoughts come out of our subconscious mind. We call what comes out in our sleep, "dreams". When we are in a state of hypnosis, the door also opens so helpful suggestions can be directed into our subconscious mind or forgotten memories can be retrieved.

6.1 Definitions and meaning of hypnosis

The earliest definition of hypnosis was given by Braid, who coined the term "hypnotism" as an abbreviation for "neuro-hypnotism", or nervous sleep, which he opposed to normal sleep, and defined as:

“A peculiar condition of the nervous system, induced by a fixed and abstracted attention of the mental and visual eye, on one object, not of an exciting nature.”

According to the American Psychological Association;

“Hypnosis involves learning how to use your mind and thoughts in order to manage emotional distress (e.g., anxiety, stress), unpleasant physical symptoms (e.g., pain, nausea), or to help you change certain habits or behaviours (e.g., smoking, overeating)”.

According to Wikipedia;

“Hypnosis (from the Greek hypnos, “sleep”) is a trancelike state that resembles sleep, but is induced by a person whose suggestions are readily accepted by the subject.”

-‘Hypnosis is said to exist when suggestions from one individual seemingly alter the perceptions and memories of another.’-Orne (1971)

-‘Hypnosis is the process of a clinical trance as “a free period in which individuality can flourish”.-Erickson (1976)

--‘Hypnosis is a complex mental phenomenon that has been defined as a state of heightened focal concentration and receptivity to the suggestion of another person.’-Dhakrass and Pandit (2000)

-‘Hypnosis is a state of ‘altered consciousness’ that occurs normally in every person just before entering into sleep. The state of altered consciousness is maintained by the therapist or hypnotist to remove stress, anxiety or unconscious conflicts. The induction of hypnosis is done with the help of strong and directive affirmations. These are called suggestions for hypnotherapy.’-Augustine (2002)

-‘Hypnosis can be described as an altered state of consciousness, a dissociated state, and a state of regression.’ -Sadock and Sadock (2003)

- ‘Hypnosis is a trancelike mental state induces in a cooperative subject by suggestion.’-Carson, Butcher and Mineka (2003)

-‘A special psychological state with certain psychological attributes, resembling sleep only superficially and marked by a functioning of the individual at a level of awareness other than the ordinary conscious state. This state is characterized by a degree of increased receptiveness and responsiveness as is generally given only too external realities.’-The New Encyclopedia Britannica (15th edition)

-‘Hypnosis means the practice of causing a person to enter a state of consciousness in which they respond very readily to suggestions or commands. ORIGIN Greek Hypnos ‘sleep’.-Compact Oxford Dictionary Thesaurus & Word power Guide (2006)

The word hypnosis is derived from the Greek word Hypnos, meaning sleep. Hence, sometimes it is defined as a means of bringing on an artificial state of sleep to the participant. In fact it is a state of reduced consciousness while one is awake. During hypnosis, the body and conscious mind remain in a very relaxed, neutral state while the subconscious mind becomes alert and receptive to suggestions. Sometimes the person under hypnosis appears to be sleeping. But it is not sleep at all. It is actually a natural state of mind induced normally in everyday living much more often than it is induced artificially.

6.2 The steps of hypnotic Induction/ Session

There are many ways to induce a trance state. However sessions with hypnotists follow the basic format presented here:

Preparation/ Rapport

Typically involves an explanation of what to expect when experiencing hypnotic trance and having the subject get comfortable.

Induction

The subject is given suggestions that guide them from normal awareness to a state of enhanced relaxation.

Deepening

Deepening takes the subject from a very relaxed state into the fully

"hypnotized" state, where conscious thinking is minimized and suggestions are more readily accepted.

Purpose

If the purpose of the hypnosis session is amusement, then this phase is when the subjects are asked to say or perform things that will entertain the audience. If the purpose is a therapeutic effect, this is when the subject is encouraged to see themselves as what they want to become, such as a non-smoker. If negative reinforcement is used, then this is when the subject is told that they will feel ill, or something similar, when the subject engages in the activity that they want to stop.

Awakening

The subject is guided out of the hypnotic trance and brought back to a state of normal awareness with the conscious mind fully active.

