

**PROMOTING POSITIVE MENTATION THROUGH ONLINE SELF-HELP**

**HYPNOSIS**

Dissertation presented to the Faculty of the  
California School of Professional Psychology  
Alliant International University

Hong Kong

In partial fulfillment of the requirements for the degree of

Doctor of Psychology

by

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### **Dedication**

Firstly, I would like to express my special appreciation to my parents and elder brother for their endless love and support throughout my childhood. I am fortunate to be born and raised in such a supportive and warm family. Under this warm and encouraging atmosphere, I learned how to love others and share my happiness with others. This harmonious familial environment cultivates me perseverance and resilience when I face difficulties and failure in my life.

Secondly, I would like to dedicate this dissertation to my beloved wife, Maggie, for her continuous psychological encouragement and financial support. In past four years, we have experienced so many ups and downs in our life. Since I met Maggie, she has enriched my life with fruitful colors. Lovingly, she gave a beautiful daughter, Hannah, to my family. Maggie is such a wonderful wife who manages all the household works and takes care of my daughter perfectly while I am studying. My wife cultivates a stable environment for me to pursue my dream of being a clinical psychologist.

I would like to devote all my honor and recognition to my wife, daughter, and all my family members. Without their warm companion, I cannot imagine how I can go through these four years.

### **Acknowledgements**

Firstly, I would like to express my greatest gratitude to my dissertation chairperson and editor, Dr. Tori, for giving his professional advice and support in completing my dissertation. I am inspired by Dr. Tori to think and organize information in a systematic way. Dr. Tori impresses me by his dedication to teaching and generosity for sharing his knowledge and expertise. I respect him very much. Under his supervision and encouragement, I have developed interests in conducting scientific research and ability to write. I would also like to thank Dr. Alex Leung, my dissertation committee for his valuable advice throughout my dissertation. Their support gave me the strength to go through all the hurdles throughout the whole processes.

Finally, I would like to express my gratitude to my best friend, Nelson, for his tenacious companion in designing all the hypnotic scripts, recording the hypnotic audios and providing me valuable advice about my research designs. I shared lots of memorable and precious moments with Nelson throughout the years in my doctoral study.

**Abstract**

**Objectives:** This study was to investigate whether an online self-help hypnosis intervention was a suitable vehicle to convey a positive psychology intervention exerting beneficial influence over one's well-being, hopefulness, and self-efficacy. It was expected that the modified online positive psychology self-help hypnosis would be useful in a Chinese milieu.

**Method:** An online double-blind pretest-posttest experimental study was conducted.

Participants, including 58 adult Chinese (33 women), were divided into three groups (Positive Psychology Hypnosis, Hypnosis alone, and Narrative Writing). The experimental procedures were completely automated and conducted via the internet. Upon entering the experimental platform, participants in Hypnosis group and Positive Psychology Hypnosis group were exposed to the voice recording of an induction procedure by an experienced therapist.

Afterwards, the Positive Psychology Hypnosis group were further exposed to a voice recording consisted of suggestions about an element in positive psychology. The subjects in the Narrative Writing group had not gone through the hypnosis but only wrote essays about themselves and their friends. Dependent variables were the Chinese version of Positive and Negative Affect Schedule-Expanded, Dispositional Hope, and General Self-Efficacy Scale.

**Results:** A significant interaction was obtained for the three groups in the pre- and posttest measures on the Positive Affect (PA) Scale ( $p = .018$ , partial eta squared = .14). It was shown that participants in the Positive Psychology Hypnosis group ( $p = .001$ , partial eta squared = .48)

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improved more than subjects in other groups and which confirmed the main hypothesis of this study. However, no significant interaction was noted for the two-way ANOVA (Groups by pre- and posttests) on the Negative Affect (NA) Scale. Similarly, no significant interaction was obtained in the pre- and posttest measures for the three groups on the pathway subscale of the Dispositional Hope Measure. However, all three groups improved over time.

Interestingly, analyses of three post-tests on Hope Scale showed that participants in the Positive Psychology Hypnosis group had significantly higher scores in pathway subscale than those in Narrative Writing ( $p = .026$ ). **Conclusions:** Online Positive Psychology Hypnosis appeared to be beneficial for Chinese participants. This is particularly important in a milieu where negative stigma associated with mental illness is prominent.

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## CHAPTER I

### Statement of Problem

From the perspective of a number of social scientists, it has been argued that the preponderance of mental health interventions have been placed disproportionate emphasis on secondary and tertiary prevention methods (McCave, & Rishel, 2011). This is not surprising in view of epidemiological studies such as the one conducted by Lam and his colleagues in 2015 which pointed out that 13.3% of Hong Kong city dwellers had significant mental health problems. While these mental disorders merit treatment, emphasis must also be placed on how they can be avoided. Therefore, Albee (1982) stated that many in the profession have become interested in primary prevention procedures that involve making people more self-actualized and content. Kogan (2001) pointed out that this desire has coalesced in a new movement called positive psychology. Adherents of this view of psychology have substantially increased knowledge related to issues such as well-being and good mental health. The urgency of promoting one's positive well-being is surely important and is a mental health prophylactic to maintaining an adaptive adjustment (Slade, 2010).

In Chinese culture, *mianzi* (面子), which is also known as “face,” is fundamental to social identity (Yang, 2007). Given traditional views, if a family member were to be diagnosed with a mental illness, this would bring shame to other family members and reduce ancestral honor.

In light of this, many Chinese individuals possess relatively more negative thoughts and

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beliefs towards those having mental disorders when compared with their Western counterparts (Furnham, & Chan, 2004). Based on the above, a positive psychology approach, which focuses on strengthening individual's constructive virtues and characters, may pave the way to reduce stigmatization of mental illness that often occurs in the Chinese cultural milieu (Compton, & Hoffman, 2013).

Tien and her colleagues (2014) stated that the Western academic concepts of positive psychology were introduced to Chinese researchers in the early 21st century. Wong (2016) reported that positive psychology gained a place in China because of local scholars' advocacy. As T. Y. Lin and Lin observed (1981), most Chinese individuals are very practical and are more inclined to be interested in their everyday problem solving behaviors rather than dwelling on abstract pathological states. For example, the prominent Tsinghua University has re-established its psychology department and has placed increasing emphasis on primary prevention methods (Kuhn, 2013). Moreover, three international conferences regarding positive psychology were organized in China and were concomitant with a countrywide happiness campaigns initiated by the government (Yang, 2014). Since then, numerous Chinese scholars have embraced the positive aspects of psychological science and have devoted increased efforts at initiating preventive mental health strategies (Fu, Yin, Wang, Tang, & Liao, 2012; Ho, 1996; Ho, 1998; Ho, Duan, & Tang, 2014; Lu, 2008; Wong, 2011).

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However, Wong (2016) has pointed out that the emphasis among Chinese indigenous positive psychologists is often different from that of their Western peers. For example, as Confucius had long argued, having a harmonious group dynamic is conceived to be more vital than having grandiose and individual achievements (Rarick, 2007). Also, in Chinese culture, restraint is often more appreciated than achieving one's particular needs and contentment (D. H. Z., Khairullah, & Khairullah, 2013). From Taoist perspectives, living peacefully and in harmony with nature rather than dominating it, is fundamental to achieving authentic contentment (Cooper, 2010). Under the influence of above-mentioned Chinese views, Wong (2016) argued against the direct importing of Western academic positive tenants into Chinese conceptualizations. This argument was, in part, because of the many differences in the conceptual meaning of happiness and fulfillment between Western and Oriental perspectives. Thus, in the present study, indigenous based images and metaphors were used in the treatment package.

### **Hypnosis as a Dissemination Vector**

Among ways to disseminate positive psychology interventions, hypnosis was considered as an appropriate medium to accomplish this end. It must be remembered while hypnosis has only recently introduced into China, native Chinese culture has long practiced mind control methods (Huang, 2008). One has only to consider the mental achievements of many Chinese Buddhist and Taoist practitioners (Wong, 2008) and martial art masters such as those from

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Shalin temple (少林寺) (Chan, Cheung, Sze, Leung, & Shi, 2011) or from the Qi Kong (氣功) tradition (Du, 1988). Additionally, Chinese people favor directive interventions that bring about quick observable results (Ng, & James, 2013). These are among the reasons that Huang (2008) concluded that hypnosis is often a useful component of psychotherapy with Chinese participants.

