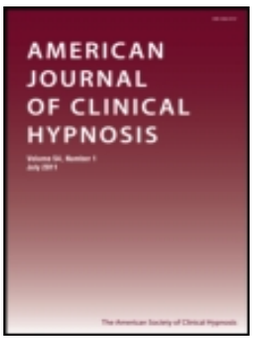

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# Mindfulness-Based Hypnosis: Blending Science, Beliefs, and Wisdoms to Catalyze Healing

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We live in a global village, comprised of people with diverse cultural and religious orientations. How do we integrate these different beliefs and values into our clinical practice? Mindfulness-based psychotherapy (MBP), an evidence-based psychological intervention, provides a secular template for assimilating various cultural beliefs and wisdoms in therapies. MBP represents a cross-fertilization between Western psychological practice and Eastern meditative disciplines. Guided by MBP, this article describes how intention, mindfulness, acceptance, gratitude, and the "heart" can be combined with cognitive hypnotherapy to catalyze healing of emotional disorders—particularly depression. This integrated approach is referred to as *mindfulness-based cognitive hypnotherapy* (MBCH) as it assimilates cognitive hypnotherapy with mindfulness strategies. MBCH represents an attempt to broaden the comprehensiveness of hypnotherapy as an integrated form of psychotherapy. Additionally, based on new understanding of the heart as a complex information center, an innovative hypnotherapeutic strategy for generating psychophysiological coherence and psychological well-being is described.

**Keywords:** culture, healing, heart in therapy, hypnosis, mindfulness, psychophysiological coherence

We live in a global village. Our interaction with people of diverse beliefs and cultures are constantly expanding. As no culture is perfect, not only can we learn from each other, we can also share wisdoms to bolster our approach to understanding and healing psychological disorders. But how do we assimilate multicultural credence and wisdoms into our clinical practice? Integral psychotherapy (IP), which is grounded in the work of Ken Wilber (2000), provides a framework for integrating cultural and spiritual factors in therapy. To date, IP is considered to be one of the most comprehensive approaches to psychotherapy for healing the whole person (Cortright, 2007; Forman, 2010; Ingersoll & Zeitler, 2010). It offers a model for incorporating insights and ideals of diverse interventions—pharmacological, psychodynamic, behavioral, cognitive, humanistic, existential, feminist, multicultural, somatic, and transpersonal/spiritual—in the healing of the human mind and psyche. However, IP does not attempt to unify these different models, but rather takes a metatheoretical perspective and provides general guidelines for the most appropriate intervention in a wide range of clinical situations.

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For the present purpose, mindfulness-based psychotherapy, which is evidence-based, also known as "third-wave" psychotherapy (Hayes, 2004, p. 639), is used as a template for synthesizing Western and Eastern values and beliefs in the treatment of various emotional disorders, particularly depression (Baer & Huss, 2008). However, the techniques described are applicable to a wide range of psychological disorders. This article describes how mindfulness can be combined with cognitive hypnotherapy to catalyze healing. This integrated approach is referred to as *mindfulness-based cognitive hypnotherapy* (MBCH) as it assimilates cognitive hypnotherapy with mindfulness strategies. Although MBCH is not as holistic as IP, it is an attempt to broaden the comprehensiveness of hypnotherapy as a valid form of psychotherapy (Alladin, 2006, 2007; Lynn, Barnes, Deming, & Accardi, 2010; Lynn, Das, Hallquist, & Williams, 2006; Yapko, 2011). A case study is first described to illustrate the need for importing other perspectives into our models of understanding and treating emotional disorders.

## Case Study: Irene, the Skater

Irene was 17 years old when she was first seen by the author. She presented symptoms of agoraphobia without panic attacks and recurrent major depressive disorder with suicidal ideation. She was referred to the author for psychological treatment by her psychiatrist as she was not showing good response to medications and CBT. Irene comes from a fairly rich and professional family. Her father is a lawyer and her mother is an accountant, and both parents have been very supportive of Irene.

Irene became depressed two years ago, following an incident where she had a bad fall while she was skating at a provincial competition. Irene was a very talented and competitive ice skater, who was hoping to become the provincial champion and make it to the Canadian Olympic team. Unfortunately because of the fall, Irene became anxious about skating. She could skate, but became fearful of executing complex and strenuous movements for fear of falling. Hence, her performance went down, and she could not compete or train vigorously. Gradually she became withdrawn and depressed and gave up skating. She felt anxious socializing or going to school because she thought everyone would think she is a failure as she could not skate. She started ruminating with the belief that: "Skating is my life, and if I can't skate what's the point of living" and gradually she became very depressed and hopeless as she was not able to skate competitively. This culminated in a serious suicide attempt by cutting her wrist, which led to a brief admission in the psychiatric unit at the local general hospital. Following her discharge from the hospital, she was followed up by a psychiatrist as an outpatient. It was during the outpatient follow-up that Irene was referred to the author for psychological treatment.