These are steps for every session done with subject. Hypnotherapy starts with deep breathing with induction and release of muscles first and then shifting to concentration in the center of subject's forehead. With this focused attention subject listens repeated soothing suggestion to experience trance and relaxation.

6.3 Trance levels

Hypnotists or Specialists have estimated that there are probably over one hundred different stages of hypnotic trance. Until 19th century neurologist, Dr. Jean Charcot, established them at three distinct stages, hypnotists and physicians wrangled for years over the number of stages or levels of trance. Generally, according to Charcot, there are three-trance depths. They are light, medium and deep.

1 Light trance

It is also known as state of "lethargy". Where subject experiences pleasant drowsiness. Voluntary movement is possible in this level. Mask face of faint smile can be seen on subject. Opening of eye on challenge is possible, subject achieve relaxation to some extent.

2 Medium trance

This state is also known as “catalepsy”. Its main feature is rigidity on suggestions. Here a voluntary movement becomes limited. Rigidity like waxy flexibility can be seen. Eyeball turns upward and opening of eyes on challenge is not possible. Subject experiences more relaxation than in light trance.

3 Deep trance

It is also known as ‘somnambulistic state’. Subject may experience sleepwalking and talking sometimes. Voluntary movements become impossible. Subject may experience hallucinations, age regression, recall of lost memory etc. here opening of eyes on challenge becomes impossible subject experience a great extent of relaxation where awareness and reaction to surrounding becomes minimum.

Minimum level for hypnotherapy can be light trance. In present study 30 to 40% subjects were seen in light trance, around 50% in medium and rest were observed in deep trance which made no significant difference in order to gain result. All states helped subjects to experience a sense inexplicable pleasure and unexpected peace of mind, which strengthened the confidence of the subjects.

6.4 Changes during hypnosis

Hypnosis is a state of inner absorption, concentration and focused attention in which measurable psychological and physical changes take place, and, sensory capacities of the person increase. During hypnosis the brain waves slow down from BETA into ALPHA and even enter THETA during deep trance states. It provides opportunity to the subconscious mind to communicate with conscious mind. The inner potentials of the person become accessible, and they are used to bring about change joyfully through guided imagery and positive suggestions. As per Dr. Milton Erickson, "Hypnosis is a particular altered state of selective suggestibility brought about in an individual by the use of a combination of relaxation, fixation of attention, and suggestion."

Hypnosis is quite old phenomenon used in different cultures by saints and healers. But the concept of modern psychological hypnosis was first

developed in 1843 by James Braid, a Scottish physician. Prior to that Dr. Anton Mesmer of Austria also used an earlier form of trance for healing called 'Mesmerism', in eighteenth century.

Hypnosis is often confused with Mesmerism, its historical precursor. As Hans Eysenck writes,

The terms 'mesmerize' and 'hypnotize' have become quite synonymous, and most people think of Mesmer as the father of hypnosis, or at least as its discoverer and first conscious exponent. Oddly enough, the truth appears to be that while hypnotic phenomena had been known for many thousands of years, Mesmer did not, in fact, hypnotize his subjects at all. [...] It is something of a mystery why popular belief should have firmly credited him with a discovery which in fact was made by others. (Eysenck, *Sense & Nonsense in Psychology*, 1957: 30-31)

Franz Anton Mesmer held that trance and healing were the result of the channeling of a mysterious "occult" force called "animal magnetism." In the mid-Eighteenth Century, this became the basis of a very large and popular school of thought termed Mesmerism. However, in 1843, James Braid proposed the theory of hypnotism as a radical alternative, in opposition to Mesmerism. Braid argued that the occult qualities of Mesmerism were illusory and that its effects were due to a combination of "nervous fatigue" and verbal suggestion. A bitter war of words developed between Braid and the leading exponents of Mesmerism.

Recent research supports the view that hypnotic communication and suggestions effectively changes aspects of the person's physiological and neurological functions.

Practitioners use clinical hypnosis in three main ways. First, they encourage the use of imagination. Mental imagery is very powerful, especially in a focused state of attention. The mind seems capable of using imagery, even if it is only symbolic, to assist us in bringing about the things we are imagining. For example, a patient with ulcerative colitis may be asked to imagine what his/her distressed colon looks like. If she imagines it as being like a tunnel, with very red, inflamed walls that are rough in texture, the patient may be

encouraged in hypnosis (and in self-hypnosis) to imagine this image changing to a healthy one.