However, care must be taken to separate the use of hypnosis scientifically from the many myths and misconceptions that are based on sensationalist popular sources such as films and novels (Yu, 2004). These portrayals often cast a hypnotherapist as possessing malevolent or supernatural powers to control another's mind. Moreover, Huang (2008) felt that many are inclined to perceive hypnosis as a mystic phenomenon and capable of bringing about miraculous results. As a result, some may fear hypnotherapy because they see it as a rather Machiavellian method. Given this, more empirical studies concerning the proper use of hypnosis are necessary and serve to clarify popular misunderstandings and fallacious assumptions that are common in general populations.

**Advantages of Online Self-help Hypnosis.** Among different types of psychotherapeutic interventions, administering self-help hypnosis through the internet can be seen to possess many advantages (Ahern, Kreslake, & Phalen, 2006; Griffiths, Lindenmeyer, Powell, Lowe, & Thorogood, 2006; Korp, 2006; Mitchell, Stanimirovic, Klein, & Vella-Brodrick, 2009).

These have ranged from enhancing accessibility and sustainability (Evers, 2006) to

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“personalization; tailoring; multi-media options; interactivity; reliability; convenience; anonymity; and consumer empowerment” (Mitchell, Vella-Brodrick, & Klein, 2010, p. 30).

Furthermore, Montgomery, Schnur and Kravits (2013) suggested that online hypnosis would be especially welcomed by those who were reluctant or unable to travel to have face-to face psychotherapy. In light of this, online psychotherapies may be the promising future trend in the delivery of mental health services.

### **Purpose**

Clearly, there is a great need in clinical psychology to investigate the usefulness of primary prevention methods which can be widely applied. Thus, the present study was designed to evaluate a positive psychology intervention which was delivered hypnotically on a website. It is hoped that such an intervention could be economically feasible and effective in promoting primary prevention and be easily disseminated. In the present study, a locally derived intervention, which contained culturally appropriated images, themes, and narratives, was designed and evaluated.

## CHAPTER II

### Literature Review

#### Positive Psychology

**Definition.** According to Linley and his colleagues (2006), there was no initial consensus regarding the early definition of positive psychology. Scholars, such as Seligman and Csikszentmihalyi (2000), have defined positive psychology from multiple perspectives that, in essence, center the definition on the pursuit of one's optimal functioning and happiness as *raison d'être* of existence. This basic view is supported by a number of other researchers (e.g.s Gable, & Haidt, 2005; Sheldon, & King, 2001).

Based on the premise mentioned above, Linley and his colleagues (2006) have conceptualized positive psychology from an integrative perspective that sees the discipline as a scientific exploration of how human individuals could maintain their basic contentment and optimal adaptive functioning. They also viewed positive psychology as a means that could increase the perception of healthy aspects of daily life over negative views of human life.

**Early history.** According to Greek etymologists, the word *eudaimonia* (εὐδαιμονία) can be interpreted as having a meaning of wellness in its prefix of "eu" and implying divine or spiritual characteristics in its suffix of "daimon" (Kraut, 2014). Aristotle is thought to have considered *eudaimonia* as having a meaningful and happy life (Green, 2016). In ancient China, Confucius taught that happiness (*lè* 樂) can only be achieved through having a simple,

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unadorned, and ethical existence (Fraser, 2013). However, he also pointed out that living an unembellished life is more preferable than having wealth at the cost of morality (Lau, 1979).

Also, it must be remembered, for Confucius, meaning in life was seen as socially determined.

**Recent history.** Froh (2004) pointed out that the fundamental components of academic contemporary positive psychology could be traced to William James. Sriniviasan (2015) stated that James is often considered as the founders of American psychology. James was among those who noted the differences between people who could maximize their potential through manipulating their resources as opposed to those who could not (Paweiski, 2003).

Regarding existential views, this contributed to positive psychology by providing several essential theoretical conceptualizations (Schneider, Pierson, & Bugental, 2015). In 1954, the terms “positive psychology” appeared officially in the appendix of Maslow’s text (*Motivation and Personality*). Maslow claimed that the science, which was solely based on illness or a disease model, would fail to prosper and not be able to contribute to individual or societal wellbeing significantly.

The humanist Carl Rogers (1961), suggested psychotherapists should promote positive development through authenticity and unconditional positive regard for the other. The degree of an individual’s positive development was, among other things, dependent on genuine self-acceptance (Pillay, 2016). Seligman (2011) proposed that affirmative self-references along with meaningful relationships and duties would lead to a wholesome adaptive



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adjustment.

Linley and his colleagues (2006) stated that the tenants of positive psychology were widely applauded when they were introduced to the American Psychological Association by Seligman in 1998. Since then, the movement has gained large-scale acceptability (Scorsolini-Comin, Fontaine, Koller, & Santos, 2013). Linley and his colleagues (2006) have pointed out the contribution of other scholars, such as Ken Sheldon, Edward L. Deci, Richard M. Ryan, Ed Diener, and Donald Clifton over this emerging science. Currently, numerous positive psychology publications, journals, regional networks and a new academic program emerged to exert international influence.

**Theoretical conceptualization.** Positive psychology consists of different theories that include authentic happiness, well-being theory, and hopeful perspective on life and flow state concepts to mention only a few.

***Authentic happiness and well-being theory.*** A cornerstone of positive psychology concerns the concept of happiness (Seligman, 2002). In general terms, happiness can be operationalized by quantifying various life satisfaction markers (Duckworth, Steen, & Seligman, 2005). It seems that overall happiness is dependent on whether one can achieve meaning in life and possessing positive emotion as well as life engagement.

Seligman (2011) formulated the well-being theory and while Scorsolini-Comin and his colleagues (2013) explained the essential concepts of this idea. Well-being theory is based on

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two commanding constructs: (a) fulfillment and (b) interpersonal relationships. Seligman (2011) went on to point out that the agenda of positive psychology was aimed at promoting one's subjective and objective well-being. It served an ultimate goal of increasing self-actualization through promoting positive emotions, engagement in life, having healthier interpersonal relationships and pursuing life meaning and accomplishments.

**Hope theory.** According to Snyder and his colleagues (1991), hope is defined as (a) a state of positive motivation that is based upon whether an individual possesses goal-directed energy (Agency thinking) and (b) different methods (Pathway thinking) to pursue one's desirable goal(s) successfully. The accomplishment of desired goals typically brings positive outcomes or prevents having negative outcomes (Snyder, 2002). After having a clear conceptualized goal, an individual may develop agency thinking which underlies the capacity to attain anticipated goals (Snyder, Lopez, Shorey, Rand, & Feldman, 2003). Also, an individual may cultivate pathway thinking that formulates specific strategies to achieve his desired goals (Crane, 2004).

**Flow state theory.** Csikszentmihalyi (1997), who is a well-known apologist for positive psychology, has introduced the concept of the flow state. When individuals are in a flow state, they participate in an activity that consumes their creative capacities to achieve reasonable aspirations (Nakamura, & Csikszentmihalyi, 2009). They become absorbed in this activity and feel stronger, more fully energized and contented after immersion (Sahoo, & Sahu, 2009).

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Although conceptualization of flow is an abstract idea; it can be quantified objectively by some measuring instruments (Csikszentmihalyi, M., & Csikszentmihalyi, 1988; Mayers, 1978; Nakamura, & Csikszentmihalyi, 2009).

**Therapeutic uses.** According to a meta-analysis conducted by Bolier and his colleagues in 2013, it was concluded that positive psychology interventions are effective in promoting an individual welfare, psychological contentment, and reducing dysphoric moods. In a large scale control trial conducted by Seligman and his colleagues (2005), the participants reported having more psychological contentment and having less depressive moods at initial, three, and six-month follow-ups after they used their signature strengths consecutively for seven days. In the same study, the participants reported having an improvement in their psychological well-being and a reduction in their dysphoric moods after they wrote down three good things that happened to them and the reasons why they these events happened for seven days.

Detailed studies on the outcomes of positive psychology interventions were conducted by Moskowitz and her colleagues in 2017, Krentzman in 2012 and Mills and Kreutzerin in 2016 respectively. A randomized control trial, which was conducted by Moskowitz and her colleagues in 2017, suggested that positive psychological intervention brought along modest improvement in the psychological well-being of those who were diagnosed with HIV recently.

A systematic review, which examined the feasibility of application of positive psychology

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interventions over substance use and addiction, proposed that positive psychology interventions might contribute to developing innovative prevention and intervention for substance users (Krentzman, 2012). Further, Mills and Kreutzer (2016) concluded that interventions, which based upon the theoretical conceptualization of positive psychology, were conceived to improve vocational rehabilitation of those who were suffering from traumatic brain injury.