Irene was stuck in the past, isolated from school and her friends, and no longer skating because she could not be the same person she used to be (which she desperately wanted). She believed life and happiness were not accessible to her because she could no longer skate. She was fused with the belief that skating equated self-worth. As she was not

able to skate competitively she was convinced that she could not be considered a worthy human being in our society. She literally believed what her mind was saying to her. How do we help Irene become unstuck from the past and live in the present? The traditional Western approaches to treatment, namely antidepressant medication and CBT, did not ameliorate her symptoms significantly as they were maintained by her strong societal value judgment that self-worth is determined by achievement and success. As this fused maladaptive judgment was not sufficiently addressed either by medication or CBT, Irene's symptoms remained unabated.

This is not an unusual experience for some patients as we do not have a one-size-fits-all treatment. Thus, there is an urgent need for clinicians to continue to develop more integrative and comprehensive psychotherapies for emotional disorders. MBCH, which integrates hypnotherapy with CBT and mindfulness, provides a more holistic approach—albeit not as comprehensive as IP—for understanding and treating Irene's symptoms. Several MBCH strategies are described in this article that helped Irene defuse and get out of the rut. Before describing these strategies, the reasons for incorporating Eastern psychological strategies in our approaches to psychotherapy are briefly discussed.

## Incorporation of Other Models in Our Psychotherapy

Until recently, Western models of psychotherapy had not included such concepts as acceptance, forgiveness, gratitude, spiritual beliefs, equanimity, and the heart in therapeutic process, although these notions represent very fundamental elements in the transaction of our daily lives. Western models of psychotherapy have regarded the *mind* central to understanding and treating psychological disorders. In this regard, the mind is conceptualized, depending on the schools of thought, as verbal behavior, language, thoughts, or "rational, thinking capacity" (Welwood, 1983, p. viii), or a psychological process of the whole individual (Masuda & Wilson, 2009). Within this framework, a logical mind is deemed healthy and some psychotherapies (e.g., CBT) thus undertake to make the mind more logical (e.g., Beck, 2005; Ellis, 2005). Since logic does not always equate with psychological well-being, as discerned by the third-wave and integral psychotherapists (e.g., Cortright, 2007; Forman, 2010; Hayes, 2004; Linehan, 1993; Ryan, 2011; Wilber, 2000), this model is not complete. This drawback of the mind had been recognized by Eastern traditions and psychotherapies for centuries and as such the mind had been viewed as a paradoxical concept (Welwood, 1983). On the one hand, the mind serves as a powerful source for regulating our activities; on the other hand, it troubles us, obscures our raw experience, and creates illusion (Hayes, Strosahl, & Wilson, 1999). Zen states that it is our mind that keeps us from being mindful (Suzuki, 1997). This position is supported by research evidence from relational frame theory (Dymond & Roche, 2013; Hayes, Barnes-Holmes, & Roche, 2001), which provides a detailed account of the nature and origin of our thoughts. As the processing of our language is highly contextualized

and invariably generative, it can either enhance our behavior or constrict our range of experience and produce maladaptive behaviors (Hayes, Strosahl, & Wilson, 2011).

According to Zen, the raw experience is the unfolding of moment-by-moment reality (e.g., experience) without verbal categorization or evaluation. But when we are not being mindful, our mind is dominated with mental chattering (i.e., living inside our head). As our mind is constantly analyzing and evaluating events in our lives, our consciousness becomes dull, which is more akin to dreaming or being half asleep (Cortright, 2007). The mind can also make life rigid, inflexible, and removed from the here-and-now experience (Hayes et al., 2001, 2011). Alladin (2006, 2007) has described this process as a form of negative self-hypnosis. Another problem with the concept of the mind is to treat our mind as a thing and to become attached to it, to the extent that we become fused with it and literally believe in what our mind says (e.g., "I'm a failure," "I'm useless"). Irene literally believed and felt she was a failure—she became *it*. Once we become fused with mental events (e.g., thoughts and words), they have the power to affect us all the time, since mental events can take place virtually anytime and anywhere.