A second basic hypnotic method is to present ideas or suggestions to the patient. In a state of concentrated attention, ideas and suggestions that are compatible with what the patient wants seem to have a more powerful impact on the mind.

Finally, hypnosis may be used for unconscious exploration, to better understand underlying motivations or identify whether past events or experiences are associated with causing a problem. Hypnosis avoids the critical censor of the conscious mind, which often defeats what we know to be in our best interests. The effectiveness of hypnosis appears to lie in the way in which it bypasses the critical observation and interference of the conscious mind, allowing the client's intentions for change to take effect.

Some individuals seem to have higher native hypnotic talent and capacity that may allow them to benefit more readily from hypnosis. It is important to keep in mind that hypnosis is like any other therapeutic modality: it is of major benefit to some patients with some problems, and it is helpful with many other patients, but individual responses vary.

6.5 How does hypnosis work?

6.5.1 Acts at subconscious

Every human being has latent talent to reprogramme emotions, attitudes and reactions. Hypnosis is used to train life-long attitudes that the conscious mind is unable to change. Hypnotic suggestions focus on the subconscious part of the mind that accepts them as a new reality as long as the suggestions are framed within the person's belief system, ethical and moral standards.

6.5.2 What is the subconscious mind?

That is a big question –and this is a very brief answer.

Our mind consists of two parts; the CONSCIOUS and the SUBCONSCIOUS.

The CONSCIOUS mind inhabits the surface level. This part of the mind is where we do all our everyday conscious thinking.

At a deeper level, we have the SUBCONSCIOUS mind, and this part of the mind deals with our unconscious actions – the things you do automatically.

In the subconscious we keep our habits, and also our habitual fears - and from here all our automatic responses are triggered.

The subconscious also stores our memories – and all the things that have had a hand in making us what we are today.

6.5.3 Consciousness vs. unconscious mind

Some hypnotists conceive of suggestions as being a form of communication directed primarily to the subject's conscious mind, whereas others view suggestion as a means of communicating with the "unconscious" or "subconscious" mind. These concepts were introduced into hypnotism at the end of 19th century by Sigmund Freud and Pierre Janet. The original Victorian pioneers of hypnotism, including Braid and Bernheim, did not employ these concepts but considered hypnotic suggestions to be addressed to the subject's conscious mind. Indeed, Braid actually defines hypnotism as focused (conscious) attention upon a dominant idea (or suggestion). Different views regarding the nature of the mind have led to different conceptions of suggestion. Hypnotists who believed that responses are mediated primarily by an "unconscious mind", like Milton Erickson, made more use of indirect suggestions, such as metaphors or stories, whose intended meaning, may be concealed from the subject's conscious mind. The concept of subliminal suggestion also depends upon this view of the mind. By contrast, hypnotists who believed that responses to suggestion are primarily mediated by the conscious mind, such as Theodore Barber and Nicholas Spanos tended to make more use of direct verbal suggestions and instructions.

6.5.4 Access subconscious through conscious mind

During the hypnotic trance the conscious mind leaves a doorway to the subconsciousness, which allows it to consider and accept new neurological connections, patterns of behaviour and thought by using hypnotic suggestions and guided imagery. Trance in hypnosis denotes deeply relaxed state of body and mind.

6.5.5 Levels of consciousness

The levels of consciousness range from being fully alert to being deeply asleep. They are mainly distinguished from each other by their brain wave frequency. It is also important to note that there are no rigid boundaries separating them. Instead, the levels blend into each other, as is described below:

Level state of mind and body

Beta Full Consciousness (13-25 Cycles per second)

Alpha Twilight period between being asleep & being awake, Hypnosis Meditation (8-12 Cycles per second)

Theta Deep hypnosis & Meditation (4-7 Cycles per second)

Delta Full Sleep (0.5-3 Cycles per second)

Beta is the state of total consciousness-the normal state. Alpha and Theta fall into the category of altered states of consciousness. These are the states when behaviour modifications are most likely to take place. Suggestions given in these states go directly into the subconscious mind without any interference from the analytical conscious mind. The subconscious has no power of reasoning and will accept the suggestions as they are, and will act upon them. So, where does Hypnosis fit in all this?