### **Hypnosis**

**Definition.** According to the Society of Psychological Hypnosis (Division 30) of the American Psychological Association, the definition of hypnosis is “a state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion” (Elkins, Barabasz, Council, & Spiegel, 2015, p. 382). It should be remembered that several psychological definitions of hypnosis are debated because hypnosis is a complex and multi-dimensional construct (Yapko, 2012). Therefore, the definition of hypnosis has remained controversial. Also, James (2010) pointed out that clinical hypnotherapy is quite different from stage hypnosis because the clinical hypnotherapist implements a therapeutic procedure to benefit his/her clients whereas stage hypnotist performs a show that amuses his/her audience.

**Early history.** For eons, trance states have been used to treat different types of diseases and disorders (Alladin, 2008c). Niehaus (1999) pointed out that the earliest record of this was

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discovered in Egyptian tombs and written on papyrus concerning the use of suggestions coupled with a ceremony. As Hunter (2010) reported, this evidence can be traced back thousands of years. Additionally, hypnotic trance was used in ancient China. McIntosh (2002) stated that Zen Buddhist practitioners consider control of the mind as essential and this is achieved through various forms of mediation. When one meditates, one will gain a phenomenological state that is similar to hypnotic trance (De Benedittis, 2015). Not surprisingly, Holroyd (2003) concluded that meditation shares many similarities with hypnotic trance state.

In the eighteenth century, Franz Anton Mesmer, who was an Austrian physician, applied the idea of trance state in medical practice (Stern, Fava, Wilens, & Rosenbaum, 2016). Mesmer suggested that there was a magnetic field that surrounded individuals and one's magnetic field could be manipulated to restore health and to treat diseases (Micozzi, 2011). As Hassani (2010) reported, Mesmer's theory of restoring magnetic equilibrium to treat the diseases was evaluated by two French scientific commissions which were comprised of many prestigious authorities. Green, Laurence, and Lynn (2014) said that many of Mesmer's assertions and practices were judged as questionable.

In the nineteenth century, two prominent French neurologists (Jean-Martin Charcot and Pierre Janet) experimented in treating conversion disorders by using the hypnosis as a therapeutic tool (Broussolle, Gobert, Danaïla, Thobois, Walusinski, & Bogousslavsky, 2014).

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In addition, they gained international attention by implementing hypnotherapy based on psychopathological models of the day (White, 1997). In light of their reputation, Josef Breuer and even Sigmund Freud were attracted to visit their working clinics to study hypnotherapy.

After learning hypnotherapy, Breuer and Freud (1895/1955) jointly published a seminal text:

*Studies on Hysteria.*

**Modern history.** During the twentieth century, Elkins (2017) said that Milton Erickson was perceived to be the most prominent person in the field of hypnotherapy. As suggested by C. A. Simpkins and Simpkins (1997), Milton Erickson developed a distinctive approach with an individualized focus in hypnosis when compared with the traditional directive approach with standardized instructions. Hunter (2010) stated that Milton Erickson was renowned for his contributions in his utilization of indirect suggestions during hypnotherapy. Erickson emphasized the importance of personal interactions during the therapeutic relationship (Otani, 1989). Also, he advocated recognition of an individual's inner resources as well as experiential life-being and manipulated them to achieve a therapeutic effect (Zeig, 2008).

Also, Bower (2010) stated that Ernest Hilgard was another eminent psychologist who was a professor at Stanford University. In collaboration with his colleague Andre Weitzenhoffer, Hilgard developed the Stanford Hypnotic Susceptibility Scales (Weitzenhoffer, & Hilgard, 1959). The Standard Hypnotic Susceptibility is considered as a golden standard for evaluating hypnotizability since its initial publication (Benham, Smith, & Nash, 2002). Ernest

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Hilgard contributed to the field of hypnosis by postulating many constructs including the neo-dissociation theory of hypnosis and in pain control methods (Bower, 2010).

**Therapeutic uses.** Hypnosis has been used as a psychotherapeutic intervention for problems such as anxiety disorders, depression, PTSD, psychosomatic disorders, insomnia, pain control, addictions as well as sexual dysfunction (Mendoza, & Capfons, 2009).

Organizations such as the American Psychological Association, American Medical Association, and British Medical Association have approved the use of clinical hypnosis when its use is appropriate. For example, the hypnosis literature possesses myriads of empirical studies concerning the management of both chronic and acute pain (Mendoza, & Capafons, 2009). Montgomery and his colleagues (2000) suggested that hypnosis can contribute to different levels of pain reduction in three-quarters of the general population. In addition, hypnosis can be used as an individual treatment to alleviate insomnia in school-aged children (Anbar, & Slothower, 2006) or routinely implemented as an adjunctive treatment for insomnia (Alladin, 2008c). For smoking cessation, hypnosis provides similar efficacy when compared with other psychological interventions such as behavior modification and psycho-education (Green, & Lynn, 2000; Tori, 1978).

Some other interesting studies on the use of clinical hypnosis were conducted by De Vos and Louw in 2006 and 2009, Swope in 2013 and Latheef and Riyaz in 2014 respectively. In the first study of De Vos and Louw (2006), the effect of hypnotic training program over the

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academic performance of college students was examined. The hypnotic training program successfully brought along a significant improvement over students' academic results. In their later study (De Vos, & Louw, 2009); the effect of another hypnotic training program over participants' self-concept was evaluated. Participants' self-concept improved significantly after receiving this hypnotic training program. Further, they suggested that hypnosis could be manipulated as a therapeutic tool to improve students' self-concept which ultimately improved their overall academic functioning. Besides, hypnosis might benefit patients who suffered from some rare skin diseases such as Raynaud's disease and Hansen's disease (Latheef, & Riyaz, 2014; Swope, 2013). When participants, who were suffering from Raynaud's disease, received self-hypnosis, they successfully had an improved ability to volitional control of their hand temperature (Swope, 2013). Furthermore, Latheef and Riyaz (2014) stated that hypnosis could be used as an adjunctive therapy for those who were having Hansen's disease.

**Theoretical conceptualizations.** Theories of hypnosis can be categorized into the broad groups of (a) role taking theory, (b) cognitive factors and (c) physiological changes associated with hypnosis.

**Role taking theory.** Bachner-Melman and Lichtenbery (2001) considered the role-taking theory as a fundamental way to understand hypnosis. Earlier, Sarbin (1950) concluded that being a hypnotized subject is a social role. Anyone, who wants to be hypnotized, must be



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willing to take up this social role. As Lynn and Rhue (1991) suggested, both hypnotherapist and hypnotic subjects follow established narratives, accept their different roles and act accordingly. From this perspective, hypnotic subjects act in a way that they think a hypnotized person should behave.

***Cognitive factors.*** A study, which was conducted by Wu in 2016, concluded that cognitive factors, such as absorption, age, executive functioning and experience of having an altered state of consciousness, were significant predictors for individual's hypnotizability. Among the above-mentioned cognitive factors, absorption was considered as one of the important factors of hypnotizability. Absorption and suggestibility possessed a modest association and its relationship was moderated by different context (Milling, Kirsch, & Burgess, 2000). When compared with those having lower absorption, participants, who possessed higher absorption as measured by Tellegen's absorption scale, reported more vivid images, attentional absorption and increased experience to the altered state of consciousness (Pekala, Wenger, & Levine, 1985). Further, Pekala, Kumar, and Marcano (1995) stated that individual's dissociative ability and suggestibility were correlated with the occurrence of spontaneous anomalous experience.

***Physiological changes associated with hypnosis.*** Smith and Adelman (1992) stated that hypnosis was comprised of three fundamental components including absorption, dissociation, and suggestibility. These hypnotic components were explored by researchers to identify

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different cerebral areas and activity patterns through different advanced imaging technologies (Jensen, Adachi, & Hakimian 2015).

*Brain waves.* As reported by Kihlstrom (2013), previous researchers hypothesized that the presence of the hypnotic state was associated with the density of alpha waves elevation. However, two studies rebutted this premature hypothesis (Ray, 1997; Sabourin, Cutcomb, Crawford, & Pribram, 1990). Later, Jensen and his colleagues (2015) discovered that hypnosis was closely correlated with slower theta and faster gamma oscillations. They concluded that theta oscillations were measured by EEG when hippocampus and amygdala, which belonged to human limbic systems, were activated. These limbic system activities contributed to the storage and retrieval of the human explicit memory that ultimately resulted in hypnotic experience (Buzsáki, 2006; Paré, Collins, & Pelletier, 2002).

*Hypnosis in the right hemisphere.* Previous researchers proposed that right hemisphere is heavily involved in hypnotizability (Graham, 1977; Gur, R. C. & Gur, 1974). Damage to the right hemisphere might result in more impairment to hypnotic responsiveness when compared with a damage in the left hemisphere. However, this speculation was rebutted by the study of Kihlstrom and his colleagues in 2013. They pointed out that there was no significant difference in the hypnotic ability between patients having left hemisphere and those having right hemisphere damage. Further, they suggested that future neurological studies can explore the difference of hypnotizability among different areas of brain damage.