Third-wave psychotherapists (e.g., Hayes, 2004; Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Linehan, 1993) recognized the limitation of the mind theories and thus incorporated the process of mindfulness in their models of psychopathology. For example, Hayes et al. (2006) developed a contextual and behavioral model of psychopathology called *psychological inflexibility* that incorporates the process of mindfulness. According to this model, human psychopathology (human suffering) is viewed as an individual's narrow, rigid, and inflexible pattern of activities in the present moment. This is very apparent in emotional disorders, particularly in depression. As depressives tend to ruminate constantly on their past failures and on their symptoms, they avoid daily activities (Nolen-Hoeksema, 2000). According to psychological inflexibility theory, when we identify and evaluate our private experiences (e.g., thoughts, feelings, bodily sensations) constantly, we become attached to them and oblivious to our raw moment-by-moment experience. However, nothing is inherently good or bad, although the experience may appear unbearable. It is our automatic mental activity of categorization, comparison, and evaluation that determine the nature (negative or positive) of an experience (Hayes et al., 2006). In the case of Irene, once her sadness over not able to skate was viewed as a problem (labelled depression), or something bad, unbearable, and irrepressible, she was caught up in the web of mental events that seriously hampered her daily life.

Our approach to problem-solving also creates trouble for the mind. As we are culturally trained to fix problems of daily living, we try the same approach with mental events, rather than experiencing them as they are, without reacting to them. The problem with this approach is that our psychological problems are not easy to fix (Hayes et al., 1999). Research evidence indicates it is ineffective to try to intentionally control private events (e.g., Clark, 2005; Wegner, 1994; Wenzlaff, 2005; Wilson, Lindsey, & Schooler, 2000). Such attempts produce extremely paradoxical responses (e.g., Campbell-Sills, Barlow, Brown, & Hofmann, 2006; Morita, 1998). Mindfulness, on the other hand, which teaches

patients not to counteract distressing or unwanted thoughts, enhances abandonment of mental control and promotes amelioration of affect (Baer & Huss, 2008).

## The Heart in Psychotherapy

In addition to recognizing the paradoxical nature of our mind, Eastern psychotherapies do not consider the mind to be distinct from the "heart." In the rest of this article, the word heart with parenthesis denotes the Eastern concept of heart; without parenthesis, it refers to the heart as an organ. Eastern culture and tradition view the "heart" central to our emotional well-being (e.g., Cortright, 2007; Welwood, 1983). For example, in Zen, the "heart" is viewed as the "big mind," while the Western concept of the mind (thinking capacity) is referred as the "small mind" (Welwood, 1983, p. viii) to emphasize its limitation. The big mind is seen as a source of emotion, courage, happiness, sorrow, and wisdom, and as Welwood describes it, it represents:

> [a] fundamental openness and clarity which resonates directly with the world around us. This big mind is not created or possessed by anyone's ego; rather, it is a universal wakefulness that any human being can tap into. . . . The mind which is one with the heart is a much larger kind of awareness that surrounds the normally narrow focus of our attention [mind]. We could define heart here as that "part" of us where we can be touched—by the world and other people. Letting ourselves be touched in the heart gives rise to expansive feelings of appreciation for others. Here is where heart connects with big mind. (Welwood, 1983, p. viii)

Recently there has been a movement in Western psychotherapy as well to include the concept of "heart" in healing. For example, William Ryan (2011), in his book, *Working from the Heart: A Therapist's Guide to Heart-Centered Psychotherapy*, advocated for the development of a heart-centered approach to psychotherapy. Furthermore, based on the new science of *neurocardiology* and extensive research from the Institute of HeartMath, the heart has been identified to be more than a mechanical pump, it is a complex information center that binds and synchronizes the entire body-system to produce *psychophysiological coherence* (McCraty, Atkinson, Tomasino, & Bradley, 2009). According to McCraty et al. (2009), it is the emotional coherence, modulated by positive emotions, that is largely responsible for producing improved performance and overall well-being. By creating rhythmic patterns in the brain and body, the heart not only affects our physical health, but also influences perceptual processing, emotional experience, and intentional behavior. For example, there is abundant evidence that positive emotions and attitudes, beyond their pleasant subjective feeling, produce physiological and psychological well-being (Fredrickson, 2002; Isen, 1998). Additionally, sustained positive emotion is found to create a global shift in psychophysiological functioning, which is marked by a distinct change in the rhythm of heart activity. This global shift generates *psychophysiological coherence* (PC), a state of optimal functioning, characterized by increased synchronization, harmony, and efficiency in the interactions within and among the physiological, cognitive, and emotional systems (Tiller, McCraty, & Atkinson, 1996).