Hypnosis is one of the most effective tools to induce an altered state of consciousness. Suggestions can also be effective under normal consciousness (Beta level) but research has shown that they are over a hundred times more helpful under an altered state.

7 Historical backgrounds of hypnosis

This healing art was only known to a few before its formal acceptance in West as a modern therapeutic modality. It is mentioned in Atharvaveda as well as in Charka Sanhita. It is called Yog-nidra in Rajyoga.

7.1 History of hypnosis

Precursors of hypnotherapy have been seen in the sleep temples and mystery religions of ancient Graeco-Roman society, though analogies are often

tenuous. Indeed, some parallels can be drawn between hypnotism and the trance-inducing rituals common to most pre-literate societies.

In the mid eighteenth century Franz Anton Mesmer introduced the concepts and techniques of animal magnetism. Mesmerism became an influential school of esoteric therapy and important Mesmerists like James Esdaile and John Elliotson helped maintain its popularity in medicine until the end of the nineteenth century when it experienced a kind of resurgence in the work of Jean-Martin Charcot, the father of modern neurology.

However, in the 1840s, Scottish physician James Braid, had already pioneered the concept of hypnotism as an opposing tradition to Mesmerism, based upon basic psychological and physiological mechanisms rather than the occult theories of animal magnetism. Braid's work was of limited influence in the UK but in France his ideas were developed into a more sophisticated psychological treatment. Hippolyte Bernheim began as a sceptic but became converted to the importance of hypnotism by observing the work of the celebrated country doctor Ambroise-Auguste Liébeault who rejected the theory of Mesmer and followed Abbe Faria. Emile Coué, a former clinical assistant to Liébeault, proposed a more collaborative and educational alternative to hypnosis called "conscious autosuggestion" which became very popular as a form of self-help in the 1920s.

An important rivalry and debate developed between the Salpêtrière school of Charcot, which focused on physiological phenomena induced by mesmeric practices, and the Nancy School of Bernheim which placed more emphasis upon psychology and verbal suggestion, following the later writings of Braid. However, Charcot's ideas on hypnosis were almost entirely discredited and Bernheim's school effectively won the debate, becoming the most significant precursor of modern psychological hypnotism.

Sigmund Freud was originally a proponent of hypnotherapy. He traveled to France to study hypnosis with the two great teachers of his day, Charcot at the Salpêtrière and Bernheim's Nancy School. Freud wrote several articles on hypnotherapy and translated two of Bernheim's books on the subject from French into German. He originally employed hypnotherapy with a small

number of clients in the 1890s. By about 1905, he had largely abandoned the procedure in favor of his newly-developed free association technique. However, Freud's description of the basic rule of free association still bears a striking resemblance to certain modern methods of hypnotic induction. Struggling with the great expense of time required for psychoanalysis to be successful, Freud later suggested that it might be combined with hypnotic suggestion once more in an attempt to hasten the outcome of treatment,

However, only a handful of Freud's followers were sufficiently qualified in hypnosis to attempt the synthesis, which resulted in a gradual resurgence in popularity of "hypno-analysis" or "hypnotic regression" methods of hypnotherapy.

Milton H. Erickson, M.D. is considered one of the most influential modern hypnotherapists. He has written many books, journals and articles on the subject, and his accomplishments are well-documented.

During the 1960s, Erickson was responsible for popularizing an entirely new branch of hypnotherapy, which we now call Ericksonian hypnotherapy, characterized by, amongst other things, indirect suggestion, confusion techniques, and double binds.

The popularity of Erickson's techniques has since led to the development of neuro-linguistic programming (NLP), which has in turn found use in modern-day sales, advertising, and corporate training. However, NLP has been criticized by many eminent hypnotists as a distortion of Erickson's work.