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*Prefrontal cortex.* Diene and Hutton (2013) pointed out that the function of anterior frontal cortex determined individual's responsiveness to suggestions. In addition to children having immature developed prefrontal cortices, elderly, with prefrontal cortex atrophy, were more prone to receive suggestions (Bruck, & Ceci, 1995; Cohen, & Faulkner, 1989). Furthermore, Woody and Szechtman (2003) stated that the function of the frontal cortex, particularly that of the prefrontal cortex, would be inhibited during the hypnotic procedure. Two research showed that people, having higher suggestibility, reported having poor performance in Stroop task that was considered to involve activities of the left dorsal-lateral prefrontal cortex (Dixon, & Laurence, 1992; Farvolden, & Woody, 2004). Their findings are consistent with another study conducted by Egner and his colleagues in 2005. It seems that the function of the anterior cingulate cortex was reduced when the hypnotic subjects performed the Stroop task.

**Hypnosis and positive psychology.** Guse (2014) concluded that there were several similarities between the hypnosis and positive psychology notions. First of all, Guse (2012) pointed out that hypnosis is based on realizing and mobilizing ego states related to promoting psychological healing. The finding is congruent with the fundamental principle of positive psychology which focused on individual's positive aspect (Seligman, & Csikszentmihalyi, 2000). Yapko (2006) have suggested that hypnosis was able to utilize clients' intrinsic, positive and productive resources.

Csikszentmihalyi (1990) stated that one's experience of entering the trance state in

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hypnosis is closely interwoven with one's experience of flow. Flow is "a state of awareness where one is completely absorbed in an activity" and hypnosis can be categorized as "one type of flow experience" (Life Change Hypnotherapy, 2013, para. 12). Salanova, Bakker, and Lloren (2006) concluded that when one is absorbed, one is concentrated or even immersed in an activity without realizing the elapsed time.

### **Online Self-help Hypnosis**

When compared with traditional psychological interventions, the online hypnosis platform possesses distinguishable advantages of accessibility and sustainability (Mitchell, Stanimirovic, Klein & Vella-Brodrick, 2009). It can be easily accessed at any time and from major living places. Therefore, online users could access online services at their convenience and their own pace. Also, online implementation of self-help hypnosis has been cost-effective (Ybarra & Eaton, 2005). After initiating systematic development, internet self-help hypnosis has been administered automatically which ultimately reduces the necessity and the expense of direct face-to-face interactions (de Graaf et al., 2008; Mihalopoulos et al., 2005).

Following the establishment of procedures, a browser can access this online resource with minimal cost. Meanwhile, the developer contributes limited resources to sustain the future system (McCrone et al., 2004).

### **Summary and Hypothesis**

For the keyword *hypnosis*, a recent PsycINFO search reveals that there are nearly 20,000

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citations of which, over 10,000 are scholarly peer-reviewed journal articles. It is apparent that hypnotic procedures are of interest to clinical psychologists. At the same time, many people still consider hypnosis primarily as a form of entertainment. Therefore, more research demonstrating the clinical applicability of hypnosis will be beneficial for increasing its legitimate use as a therapeutic psychological intervention.

Additionally, such research is important because hypnosis in non-western populations is very meager. For example, in China and Hong Kong, there are only a handful of citations regarding hypnotic procedures when the keywords ‘Hypnosis and Chinese’ were searched. When the keyword ‘Hypnosis and Online’ is entered into the PsycINFO search, the number of citations falls precipitately. These few citations suggest an inadequate exploration in the utility of hypnosis in a variety of settings (Spiegel, 2012). While numerous websites are suggesting the use of hypnosis for various ailments, most lack empirical support regarding claims made to its efficacies (Sucala, Schnur, Glazier, Miller, & Montgomery, 2013). Therefore, empirical research regarding the online hypnosis is important before it can be implemented to the general population.

To conclude, most of the well-established research emphasizes on the secondary prevention which refers to cure the diseases or prevent the diseases from worsening. Unfortunately, most of the healthcare professionals overlook the importance of primary prevention which focuses on preventing the occurrence of diseases (Institute for work and

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health, 2015). Therefore, increase in the application of positive psychology can increase the awareness and even the promotion of diseases prevention across general populations (Mitchell, Vella-Brodrick, & Klein, 2010). Since then, the incidence of mental diseases will be decreased whereas the numbers of individuals, who possess positive mental well-being, will be increased accordingly (Slade, 2010). Under this shift of psychologists' orientation from remediation to prevention, Terjesen and his colleagues (2004) stated that clinical psychologists would be expected to be more proactive in delivering primary healthcare to their clients. They may help their clients by cultivating and strengthening one's positive traits to enhance one's psychological well-being. Hence, they can build one's resiliency and promote society's public health ultimately.

In consequence, the first hypothesis ( $H_1$ ) concerns about the effect of positive psychology hypnosis (Experimental group) and hypnosis only (Comparison group) over participants. It is hypothesized that positive psychology hypnosis and hypnosis only brought along different effects towards individual's well-being, hopefulness, and self-efficacy.

The second hypothesis ( $H_2$ ) concerns about the difference in the effect on participants' well-being, hopefulness, and self-efficacy among positive psychology hypnosis (Experimental group), hypnosis only (Comparison group) and narrative writings (Control group). It is hypothesized that the participants in the positive hypnosis group will have a more significant improvement in individual's well-being, hopefulness, and self-efficacy when

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compared with that of participants in the hypnosis only group and in control group respectively (Narrative writings).

The third hypothesis (H<sub>3</sub>) concerns about the difference in the effect on participants' well-being, hopefulness and self-efficacy between hypnosis only (Comparison group) and narrative writings (Control group). It is hypothesized that the participants in the hypnosis only group will have a more significant improvement in individual's well-being, hopefulness, and self-efficacy when compared with that of participants in the control group.

## CHAPTER III

## Method

## Participants

In this study, there were three groups of participants (Table 1): Positive hypnosis group (Hypnosis + positive psychology interventions), hypnosis only group (Hypnosis only) and writing group (Writing narratives).

Table 1

*Study Design*

Group Number	Group Name	Interventions
One	Positive Hypnosis Group	Online self-help hypnosis plus Online positive psychology interventions
Two	Hypnosis Only Group	Online self-help hypnosis
Three	Writing Group	Narrative writings

All three groups had the same inclusion and exclusion criteria. Individuals, who were 18 years old or above and were citizens in Hong Kong respectively, were recruited. They were expected to provide a valid email address, speak and communicate in Cantonese or Mandarin. Also, they were expected to be capable of reading and writing in Traditional/Simplified Chinese characters at primary three levels (that was equivalent to an educational level of 9 years old child). On the contrary, this study excluded those who had any diagnosed psychiatric illnesses and diagnosed substance abuse problems. In addition, participants were



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excluded if they had any diagnosed past medical history of traumatic brain injury, epilepsy or cardiac diseases.

Convenience sampling was implemented in the current study (Gravetter, & Wallnau, 2009). Participants were recruited through researcher's email contacts and Facebook. An online research suite, which was known as Qualtrics Insight Platform (Qualtrics) of Alliant International University, was implemented to provide a platform for receiving timely responses from the participants. Moreover, the researcher sent participant reminder emails through Qualtrics when researcher noted that there was any missing data or incomplete questionnaires. Through Qualtrics, the researcher sent study invitation email to recruit subjects from his emails. At the end of the email, a hyperlink was attached to direct participants to Qualtrics for the commencement of the study. Furthermore, an active hyperlink, which could direct the participants to Qualtrics as well, was posted to researcher's Facebook for another way of sample recruitment.

In the message of the study invitation (Appendix A & B), there was a hyperlink which redirected the participants to an external website with eight screening questions (Appendix C). If the participants answered the exclusion questions one, three, four and eight as 'No', exclusion question two as 'younger than eighteen years old' respectively, the Qualtrics would automatically block their further participation in the study by sending them a thank you message. To the contrary, if the participants answered exclusion question five to seven as

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‘Yes’, the researcher had invited participants to send him a personal email to clarify their eligibility of participating the study. After collecting all the online data, the researcher excluded those participants who were suspected to be suffering from psychosis by screening out odd or very unusual online responses (e.g. Spirits told me to participate the experiment, I want to be a superman). Meanwhile, the researcher excluded participants, who joined the study more than once, from data analysis. Elimination of duplication was achieved by activating the “Prevent Box Stuffing under Survey Options” of Qualtrics. This activation put a cookie on the respondent’s browser and prevented them from taking the survey twice. Ultimately, the researcher excluded subjects who indicated no belief in the efficacy of hypnosis in their online responses. It was because individuals, who were inclined not to conceive the benefit of hypnosis, were contraindicated to receive hypnosis (King Edward Memorial Hospital, Perth Western Australia, 2016).