PC has been studied extensively at the HeartMath Institute and these studies clearly show that sustained, self-invoked positive emotions generate system-wide coherence in bodily processes, in which the coherent pattern of the heart's rhythm plays a key role in facilitating higher cognitive functions (McCraty et al., 2009). In short, scientific studies demonstrate that regular heart-based practice (e.g., breathing slowly while focusing attention on the region of the heart) coupled with the induction of positive emotions such as appreciation, compassion, or love can shift the whole psychophysiological system into a state of global coherence (Childre & Martin, 1999; Childre & Rozman, 2002, 2005). Studies using HeartMath System have shown that the shift on the heart, coupled with a positive experience, allows the coherence mode to emerge naturally, which helps to reinforce the inherent associations between coherence and positive feelings. The research also suggests that the intentional application of these coherence-building techniques, on a consistent basis, lead to a stable "repatterning" of the nervous system that produces enduring system-wide benefits that significantly impact on the overall quality of life (McCraty, 2003; McCraty & Tomasio, 2006). Other approaches such as meditation have also been shown to be associated with increased coherence (Lehrer et al., 2003). However, for PC to occur, the meditation should be associated with a positive emotion such as compassion (Davidson & Lutz, 2008).

It is also well known that the respiratory rhythm modulates the pattern of the heart rhythm (Hirsh & Bishop, 1981; Isen, 1998). Since we have conscious control over our breathing, cognitively-directed breathing exercises can be used to *impose* a breathing rhythm on the heart rhythms. Thus, when we breathe at a slow, rhythmic rate (five seconds in and then five seconds out), we can facilitate coherence and entrainment. Based on these findings, Alladin (2012) has developed the *Breathing With Your Heart* technique to generate PC, which is described later. This innovative hypnotherapeutic strategy is congruent with the body–mind–spirit continuum theme of this Special Issue.

From the above discussions, it is evident why the psychological inflexibility model was adapted by some of the third-wave therapies such as *acceptance and commitment therapy* (ACT: Hayes et al., 1999, 2004), MBCT (Teasdale et al., 2000; Segal, Williams, & Teasdale, 2002), and *dialectical behavior therapy* (DBT; Linehan, 1993). Among the mindfulness-based psychotherapies, ACT (Hayes, Strosahl, & Wilson, 1999), DBT (Linehan, 1993) and MBCT (Segal et al., 2002, 2010) have received the best empirical support.

## MBCH

Mindfulness can be easily integrated with hypnotherapy in the management of emotional disorders. Yapko (2011) provides an excellent discussion on the similarities and differences between hypnosis and mindfulness and the rationale for integrating hypnotherapy with mindfulness techniques. Lynn and colleagues (2006) have proposed that "hypnosis and mindfulness-based approaches can be used in tandem to create adaptive response

sets and ameliorate maladaptive response sets" (p. 145). Moreover, hypnosis can be used to catalyze mindfulness-based approaches (Alladin, 2006, 2007; Lynn et al., 2010; Yapko, 2011). Hypnosis can also be used as a substitute for relaxation techniques. Given that meta-analytic studies, qualitative reviews, and controlled trials have shown hypnosis to enhance the effectiveness of both psychodynamic and cognitive behavioral psychotherapies (Alladin, 2006; Alladin & Alibhai, 2007; Bryant, Moulds, & Nixon, 2005; Kirsch, 1990; Kirsch, Montgomery, & Sapirstein, 1995), it is not unreasonable to expect that hypnosis will also enhance the effectiveness of mindfulness training.

MBCH was initially devised by Alladin (2006, 2007) to prevent relapses in depression. As MBCH was originally modeled on MBCT, the mindfulness techniques were used as adjuncts and introduced in the later stages of cognitive hypnotherapy when the patients had improved significantly. With the popularity of mindfulness in the past 10 years, the application of mindfulness in psychotherapy has expanded. Nowadays it is (1) integrated as an adjunct with various forms of psychotherapy; (2) introduced early in therapy; (3) used in tandem with other procedures, and (4) used as an active or alternative therapy for various disorders, including depression, binge eating disorder, and substance abuse (Abbey, 2012; Lynn et al., 2006; Yapko, 2011). Two preliminary studies (Finucane & Mercer, 2006; Kingston, Dooley, & Bates, 2007) have demonstrated the effectiveness of mindfulness as a therapy for the active phase of recurrent depression. In the context of hypnotherapy, Lynn et al. (2006) and Yapko (2011) recommend using mindfulness techniques in tandem with hypnotic procedures. This article takes a similar approach.

## Components of MBCH

As mentioned earlier, mindfulness offers a secular context for synthesizing cultural beliefs and wisdoms in psychotherapy. To this end, MBCH is divided into four components that provide a framework for examining and reframing dysfunctional cultural beliefs and values. The four components include: (1) intention, (2) awareness cultivation, (3) acceptance and gratitude, and (4) heart and mind integration. In therapy each component is subdivided into three sequential subcomponents consisting of education, training, and hypnotherapy. Consistent with this approach, each of the MBCH components will be described under the three subcomponents. Despite the popularity of mindfulness, some patients, because of their religion or belief, may not feel comfortable with MBCH. It is thus advisable to convey to patients that mindfulness is not Buddhism or a religion, but an assortment of therapy techniques derived from Eastern philosophies and traditions, that are easily integrated with Western psychotherapies to make the therapy more effective.