Richard Bandler and John Grinder [the founders of NLP] have on the other hand, offered a much adulterated, and at times fanciful, version of what they perceived Erickson as saying or doing guided by their own personal theorizing. (Weitzenhoffer, the Practice of Hypnotism, 2000: pp 592-593)

8 Definition of "Clinical hypnosis"

'Hypnosis can help you focus your attention, rethink problems, relax, and respond to helpful suggestions. Hypnosis relies mainly on your ability to

perception of pain and other sensations and gain some control over emotional and physical responses. Hypnosis can help control chronic cancer pain,

menstrual pain and headaches; make labour and child-birth more comfortable; decrease the amount of medication needed during surgery; and shorten surgery recovery time. Hypnosis has been shown to alleviate the symptoms of irritable bowel syndrome and those of asthma. Some people can gain control of unwanted behaviours such as tobacco smoking, bed-wetting, nail-biting, teeth-grinding, phobias, overeating, and difficulty in sleeping. ‘- The Harvard Medical School—Family Health Guide [2003]

Clinical hypnosis is a procedure during which a qualified health professional or therapist (the “hypnotist”) gives a patient carefully worded instructions to follow with the goal of helping the patient enter a state of deep relaxation. In this hypnotic state, the “hypnotized” patient is aware of everything that is going on, but at the same time, becomes increasingly absorbed in using his or her imagination as directed by the hypnotist.

Hypnosis is a relationship-based process of communication through which the clinician induces in the patient an alteration in consciousness and internal perception characterized by increased suggestibility. However, in the clinical setting, during the intake and evaluation process, an informal waking hypnosis state may develop before the formal induction of a hypnosis trance state. This waking hypnosis state has trance-like qualities that arise from the early experience of relaxation, which naturally develops during the patient’s comfortable interaction with the clinician. This comfort, the patient’s growing sense of trust in the clinician, and the patient’s expectation of eventually entering a formal trance, all help create the experience of relaxation which leads into the informal waking hypnosis state. The communication process that takes place during this waking state is designed to start the process of change that is later further fixed in place during the hypnosis trance state.

In the hypnotic state, which is an altered state of consciousness, awareness, and perception, suggestibility is heightened. Both parts of the mind (conscious and subconscious) are more receptive to acceptable, therapeutic suggestions than they are in an ordinary waking state. Even in a light hypnotic “trance”, with the patient’s permission, the “doorway” to his or her subconscious mind opens. This makes it possible for the hypnotist to provide information to the patient’s subconscious in a form that the subconscious can accept.

In reality, all hypnosis is self-hypnosis. This is because in order for a person to enter the hypnotic state, he or she must follow the hypnotist's instructions, and his or her conscious and subconscious minds must accept the hypnotist's suggestions and make them his or her own.

8.1 Clinical Hypnosis is employed for treating various problems

Clinical Hypnosis is employed for treating various problems like,

- Addictions
- Alcohol
- Anxiety
- Chronic Pain
- Compulsions
- Depression
- Drug Dependency
- Habits
- Hypochondriasis
- Nail Biting
- Over-Eating
- Panic Attacks
- Phobias
- Post-Traumatic Stress
- Preparation For Child Birth
- Preparation For Surgery
- Preparation For Test Taking
- Sleep
- Smoking
- Tics
- Weight

9 What is hypnotherapy?

It is one kind of psychotherapy. It is non-invasive and usually non-analytical. The therapeutic uses of hypnosis as an adjunct or mainstay to control or cure psychological disorders or clinical diseases come in this domain.

Hypnotherapy is the application of hypnotic techniques in such a way as to bring about therapeutic changes. An external influence – the Therapist – assists in activating the inner resources of a person – the Client – in order to achieve realistic goals.

Hypnosis is a mental state (state theory) or set of attitudes and beliefs (non-state theory) usually induced by a procedure known as a hypnotic induction, which is commonly composed of a series of preliminary instructions and suggestions. Hypnotic suggestions may be delivered by a hypnotist in the presence of the subject, or may be self-administered ("self-suggestion" or "autosuggestion"). The use of hypnotism for therapeutic purposes is referred to as "hypnotherapy".

Approved by

British Medical Association – 1892

American Medical Association – 1958

India - Indian Society of Clinical and Applied Hypnosis: 1972

Maharaja Sayajirao University (M.S.University) at Vadodara -2000

Hypnotherapy has many other applications but efficacy research has tended to focus upon these issues. More mixed results have been obtained for its efficacy in relation to the treatment of addictions, an area where high relapse is common with most treatments.