One hundred and forty-four responses ( $N=144$ ) were collected in this study (*Figure 2*). Responses were obtained through various channels such as inviting subjects over personal emails ( $n=62$ ) and posting an anonymous link over researcher’s Facebook ( $n=82$ ). For subjects inviting over personal emails, 90 ( $n=90$ ) study invitation emails were sent. 62 ( $n=62$ ) of them provided preliminary responses whereas 30 ( $n=30$ ) of them authentically completed the surveys. The completion rate was 48%. 32 ( $n=32$ ) samples were excluded because (a) they did not complete the surveys even though reminder emails were sent, (b) they met

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exclusionary criteria. For those entering the survey through an anonymous link over the researcher's Facebook ( $n=82$ ), the completion rate was 48%. 52 ( $n=52$ ) of them were excluded for the reason similar to those participants through an email invitation. Ultimately, subjects' invitation over personal emails provided 30 valid responses ( $n= 30$ ) whereas anonymous link provided another 30 valid responses ( $n= 30$ ). As a result, a total of 60 participants ( $N=60$ ) were recruited in this study.

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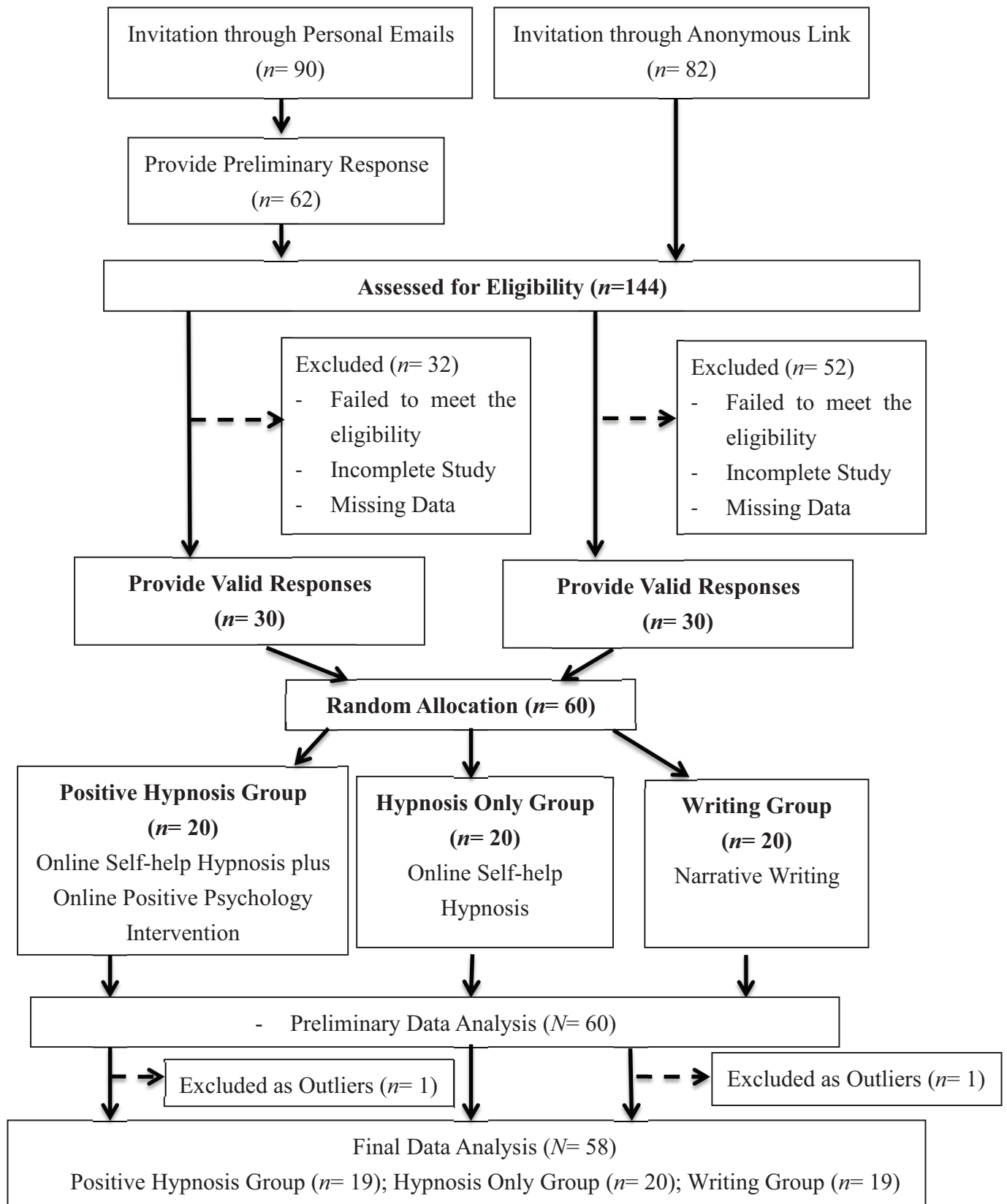


Figure 1. Participant Flow through the Study from Invitation to Data Analysis

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### Demographic Characteristics

Within these 58 valid responses ( $N= 58$ ), 56.9% ( $n= 33$ ) of them were males whereas 43.1% ( $n= 25$ ) of them were females (Table 2). Additionally, 62.1% of the participants ( $n= 36$ ) aged below 50 years old whereas 37.9% of them ( $n= 22$ ) aged 50 years old or above. When concerning the marital status, the majority of people got married ( $n=37$ ) (63.8%). Meanwhile, nearly one-third of them were single or in another marital status ( $n= 21$ ) (36.2%).

Besides, three-quarters of people ( $n= 44$ ) (75.9%) were atheist whereas approximately one-quarter ( $n= 14$ ) (24.1%) of people possessed religious belief. When it came to an educational level, 63.8% of them ( $n= 37$ ) received university education or above. To the opposite, only 36.2% ( $n= 21$ ) of them had secondary or below education. Over 30% ( $n= 22$ ) (37.9%) of them were professionals or associated professionals whereas 29.3% of them ( $n= 17$ ) were self-employed or unemployed. In addition, approximately three-quarters of them ( $n= 41$ ) (70.7%) earned an annual income below or equal to \$500,000 Hong Kong dollars whereas nearly one-third of them ( $n=17$ ) (29.3%) has an annual income more than \$500,000 Hong Kong dollar. Besides, over a half of them ( $n= 37$ ) (63.8%) possessed a moderate hypnotic susceptibility followed by 36.2% of people ( $n=21$ ) having high or low hypnotic susceptibility.

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Table 2

*Demographic Characteristics of Entire Sample, Positive Hypnosis, Hypnosis Only and Writing Group*

Personal Demographics	Positive Hypnosis (n=19)	Hypnosis Only (n=20)	Writing Group (n=19)	p-value <sup>a</sup>
<b>Gender</b>				
Male	11 (19%)	12 (20.7%)	10 (17.2%)	p= 0.89
Female	8 (13.8%)	8 (13.8%)	9 (15.5%)	
<b>Age</b>				
Below 50	11 (19%)	14 (24.1%)	11 (19%)	p= 0.67
50 or Above	8 (13.8%)	6 (10.3%)	8 (13.8%)	
<b>Marital Status</b>				
Not Married	4 (6.9%)	7 (12.1%)	10 (17.2%)	p= .13
Married	15 (25.9%)	13 (22.4%)	9 (15.5%)	
<b>Religion</b>				
Yes	3 (5.2%)	7 (12.1%)	4 (6.9%)	p= 0.35
No	16 (27.6%)	13 (22.4%)	15 (25.9%)	
<b>Educational Level</b>				
Secondary or Below	6 (10.3%)	9 (15.5%)	6 (10.3%)	p= 0.60
Bachelor Degree or Above	13 (22.4%)	11 (19%)	13 (22.4%)	
<b>Occupations</b>				
Professionals and Associated Professional	5 (8.6%)	8 (13.8%)	9 (15.5%)	p= 0.23
Self-Employed or Unemployed	8 (13.8%)	7 (12.1%)	2 (3.4%)	
Other Occupations	6 (10.3%)	5 (8.6%)	8 (13.8%)	
<b>Annual Income</b>				
\$500,000 HKDs or Below	13 (22.4%)	14 (24.1%)	14 (24.1%)	p= 0.94
Above \$500,000 HKDs	6 (10.3%)	6 (10.3%)	5 (8.6%)	
<b>HGSHS-A Hypnotic Susceptibility</b>				
High or Low	5 (8.6%)	9 (15.5%)	7 (12.1%)	p= .48
Moderate	14 (24.1%)	11 (19%)	12 (20.7%)	

Note. HGSHS-A= Chinese Version of Harvard Group Scale of Hypnotic Susceptibility, Form A; <sup>a</sup>Chi-squared ( $\chi^2$ ) test for independence is used for statistical analyses; HKDs= Hong Kong Dollars.