### 1. Intention

Intention in the context of mindfulness refers to conscious effort to practice mindfulness and self-regulate symptoms. Sustaining the commitment to practice mindfulness regularly requires a strong degree of determination, persistence, and motivation. Intention

psychoeducation, training, and hypnotherapy described in the next sections motivated Irene to practice mindfulness on a daily basis.

### *Intention Psychoeducation*

Irene was given a scientific explanation that treatment outcome is correlated with intention to get better. She was told about the study by Shapiro (1992) that demonstrated that those patients whose goals were self-regulation attained self-regulation whereas those whose goal was self-exploration attained self-exploration. The study also showed that conscious efforts to practice mindfulness led not only to self-regulation but also to self-exploration and self-liberation. Irene became very interested in the study by Shapiro and she wanted to get more information about it. She was given a copy of the article, which she discussed at great length during the next session.

### *Intention Training*

To encourage intentional training, Irene was told verbatim, the following script adapted from Williams, Teasdale, Segal, and Kabat-Zinn:

> Studies have shown that we can't force the mind to calm down. In fact, when we try to suppress negative thoughts, images, and memories of very personal nature, we become more upset. One way of clearing our mind is to give ourselves the gentle challenge of focusing our attention on a single object. For example, you can focus on a raisin or silently repeat a mantra. Research has revealed that intentional focusing on just one object in this way can steady the mind by activating brain networks that correspond to the chosen focus of attention. At the same time, this inhibits the brain networks that relate to competing demands for attention. It's as if the brain lights up the selected object while dimming the unselected objects. (2007, pp. 75–76)

Moreover, Irene was provided with a script of the *Eating One Raisin Exercise* (see Williams et al., 2007, pp. 55–56) and she was encouraged to use the exercise daily at home to cultivate the ability to focus intentionally on an object. Irene reported that initially she found the raisin exercise boring and frustrating, but with daily practice she became more involved and "started to notice different characteristics of the raisin."

### *Intention Hypnotherapy*

At this stage of therapy, hypnotherapy is used for ego-strengthening and for catalyzing the intentional exercise (the raisin exercise). The hypnotic induction and deepening can consist of any standard procedure. However, in the context of MBCH, it is recommended that the suggestions "you are aware of everything" but "able to let go" be emphasized to sustain mindfulness as this script illustrates:

> You have now become so deeply relaxed and you are in such a deep hypnotic trance that your mind and your body feel completely relaxed. Yet, you are aware of everything, you can hear all the sounds and noise around you, you are aware of your thoughts and imagination, and you are aware that I am

sitting beside you and talking to you. Yet, you are able to let go, and feeling very calm and very peaceful. This shows that you have the ability to let go and yet you are aware of everything.

When the patient is in a deep trance, the therapist leads the patient step-by-step to imagine doing the raisin exercise. Before the termination of the trance, the following post-hypnotic suggestions are offered: *"Every time you do the raisin exercise you will become totally involved in it and you may become curious about what you may discover today."*

## 2. Awareness Cultivation

The second component of MBCH focuses on mindfulness training. As the term *mindfulness* is used as a generic term, consisting of several components; to avoid confusion *awareness cultivation* is used instead of *mindfulness training* in this section of the article. Mindfulness is a very simple way of relating to experience. It is based on the teaching of Buddha, who attributed human suffering to our tendency to cling to thoughts, feelings, and ingrained perceptions of reality and habitual ways of acting in the world (Lynn et al., 2006). In contrast, mindfulness directs one's attention to the task at hand. When mindful, one's attention is not entangled in the past or the future and one is not judging or rejecting what is occurring at the moment. One becomes the present, and this kind of attention is found to generate energy, clear-headedness, and joy (Germer, 2005). Most people with psychological disorders are preoccupied with past or future events. In such a scenario, the person strays away from present moment and becomes so infused with past or future suffering that their symptoms get worse.

Although mindfulness naturally occurs in our life, its maintenance requires practice. There are two types of mindfulness training: formal and informal. *Formal* mindfulness training involves mindful meditation, allowing practitioners the opportunity to experience mindfulness at its deepest levels. *Informal* mindfulness training refers to the application of mindfulness skills in day-to-day living. Any exercise such as paying attention to one's breathing or listening to ambient sounds in the environment that alerts us to the present moment, with acceptance, cultivates mindfulness. In the therapeutic context, informal mindfulness is usually taught with the goal of helping patients disengage from their disruptive patterns of thinking, feeling, and behavior, and to experience the relief of moment-to-moment awareness.