In 1999, the British Medical Journal (BMJ) published a Clinical Review of current medical research on hypnotherapy and relaxation therapies, it concludes,

'There is good evidence from randomized controlled trials that both hypnosis and relaxation techniques can reduce anxiety particularly that related to stressful situations such as receiving chemotherapy.

'They are also effective for panic disorders and insomnia, particularly when integrated into a package of cognitive therapy (including, for example, sleep hygiene).

'A systematic review has found that hypnosis enhances the effects of cognitive behavioural therapy for conditions such as phobia, obesity, and anxiety.

'Randomized controlled trials support the use of various relaxation techniques for treating both acute and chronic pain.

'Relaxation and hypnosis are often used in cancer patients. There is strong evidence from randomized trials of the effectiveness of hypnosis and relaxation for cancer related anxiety, pain, nausea, and vomiting, particularly in children.' (Vickers & Zollman, 'Clinical Review: Hypnosis & Relaxation Therapies', BMJ, 1999)

9.1 How is a hypnotic trance induced?

There are several ways to induce hypnosis, and different hypnotists will use their own favorite methods. Stage hypnotists and hypnotherapists may employ different methods.

Some hypnotherapists like to start with some form of fascination. They may ask us to concentrate on a revolving spiral, or some other object. But don't be disappointed if this technique is not used, as it is just a variation, not a necessity. Honestly, not many people ask us to gaze into their 'piercing eyes,' or stare at a swinging watch these days. That sort of thing has more to do with old fashioned Hollywood movies than modern hypnotherapy.

Most hypnotherapists use relaxation techniques, and we are also likely to be asked to concentrate on certain things. For instance we may be asked to focus our attention on our breathing, or to imagine various things.

During the induction, the therapist is likely to speak to us in a particular way, and at a particular tempo, which is designed to gently slow down the brainwaves. This will help us to gradually drift into the pleasant state of hypnotic trance, in which we will experience feelings of relaxation and well-being.

Words like “relax,” “deeper,” and “sleep” or “sleepy” are often used in the induction. However, these words are not intended to send us to sleep. They are merely calming words which send special messages to the brain to help us to become very relaxed and tranquil.

Hypnosis is not a state of being unconscious, but merely of having our consciousness altered – indeed our mind remains clear and focused, and we are likely to remember most of what was said to us.

Some people are very easy to hypnotize, whilst others take longer. Most people remain in a fairly light state of hypnotic trance, whilst a very small percentage naturally goes to much deeper levels. Sometimes people drift in and out of lighter and deeper states. All this is perfectly normal. Deep states of hypnosis are not required always for successful therapy. This very same technique is adopted in Hypnosis. While concentrating on any task on hand like reading, watching a movie or driving the mind is open to messages, which are projected to a man discretely. Hypnosis tries to send messages to brain when it is vulnerable. Self Hypnosis is also gaining popularity these days as an alternate to treat problems. A program can be designed which conveys subconscious messages to the mind. For instance people can promote good sleep by placing a cassette under the pillow which induces relaxation for the subject.

9.2 What hypnosis can do for children?

Hypnosis works well because there are less years of reinforcing imprints on one's mind. Children are more susceptible to hypnosis. They have the drive to discover and they hunger for new experiences. They're open to new learning, willing to receive and respond to new ideas, as long as they are presented in an understandable way. Children are usually easily relaxed and focused. They have an ability to change and to be versatile, and, before the age of twelve, to accept most ideas uncritically. They aren't as dominated by rational questioning and concerns that adults have formed through their life experiences. Also, they don't have the fears and misconceptions about hypnosis that so many adults have. This makes it relatively easy to work with them.

Working with children is a wonderful specialty. The benefits of hypnosis with children are the same as for adults, as long as their problems are treated as seriously as adults. Hypnosis is a powerful tool in strengthening a child's confidence. It helps a child to feel empowered where, before; they have been "victim." It releases willingness to use their natural gifts. It elicits talent and creativity. It provides a wonderful foundation in their education. With a good hypnotherapist, children can experience true success in their lives in all areas. They feel happier, and have a sense of real freedom.