For categorical variables, the independence of observations among three different research

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groups was investigated before having further statistical analysis. For ratio variables, one-way ANOVA was performed to evaluate whether there was a significant difference among groups. No significant difference was noted in all the demographic variables.

Table 3

*Means and Standard Deviations on Ratio Demographic Variables by Groups and Time*

Ratio Demographic Variables	Groups	T <sub>0</sub>		p-value <sup>d</sup>
		M	SD	
<b>Hypnotic Belief Rating</b>	Positive Hypnosis Group <sup>a</sup>	6.74	1.91	p=. 90
	Hypnosis Group Only <sup>b</sup>	6.75	2.07	
	Writing Group <sup>c</sup>	6.47	2.25	
<b>HGSHS-A</b>				
a) Subjective Response	Positive Hypnosis Group <sup>a</sup>	6.42	3.06	p=. 50
	Hypnosis Only Group <sup>b</sup>	7.00	4.18	
	Writing Group <sup>c</sup>	5.68	2.98	
b) Behavioral Response	Positive Hypnosis Group <sup>a</sup>	8.05	2.04	p=. 32
	Hypnosis Only Group <sup>b</sup>	7.25	2.61	
	Writing Group <sup>c</sup>	6.84	2.71	
c) Whole Subjective Response	Positive Hypnosis Group <sup>a</sup>	4.68	2.26	p=. 33
	Hypnosis Only Group <sup>b</sup>	4.90	2.75	
	Writing Group <sup>c</sup>	3.79	2.22	

*Note.* n= sample size; M= Mean; SD= Standard Deviation; <sup>a</sup>n= 19; <sup>b</sup>n= 20; <sup>c</sup>n= 19; <sup>d</sup>Baseline comparison was implemented through one-way ANOVA among three groups. Positive hypnosis group= Hypnosis+ positive psychology interventions; Hypnosis only group= Hypnosis only; Writing group= Narrative Writings; HGSHS-A= Chinese Version of Harvard Group Scale of Hypnotic Susceptibility, Form A.

**Measures**

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**Demographic questionnaire.** The demographic variables such as gender, age, place of residence, marital status, religion, educational status, occupation, income per annum and the like were collected.

### **Chinese version of Harvard Group Scale of Hypnotic Susceptibility, Form A**

**(HGSHS-A).** Being derived from individually administered Stanford Hypnotic Susceptibility Scale (SHSS), Nash and Barnier (2008) suggested that HGSHS-A was distinguishable from SHSS by its time effective administration and its self-scoring nature. HGSHS-A was a standardized norminal scale which could differentiate the hypnotic ability of many individuals simultaneously and could be recorded beforehand. As reported by Zhou and Wang (2011), high hypnotic susceptibility was categorized by having a score of nine or above in the behavioral, outward response subscale of HGSHS-AC. Oppositely, low hypnotic susceptibility was categorized by having a score of three or below.

HGSHS-A could be divided into two parts: a) Preamble and b) Response Booklet. The Preamble was the standardized script that could be pre-recorded and played to participants during administration. Freedom (2012) reported that the response booklet was divided into four parts: a) behavioral, outward response, b) subjective impressions of response, c) Recall of experience and d) subjective inward response. HGSHS-A commenced with a suggestion, which asked individuals to imagine their head to fall forward, and followed by asking individuals to look at a spot on their hand. After that, HGSHS ended with asking a question



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of “listing all the things that happened since you began looking at the target” (Freedom, 2012, p. 2).

A Chinese Version of HGSHS-A was implemented in this study. The psychometric properties of this Chinese version of HGSHS-A were examined by Zhou and her colleagues in 2011 as following: HGSHS-A had good internal consistency, with Cronbach alpha coefficient reported of .92 for the whole scale. Exploratory factor analysis showed that HGSHS-A consisted of a two-factor model which explained a total variance of 39.9% for the subjective impression of response, 39.5% for behavioral, outward response and 47.0% for subjective inward response respectively. In this current study, Cronbach’s alpha was implemented to determine internal consistency for HGSHS-A. After the reliability analysis, the Cronbach alpha coefficient was .83 which suggested good internal consistency (Pallant, 2011).

### **Chinese version of Positive and Negative Affect Schedule- Expanded (PANAS-XC).**

When concerning psychological well-being, it was composed of two primary distinguishable emotional dimensions which were known as positive affect and negative affect respectively (Boey, & Chiu, 1998; Tang, 2008). To measure both positive and negative affect respectively, Watson, Clark, and Tellegen (1988) developed a 20-items Likert scale which was known as the Positive and Negative Affect Schedule (PANAS-X). Based on the PANAS-X, Watson and Clark (1994) developed an expanded version of PANAS-X with 60 items scale to evaluate the

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specific emotional states under two higher order hierarchical dimensions, which were known as positive and negative affect. In this study, the Chinese version of PANAS-X was implemented in this study. Guo and Gan (2010) reported that PANAS-XC possessed a high internal consistency which ranged from .64- .91. Simultaneously, exploratory factor analysis showed that it was a nine-factor model which explained a total variance of 68.61%. In this study, the general dimension scale of PANAS-XC was implemented. This scale was validated by Wang, Li, Liu, and Du in 2007. Wang and his colleagues (2007) concluded that this scale could measure the dimension of positive and negative affect separately and successfully. In this current study, Cronbach's alpha was implemented to determine internal consistency for the general dimension scale of PANAS-XC. Ultimately, the Cronbach alpha coefficient was .88 which suggested good internal consistency (Cohen, Manion, & Morrison, 2011).

**Chinese version of Dispositional Hope Scale (DHS-C).** Based upon the Snyder's hope theory, Snyder and his colleagues (1991) invented an instrument which was known as DHS. DHS was an eight-point Likert scale instrument which was composed of 12 items. It possessed two subscales which were known as Agency and Pathways respectively (Sun, Ng, & Wang, 2012). DHS possessed an acceptable internal consistency for Agency subscales whereas DHS possessed a good internal consistency for Pathway subscales (Roesch, & Vaughn, 2006; Snyder et al., 1991). In this study, DHS-C, which was validated by the Sun, Ng, and Wang in 2012, was implemented. DHS-C had an acceptable internal consistency of

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0.78 and had a good test-retest reliability of 0.86 in total hope subscale, of .83 in pathways subscale and .80 in agency subscale respectively (Chen, Shen, & Li, 2009). The confirmatory factor analysis, which was conducted in the study of Sun and his colleagues in 2012, supported DHS-C to be a two-factor model which was consistent with previous findings (Chen, Shen, & Li, 2009; Roesch, & Vaughn, 2006). Chen and his confederates (2009) depicted that the scores item 3, 5, 7 and 11 were incorporated together to distract the participants from having a perception of being tested. Therefore, there was no scoring in these four items. The reliability of DHS-C among present subjects was obtained at the beginning of the study. In the preliminary analysis, the Cronbach alpha coefficient of DHS-C was .87 which indicated good internal consistency (Gravetter, & Wallnau, 2009).

**Chinese version of General Self-efficacy Scale (GSES-C).** Based on the theory of self-efficacy, Schwarzer and Jerusalem (1995) invented the general self-efficacy scale (GSES), which was a four-point Likert instrument of ten items, to evaluate self-efficacy. Previous studies depicted that GSES possessed an internal consistency which ranged from .75 to .90 (Schwarzer, Bäßler, Kwiatek, Schröder, & Zhang, 1997). In addition, GSES had been proven to demonstrate convergent and discriminant validity when its psychometric properties were examined. Different versions of GSES were translated and validated in different countries such as England, Germany, Spain, France and even Turkey (Schwarzer, 1993). GSES-C, which was translated and psychometrically validated by Chiu and Tsang in 2004,

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was implemented. It possessed an excellent internal consistency, which ranged from .92 to .93. Additionally, its test-retest reliability, which ranged from .75 to .94, was considered as very good to excellent. An exploratory factor analysis was implemented to show that GSES-C was comprised of a two-factor model, which could altogether explain nearly 70% of the variance. In this current study, the Cronbach alpha coefficient was .88, which suggested good internal consistency (Pallant, 2011).