### *Awareness Education*

Irene was given an account of what mindfulness is and the importance of awareness training. She was given an explanation, citing experimental evidence, of the risk factors involved in the exacerbation, recurrence, and relapse of depression. Then different strategies for relapse prevention were discussed, emphasizing the simplicity and effectiveness of mindfulness training. It was also pointed out that feelings and thoughts are

not objective reality, they are impermanent, and they come and go: "just like a cloud, but the sky stays the same."

### *Awareness Training*

Awareness training involves *informal* mindfulness training and it consists of the Body Scan Meditation exercise developed by Segal and colleagues (2002, pp. 112–113). The patient is provided with a pre-recorded CD of Body Scan Meditation to facilitate daily practice at home. For a verbatim script of the Body Scan Meditation training adapted for cognitive hypnotherapy, refer to Alladin (2008, pp. 54–56).

### *Awareness Hypnotherapy*

The Body Scan Meditation can be very easily integrated in the hypnotherapy session in the same fashion as described for *Intention Hypnotherapy*. When the patient is in a deep trance, the patient is guided through the Body Scan Meditation. Lynn and colleagues (2006, pp. 155–156) suggest that basic instructions to practice mindfulness can be offered as hypnotic suggestions just as other imaginative or attention-altering suggestions. However, MBCH emphasizes awareness ("ability to let go . . . while being aware of everything") as illustrated by the script under *Intention Hypnotherapy*.

Lynn and colleagues (2006, p. 155) also use hypnotic images and metaphors to facilitate awareness training such as the following: "Imagine that your thoughts are written on signs carried by parading soldiers" (Hayes, 2004), or thoughts "continually dissolve like a parade of characters marching across a stage." Observe the parade of thoughts without becoming absorbed in any of them. The mind is the sky, and thoughts, feelings, and sensations are clouds that pass by—just watch them (Linehan, 1993). Imagine that each thought is a ripple on water or light on leaves. They naturally dissolve.

Furthermore, Lynn and colleagues (2006) recommend using hypnotic and posthypnotic suggestions to encourage patients practice mindfulness on a regular basis, learn to accept what cannot be changed, and appreciate that troublesome feelings and thoughts are not permanent.

## 3. Acceptance and Gratitude

The third component of MBCH comprises acceptance and gratitude.

### *Acceptance*

Acceptance means receiving experience without judgment or preference, but with curiosity and kindness (Germer, 2005). Acceptance is not merely tolerance, it is the active nonjudgmental embracing of experience in the here and now, and it involves undefended exposure to thoughts, feelings, and bodily sensations as they occur (Hayes,

2004). Acceptance is utilized in psychotherapy to reduce suffering by helping the distressed person observe different aspects of a situation or the relationship between the situation and the discomfort, or by creating a new stimulus that is less distracting or not distressing at all. This is well illustrated by the case of Ted, reported in a previous publication (Alladin, 2007, pp. 194–195), who transformed his suffering into creativity. Ted, a Child Psychologist, was involved in a road accident from which he sustained a complicated fracture in his left foot. One evening while he was riding his bicycle, he was hit by a motor vehicle from the back, driven by a drunken driver. He fell off his bike and broke his left foot. Ted had surgery and he was off work for 4 months. Initially he was very angry with the driver. He felt it was unjust that he should be hit by an irresponsible person, who drove under the influence of alcohol and who did not care for anyone on the road. Ted ruminated with this scenario for about three weeks, which made him feel depressed. Then he realized that there is nothing he can do about the accident: it occurred to him it's a luxury for him to have several weeks off from work. He decided to use the time to write a paper on "affect regulation" that he had intended to write for a long time. Ted got so involved in his writing that he wrote two excellent papers that were accepted for publication. Ted's acceptance of the initial stimulus (the accident) that was causing his distress was transformed into a different stimulus (writing) with different responses (preoccupation with writing, urgency to complete the papers, etc.). Ted still had thoughts about the drunken driver and the pain he was experiencing, but the pain or the accident was no longer the focal point for his energy and attention. Ted provides an example of pure acceptance. His goal *per se* was not to change his distress, but to utilize the time away from work to his advantage. Shifting Ted's attention to his writing might not have altered his experience of discomfort and displeasure, but he felt more content and productive, rather than being demoralized.

Acceptance can also be used in psychotherapy to increase decentering and there is some evidence that acceptance-based interventions reduce experiential avoidance and facilitate behavior change (Levitt, Brown, Orsillo, & Barlow, 2004).