9.3 Hypnosis on children has been shown effective for their various problems

Hypnosis on children has been shown effective for

- Asthma
- Dyslexia
- Behavioural problems
- Stuttering
- Anxiety and self confidence
- Nail biting
- Bed wetting
- Childhood phobias
- Sleep problems
- Obsessive compulsive disorder
- Sports performance
- Academic performance
- Enhancing self-concept and self-esteem

9.4 Can children respond to hypnosis?

Research and clinical experience shows that children usually respond very positively to hypnosis. Most children have a wonderful capacity for imagination and will often respond to any hypnotic journey suggested to them. Children have very active "fantasy lives" and most parents know that younger

children seem to be entranced in their own world much of the time. Hypnotherapy techniques and suggestions should be adapted according to the age and development of the child for the most effective results.

10 Rational of the study

It is true to say that nobody likes suffering and everybody seeks happiness. Man needs satisfaction and peace of mind, which means and includes living a full life. The best means of attaining the real peace of mind is hypnotic relaxation in this fast age. According to The Mother- It is only in quietness and peace that one can know what the best thing to do is. Hypnotic relaxation gives peace and self awareness. Self awareness shows us about negative and positive aspects of our self. Clinical hypnosis helps us to enhance our positive self image and to remove negative self image. If we have higher positive self-concept and higher self-esteem, then we can feel great confidence in our selves that lead us to great success and inner satisfaction. Children are future of nation. So if children feel self worth from beginning, nation will become worthy itself. So this type of experimental studies can guide us for better mankind and better world too.

11 Operational definitions of the terms

11.1 Self-concept

Self-concept is a multi-dimensional construct that refers to an individual's perception of "self" in relation to any number of characteristics, such as behaviour, intellectual and school status, physical appearance and attributes, anxiety ,popularity, happiness and satisfaction and many others. While closely related with self-concept clarity, it presupposes but is distinguishable from self-awareness, which is simply an individual's awareness of their self.

11.2 Self-esteem

Self-esteem is not identical to self-concept through the two are often confused. The self-concept is a set of ideas about oneself that is descriptive rather than judgmental. Self-esteem refers to one's evaluation of one's own qualities. Four areas regarding self-esteem like general, social, academic and parental will be studied in the present study.

11.3 Hypnosis

Hypnosis (from Greek –Hypnos- sleep) is an altered state of consciousness with a shift of focus of attention. Clinical aspects of hypnosis will be applied here in the present study.

11.4 Clinical hypnosis

Hypnosis can help us to focus our attention, rethink problems, relax, and respond to helpful suggestions. Hypnosis relies mainly on our ability to concentrate and on the trust we have on the therapist. In present study Clinical Hypnosis means it is a procedure which will be done through relaxation, positive affirmation and creative visualization.

11.5 Affirmation group

Positive affirmations will be given in affirmation group, when children enter under hypnosis or trance.

11.6 Visualization group

Creative visualization will be given in visualization group, when children enter under hypnosis or trance.

11.7 Affirmation and visualization group

Positive affirmations and creative visualization will be given in affirmations and visualization group, when children enter under hypnosis or trance.

11.8 Primary school

Primary school is a school that includes mostly standard 5th to 7th in Gujarat. Now a day's standard eight also be considered as primary class in some school. In present study only 7th class of Gujarati medium will be covered as a part of the study.

11.9 Public school

Public school means pure government schools of Gujarat in this study. A Government school is that which runs by the State Government or Central Government or Public Sector Undertaking or an Autonomous Organization completely financed by the Government. In present study only 7th class of Gujarati medium from Porbandar city will be covered as a part of the study.

11.10 Private school

Private school means self finance schools of Gujarat in this study. A private unaided school is that which is managed by an individual or a private organization and does not receive any grant either from government or local body. In present study only 7th class of Gujarati medium from Porbandar city will be covered as a part of the study.

11.11Urban area

All areas which were identified as “urban” at the time of the Census 2001 or subsequently notified to be so, are to be treated as urban.

12 Delimitations of the study

The study will be delimited to the primary Schools of Porbandar, in which the Male and Female students of 7th standard who are studying in Gujarati medium primary Schools of the Porbandar city will be covered.