### **Procedure**

Based on two previous randomized control trial (RCT) of online positive psychology interventions (Drozd et al., 2014; Seligman et al., 2005), this study was specially designed to examine whether there was any synergic effect in combining the online self-help hypnosis and online positive psychology interventions over the individuals' psychological well-being, hopefulness, and the self-efficacy. This double-blinded experimental study was a quantitative and cross-sectional 3 (groups) by 2 (times) mixed group designed study (Table 1) that investigated whether positive psychology self-help hypnosis online would have any influence over the individuals' psychological well-being, hopefulness and the self-efficacy respectively.

Similar to the RCT study of Drozd and his colleagues (2014), all participants of three groups were allowed to proceed to next module only if they had completed the previous module. Data collection was conducted before the intervention (To) on day one and after intervention on day two (T<sub>1</sub>) respectively. During the pretest data collection (To), the

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participants completed the Chinese version of Harvard Group Scale of Hypnotic Susceptibility-Form A under the guidance of a recorded voice. This recorded voice belonged to a qualified clinical hypnotherapist, who is certified by the American Council of Hypnotist Examiners. This clinical hypnotherapist recorded his voice beforehand according to a standardized script (Appendix G, H & I). For sequence online exercises, such as progressive relaxation exercises, “Inner Garden” and “Timeline-future pacing”, the participants were guided by the same voice.

Ethical approval for the study was granted by the Institutional Review Board of the Alliant International University. For participants, who met the inclusion criteria, they were invited to enter Qualtrics and to click ‘Next’ button for commencing the research. After entering online research, participants were shown a consent form with information concerning the study (Appendix D & E). After consenting to participate by clicking appropriate box on the consent form, they were randomly assigned to positive hypnosis, hypnosis only, or writing group by the intrinsic function of Qualtrics (Drozd et al, 2014).

All participants in these three groups were invited to complete the following pre-test questionnaires: (a) Demographic Questionnaire (Appendix F), (b) Harvard Group Scale of Hypnotic Susceptibility, Form A Preamble (HGSHS-A) (Appendices G, H, I & J), (c) Chinese Version of Positive and Negative Affect Schedule (PANAS-XC) (Appendix K & L) (d) Chinese Version of Dispositional Hope Scale (DHS-C) (Appendix M & N) and (e) Chinese

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Version of General Self-Efficacy Scale (GSE-C) (Appendix O & P). After that, participants in the different group would receive different online interventions. The positive hypnosis group received online self-help hypnosis in addition to traditional online positive psychology interventions (Table 4) whereas the hypnosis group received solely online self-help hypnosis (Table 5).

Table 4

*Descriptions and Content of Positive Hypnosis Group (Hypnosis+ Positive Psychology Interventions)*

Day	Theme	Online Exercises
One	Feel the Difference	Pre-test Questionnaire (T <sub>0</sub> ) Practice Progressive Relaxation Feel the Difference
Two	Gratitude	“The Inner Garden” & “Timeline-future pacing” Find Three Good Things Today Post-test Questionnaire (T <sub>1</sub> )

Table 5

*Descriptions and Content of Hypnosis Only Group*

Day	Theme	Online Exercises
One	Life Goals	Pre-test Questionnaire (T <sub>0</sub> ) Practice Progressive Relaxation Set Goals in Life
Two	Ecology Check	“The Inner Garden” & “Timeline-Future Pacing” Check Ecology Post-test Questionnaire (T <sub>1</sub> )

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The remaining writing group received placebo control exercises such as having narrative writings about himself/herself as well as his/her friends (Table 6). The data collection was conducted before the intervention (T<sub>0</sub>) on Day One and after intervention on Day Two (T<sub>1</sub>) respectively.

Table 6

### *Descriptions and Content of Writing Group*

Day	Theme	Online Exercises
One	Narrative writings	Pre-test questionnaire (T <sub>0</sub> ) Write a narrative writing Write something about you
Two	Narrative writings	Write another narrative writing Write something about your best friend Post-test questionnaire (T <sub>1</sub> )

**The current intervention.** This current intervention aims at combining the Western idea of positive psychology with the Eastern cultural ingredients. This culturally appropriate intervention is then implemented into local Chinese community. “The inner garden” and “timeline future pacing” consists of indigenous components that would be incorporated into this positive psychology intervention.

After having hypnotic inductions and trance deepening, the participants were suggested to imagine entering a garden and using the sand on the beach to make a sand sculpture (“The inner garden”) that represents one’s idealized self. This imaginative process of constituting one’s idealized sculpture was consistent with ancient Chinese culture that the ancient Chinese

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sculptors manipulated their imagination to make Chinese style figure sculpture which was based on Chinese legend and Buddhism figures (Wu, 2008). When the participants created their idealized sculpture under the symbolization of Chinese popularly accepted figure, Rarick (2007) stated that they were influenced unconsciously to strike a balance between self-contentment and familial harmony. Among all types of sculptures, sand sculptures were chosen as a medium to connect ancient symbolization of ancient eternities and modern Chinese art. It was because sand sculpting was regarded as a widely accepted and nevertheless, contemporary art in China for approximately twenty years (Chinese Culture, 2017).

When the participants received “timeline future pacing”, they were suggested to imagine themselves to find their desired goals in life. Then this imagined picture was put in a suitable period in their future. Between their authentic self and idealized self, they were motivated to notice any flexible ways that helped them to achieve their desired goals. This establishment of desired goals and being flexible to achieve them were a good match with the “Lion Rock spirit” of Hong Kong (Wu, 2017, para 7). This spirit advocated Hong Kong citizens to build their resilience towards personal success through being highly flexible and adaptable to any predicament. This successful image, as suggested in setting up their desirable goals, was consistent with the success story of Hong Kong people who have achieved many international or regional economic accomplishments through their dedication in their lives



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(Hong Kong Economic and Trade Office, Toronto, 2017).

***Positive hypnosis group (Hypnosis plus positive psychology interventions).*** The positive hypnosis group was specially designed to improve individuals' psychological well-being, hope, and self-efficacy respectively. It included two online self-help hypnosis modules which were coupled with traditional positive psychology interventions (Table 4). Every module was composed of two to three online exercises, which elaborated on one main theme. Schueller and Park (2012) suggested that two to four exercises of online positive psychology interventions were proven to increase the use of online positive psychology interventions among participants whereas it would not affect the dropout rate simultaneously. The first module was estimated to consume 60 minutes whereas the second module was estimated to consume 30 minutes. The participants were requested to complete one session consecutively for two days. The program was implemented within one week because of online positive psychology interventions, which had a duration of one to three weeks, were more effective than online positive psychology interventions, which had a duration of more than six weeks (Mitchell, Vella-Brodrick, & Klein, 2010).

On day one, participants in the positive hypnosis group were instructed to engage in progressive relaxation exercises by listening to a recording (Appendix Q & R). Then they were requested to complete an online positive psychology assignment (Appendix W & X).

On day two, they were instructed to listen to two pieces of hypnotic recording: "The Inner

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Garden” (Appendix S & T) and “Timeline Future Pacing” (Appendix U & V). In addition, they were asked to complete another online positive psychology assignment (Appendix Y & Z). After that, they were requested to complete post-test questionnaires, which included PANAS-XC (Appendix K & L), DHS-C (Appendix M & N) and GSE-C (Appendix O & P) respectively.

***Hypnosis only group (Online self-help hypnosis).*** The hypnosis only group included individuals who received solely online self-help hypnosis (Table 5). On day one, participants in the hypnosis only group were instructed to have progressive relaxation exercises by listening to a recording (Appendix Q & R). Then they were requested to complete an online exercise of setting goals in their life (Appendix AA & AB). On day two, they were instructed to listen to two pieces of hypnotic recording: “The Inner Garden” (Appendix S & T) and “Timeline Future Pacing” (Appendix U & V). In addition, they were guided to complete another online exercise of checking ecology in their goals setting (Appendix AC & AD). After that, they were invited to complete post-test questionnaires which include PANAS-XC (Appendix K & L), DHS-C (Appendix M & N) and GSE-C (Appendix O & P) respectively.

***Writing group (Narrative writings).*** The writing group involved individuals who received placebo exercises such as writing narratives about himself/herself and his/her friends (Table 6). Writing exercises for two days were considered as an adequate placebo (Seligman, Steen, Park, &, Peterson, 2005). On day one, participants in the writing group were invited to write

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a narrative about the daily event with not more than 200 words (Appendix AE & AF). Then they were instructed to complete another writing exercise about themselves (Appendix AG & AH). On day two, participants in the writing group were requested to write another narrative about the daily event with no more than 200 words (Appendix AI & AJ). Furthermore, they were expected to write the fourth piece of writing exercise about their best friend (Appendix AK & AL).