### *Gratitude*

Sense of gratitude is used as a means to cultivate acceptance in suffering patients. Gratitude is a feeling or attitude in acknowledgment of a benefit that one has received or will receive. The experience of gratitude has historically been the focus of several world religions (Emmons & Crumpler, 2000) and has been mulled over extensively by moral philosophers such as Adam Smith (1790/1976). Recent studies suggest that people who are grateful have higher levels of subjective well-being, are happier, less depressed, less stressed out, and more satisfied with their lives and social relationships. (Kashdan, Uswatte, & Julian, 2006; McCullough, Emmons, & Tsang, 2002; Wood, Joseph, & Maltby, 2008). Grateful people also have higher levels of control of their environments, personal growth, purpose in life, and self acceptance (Wood, Joseph, & Maltby, 2009). Moreover, they have more positive ways of coping with the difficulties

they experience in life, being more likely to seek support from other people, reinterpret and grow from the experience, and spend more time planning how to deal with the problem (Wood, Joseph, & Linley, 2007). Furthermore, grateful people have less negative coping strategies, being less likely to try to avoid or deny their problems, or blame themselves, or cope through substance use (Wood et al., 2007). Grateful people sleep better, and this seems to be because they think less negative and more positive thoughts just before going to sleep (Wood, Joseph, Lloyd, & Atkins, 2009).

### *Gratitude Education*

Gratitude education focuses on making broad generalizations about different cultural values and beliefs, and Western and non-Western expectations of life and achievement. Patients are also encouraged to read the book, *The Narcissism Epidemic: Living in the Age of Entitlement* (Twenge & Campbell, 2009). This book provides a clear account of how high expectations, preoccupation with success, and sense of entitlement can set us up for failure. The idea behind the education is to help the patient understand that values are human-made, subjective, and culturally determined. This comparative understanding of societal values helped Irene reexamine her own meaning of success and failure and helped her to begin to focus on what she has (gratitude) rather than ruminating with what she did not have (unable to skate competitively).

### *Acceptance and Gratitude Training*

Acceptance and gratitude training involves: (1) acceptance exercise, and (2) gratitude tasks.

*Acceptance exercise.* The acceptance exercise involves:

- Focusing on here and now.
- Observing emotional experiences and their contexts non-judgmentally.
- Separation of secondary emotions from primary emotions (e.g., not to get upset for feeling upset, or being depressed for feeling depressed).
- Learning to tolerate distress rather than fighting it (flow with it).
- Adopting healthy and adaptive means to deal with chronic distress, rather than resorting to short-term reduction (e.g., over-medication or substance abuse).
- Toleration of painful experience.
- Recontextualizing meaning of suffering, such as distinguishing between "this is awful" to "let me focus on what I can do."
- Exercising radical acceptance—the ability to welcome those things in life that are hard, unpleasant, or very painful.
- Embracing good or bad experience as part of life.
- Willing to experience the reality of the present moment, for example, believing that "things are as they should be."

- Purposely allowing experience (thoughts, emotions, desires, urges, sensations, etc.) to occur without attempting to block or suppress them.
- Realizing that depression is not caused by the loss itself, but by our perception of it, our coping abilities, and our level of spirituality.

*Gratitude tasks.* The patient is assigned a list of gratitude tasks as listed below and advised to do at least one of these tasks daily:

- To write gratitude letters.
- To write a gratitude journal (it is well-known that Oprah Winfrey, celebrated TV hostess, while she was struggling with her chaotic adolescence, wrote about five things she was grateful for every night).
- To remember gratitude moments.
- To make gratitude visits to people one is grateful to.
- To practice gratitude self-talk.

### *Acceptance and Gratitude Hypnotherapy*

Sense of gratitude is easily integrated with hypnotherapy. This excerpt adapted from Alladin (2006) illustrates how hypnotic suggestions can be crafted to reinforce sense of gratitude:

> Just notice feeling calm, peaceful, and a sense of well-being. Feeling calm . . . peaceful . . . sense of harmony. No tension . . . no pressure . . . completely relaxed both mentally and physically . . . sense of peace . . . sense of harmony . . . sense of gratitude. Become aware of your heart. Notice how peaceful you feel in your heart . . . you feel calm in your heart . . . you feel a sense of gratitude in your heart. When you feel good in your heart, you feel good in your mind. (Alladin, 2006, p. 303; 2007, p. 197)

All the major religions state that when you wake up in the morning, if you have a roof over your head, you have bread to eat, and water to drink, and are in fairly good health, then you have everything. Just become aware of all the things you have . . . all the things you are grateful for. It is okay to have goals and ambitions. When we achieve goals and ambitions, they are bonuses and pluses. When we do not achieve our goals and ambitions, it is disappointing, but we have enough resources to live a comfortable life.

## 4. Integration of Mind and Heart

The fourth component of MBCH is targeted to integrate various subsystems in the body. As discussed before, heart-focused positive emotional state synchronizes the entire body system to produce psychophysiological coherence (McCraty et al., 2009). Guided by these scientific findings, Alladin (2012) has developed the *Breathing With Your Heart* technique to produce coherence (harmony) of the entire system (mind, body, brain, heart, and emotion). This technique integrates both Western (complex information center) and Eastern (big mind) concepts of the heart to produce psychological well-being.

A similar technique called Heart Joy, was independently developed by Lankton (2008, pp. 45–50) to create a sense of emotional well-being.

### *Heart Education*

The patient is given a scientific account of the role of the heart and positive emotions in the generation of psychophysiological coherence, which promotes healing, emotional stability, and optimal performance. The similarities and the differences between the Western and Eastern theories of the mind and "heart" are also discussed.

### *Heart–Mind Training Combined With Hypnotherapy*

Heart-mind training helps depressed patients cope with negative feelings (heavy heart) triggered by stressors or sense of loss. By breathing with the heart, depressives are able to shift their attention away from their mind to their heart. Moreover, when a person feels good in his or her heart, the person experiences a sense of comfort and joy because we validate reality by the way we feel and not by the way we think (Fredrickson, 2002; Isen, 1998). As mentioned before, logic does not always equate to good affect, but feeling good in one's heart always creates a positive affect (sense of gratitude: Welwood, 1983). For convenience, the Breathing With the Heart technique is described in tandem with hypnotherapy as it involves hypnotic induction, deepening, and deep relaxation.

### *Breathing With Your Heart Training*

This transcript from a session with Irene is reported verbatim to illustrate how the technique is introduced in therapy. Prior to this session, Irene had several sessions of hypnotherapy; therefore, she already had some training in hypnosis and deep relaxation. It is advisable to introduce this technique later in therapy, when the patient had sufficient training in mindfulness and CBT. The following is a script that begins with Irene being in a fairly deep hypnotic trance:

> You have now become so deeply relaxed, that you begin to feel a beautiful sensation of peace and relaxation, tranquility and calm flowing throughout your mind and body. Do you feel relaxed both mentally and physically? (*Irene nods her head up and down; ideomotor signals of "head up and down for YES" and "shaking your head side to side for NO" were set up prior to starting the Breathing With Your Heart technique*). Now I would like you to focus on the center of your heart (*pause for 30 seconds*). Can you imagine this? (*Irene nods her head*). Now I would like you to imagine breathing in and out with your heart (*pause for 30 seconds*). Can you imagine this? (Irene nods her head). Continue to imagine breathing in and out of your heart (she was allowed to continue with this exercise for 2 minutes; the therapist repeated at regular intervals "Just continue to imagine breathing with your heart" as she did the exercise). Now I would like you to slow down your breathing. Breathe in and out at 5 second intervals. Breathe in with your heart . . . 1 . . . 2 . . . 3 . . . 4 . . . 5 and now breathe out with your heart . . . 1 . . . 2 . . . 3 . . . 4 . . . 5. And now as you are breathing in and out with your heart I want you to become aware of something in your life that you feel good about, something

that you feel grateful for (*pause for 30 seconds*). Are you able to focus on something that you are grateful for in your life (*Irene nods*). Just become aware of that feeling and soon you will feel good in your heart (*Irene nods*). Just become aware of this good feeling in your heart (*pause for 30 seconds*). Now I would like to become aware of the good feeling in your mind, in your body, and in your heart. Do you feel this? (*Irene nods*). Now you feel good in your mind, in your body, and in your heart. You feel a sense of balance, a sense of harmony. Do you feel this sense of harmony? (*Irene nods*). From now on whenever and wherever you are, you can create this good feeling by imagining breathing with your heart and focusing on something that you are grateful for. With practice you will get better and better at it. Now you know what to do to make your heart feel lighter.

## Summary

Emotional disorders represent complex problems that are further compounded by comorbidity and socio-cultural factors. As there is no one treatment that fits every patient, there is an urgent need for clinicians to continue to develop more effective and comprehensive treatments for emotional disorders, particularly for depression as the relapse is so high. The main goal of this article was to integrate some specific Western and Eastern (mainly mindfulness) strategies to catalyze healing. Intentionality, mindfulness, acceptance, gratitude, and the "heart" were combined with cognitive hypnotherapy to broaden the comprehensivesness of hypnotherapy in the management of emotional disorders. Additionally, an innovative hypnotherapeutic technique for producing psychophysiological coherence and psychological well-being comprised of Western and Eastern concepts of the heart was described. Although most of the techniques described are scientific and evidence-based, there is a need to study the effectiveness of cognitive hypnotherapy when it is combined with mindfulness.

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