## CHAPTER IV

### Results

#### Preliminary Analyses

Statistical analyses were conducted using SPSS version 21. After screening and cleaning the data, two subjects that one belonged to the positive hypnosis group and another belonged to writing group, were excluded because they were outliers. Ultimately, only 58 subjects ( $N=58$ ) remained for final statistical data analysis (*Figure 1*). For all demographic variables, there were no between-group significant confounding variables.

The normality of distribution of scores ( $N=58$ ) on the dependent variables: PANAS-XC, DHS-C, and GSES-C, were examined (Table 7). Although the results of Shapiro-Wilk statistics indicated that there was a violation of normality assumption over negative affect of PANAS-XC, DHS-C, and GSES-C,  $t$ -tests and ANOVA were reasonably robust to this violation that would not create statistical problems (Pallant, 2011).

#### Means and Standard Deviations by Groups and Times

For every dependent variable, one-way ANOVA was manipulated to examine whether there was any difference in scores among three research groups (Table 8). Results depicted that there were no significant differences in all different dependent variables among three research groups.

#### Hypotheses Testing

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Table 7

*Test of Normality of Distribution of Scores on Dependent Variables*

Scales	Skewness		Kurtosis	
	T <sub>0</sub>	T <sub>1</sub>	T <sub>0</sub>	T <sub>1</sub>
<b>PANAS-XC</b>				
Positive Affect	.135	-.476	-7.34	-.370
Negative Affect	.711	1.94	-.084	6.28
<b>DHS-C</b>				
Pathways	-.68	-1.23	-.10	2.67
Agency	-.85	-1.09	.60	1.12
Total Hope	-.78	-1.23	.45	2.10
<b>GSES-C</b>				
Total	-.76	-.66	.15	.40

*Note.* T<sub>0</sub> = before intervention; T<sub>1</sub> = after intervention; PANAS-XC= Chinese Version of Positive and Negative Affect Scale-Expanded; DHS-C= Chinese Version of Dispositional Hope Scale; GSES-C= Chinese Version of General Self-Efficacy Scale.

**Hypothesis 1.** In this study, the research design consisted of 3 (groups) by 2 (times) mixed design. A mixed ANOVA was implemented to compare the differences in mean among groups that have been split into two factors (Independent variables) (Gravetter, & Wallnau, 2009). One factor is considered as ‘between-subject factors’ which referred to three different experimental conditions such as positive hypnosis group, hypnosis only group and writing group. The other factor is regarded as ‘within-subjects’ which referred to two different time points (T<sub>0</sub> and T<sub>1</sub>).

On the contrary, the dependent variables are individual’s well-being, hope and self-efficacies respectively. After conducting the statistic of mixed ANOVA, the graph for

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interaction was plotted to examine whether there is a simple main effect between ‘between-subject factors’ and ‘within-subjects’ (Cohen, Manion, & Morrison, 2011).

***PANAS-XC positive affect subscale.*** A mixed between-within subject analysis of variance was conducted to assess the impact of three interventions (Positive Hypnosis group, hypnosis only group, and writing group) on participants’ scores on positive affect subscale of PANAS-XC, across two time periods (pre-intervention) (T<sub>0</sub>) and (post-intervention) (T<sub>1</sub>).

There was a significant interaction between research group and time (*Figure 2*), Wilk’s Lambda= .87,  $F(2, 55) = 4.30$ ,  $p = .018$ , partial eta squared= .14, with three interventions showing an increase in scores of positive affect subscale across two time periods (Table 8).

The main effect comparing three types of intervention was not significant,  $F(1, 55) = .058$ ,  $p = .94$ , partial eta squared= .002, suggesting no difference in the effectiveness of three intervention approaches.

Furthermore, a mixed between-within subject analysis of variance was conducted to assess the impact of two interventions (Positive hypnosis group and Hypnosis only group) on participants’ scores on positive affect subscale of PANAS-XC, across two time periods [pre-intervention (T<sub>0</sub>) and post-intervention (T<sub>1</sub>)]. There was a significant interaction between research group and time (*Figure 3*), Wilk’s Lambda= .87,  $F(1, 37) = 5.76$ ,  $p = .022$ , partial eta squared= .14, with two interventions showing an increase in scores of positive affect subscale across two time periods.

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**PANAS-XC negative affect subscale.** There was no significant interaction between research group and time (*Figure 4*), Wilk's Lambda= .96,  $F(2, 55) = 1.26$ ,  $p = .29$ , partial eta squared= .44. Also, there was no significant change in scores of negative affect subscale across two time periods. The main effect comparing three types of intervention was not significant,  $F(1, 55) = .96$ ,  $p = .29$ , partial eta squared= .044, suggesting no difference in the effectiveness of three intervention approaches.

Moreover, a mixed between-within subject analysis of variance was conducted to assess the impact of two interventions (Positive hypnosis group and Hypnosis only group) on participants' scores on negative affect subscale of PANAS-XC, across two time periods [(pre-intervention) ( $T_0$ ) and (post-intervention) ( $T_1$ )]. There was no significant interaction between research group and time (*Figure 5*), Wilk's Lambda= .95,  $F(1, 37) = 1.79$ ,  $p = .19$ , partial eta squared= .05. Additionally, there was no significant change in scores of negative affect subscale across two time periods, Wilk's Lambda= .90,  $F(1, 37) = 3.92$ ,  $p = .055$ , partial eta squared= .096. The main effect comparing two types of intervention was not significant,  $F(1, 37) = 1.63$ ,  $p = .21$ , partial eta squared= .042, suggesting no difference in the effectiveness of two intervention approaches.

**DHS-C pathway subscale.** There was no significant interaction between research group and time (*Figure 6*), Wilk's Lambda= .95,  $F(2, 55) = 1.60$ ,  $p = .211$ , partial eta squared= .055, with three interventions showing an increase in scores of pathway subscale across two time

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periods. The main effect comparing three types of intervention was not significant,  $F(1, 55)$

$= 2.04, p = .14$ , partial eta squared  $= .069$ , suggesting no difference in the effectiveness of

three intervention approaches.

Table 8

*Dependent Variables: Sample Size, Mean, Standard Deviation of Three Intervention Groups by Time*

Dependent Variable/Time	Positive hypnosis Group <sup>a</sup>		Hypnosis Only Group <sup>b</sup>		Writing Group <sup>c</sup>		<i>p</i> value
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
<b>PANAS-XC</b>							
<b>Positive Affect Subscale</b>							.018 <sup>d</sup>
a) Before Intervention (T <sub>0</sub> )	26.16	8.30	28.10	8.69	27.42	7.00	
b) After Intervention (T <sub>1</sub> )	30.68	8.09	29.00	9.18	28.05	8.12	
<b>Negative Affect Subscale</b>							.29
a) Before Intervention(T <sub>0</sub> )	20.42	6.28	17.35	5.56	21.32	6.97	
b) After Intervention (T <sub>1</sub> )	17.58	5.14	16.80	4.57	20.95	7.60	
<b>DHS-C</b>							
<b>Pathway</b>							.21
a) Before Intervention (T <sub>0</sub> )	22.84	5.06	22.90	4.33	21.37	4.59	
b) After Intervention (T <sub>1</sub> )	25.11	4.25	23.75	3.51	21.37	5.59	
<b>Agency</b>							.23
a) Before Intervention (T <sub>0</sub> )	22.95	5.12	23.65	3.18	21.21	5.95	
b) After Intervention (T <sub>1</sub> )	24.84	4.78	23.80	3.87	22.47	5.69	
<b>Total Hope</b>							.22
a) Before Intervention (T <sub>0</sub> )	45.79	9.57	46.55	6.36	42.58	10.31	
b) After Intervention (T <sub>1</sub> )	49.95	8.73	47.55	7.09	43.84	11.08	
<b>GSES-C</b>							
<b>Total</b>							.78
a) Before Intervention (T <sub>0</sub> )	23.84	6.40	25.20	3.79	23.68	5.24	
b) After Intervention (T <sub>1</sub> )	25.37	6.53	26.95	4.11	25.67	5.65	

*Note.* *n*= sample size; *M*= Mean; *SD*= Standard Deviation; <sup>a</sup>*n*= 19; <sup>b</sup>*n*= 20; <sup>c</sup>*n*=19; <sup>d</sup>= A mixed between-within subject AVONA was conducted to compare the means of three interventions.  $p < .05$  indicated a significant interaction between research group and time. PANAS-XC= Chinese Version of Positive and Negative Affect Scale-Expanded; DHS-C= Chinese Version of Dispositional Hope Scale; GSES-C= Chinese Version of General



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Self-Efficacy Scale.

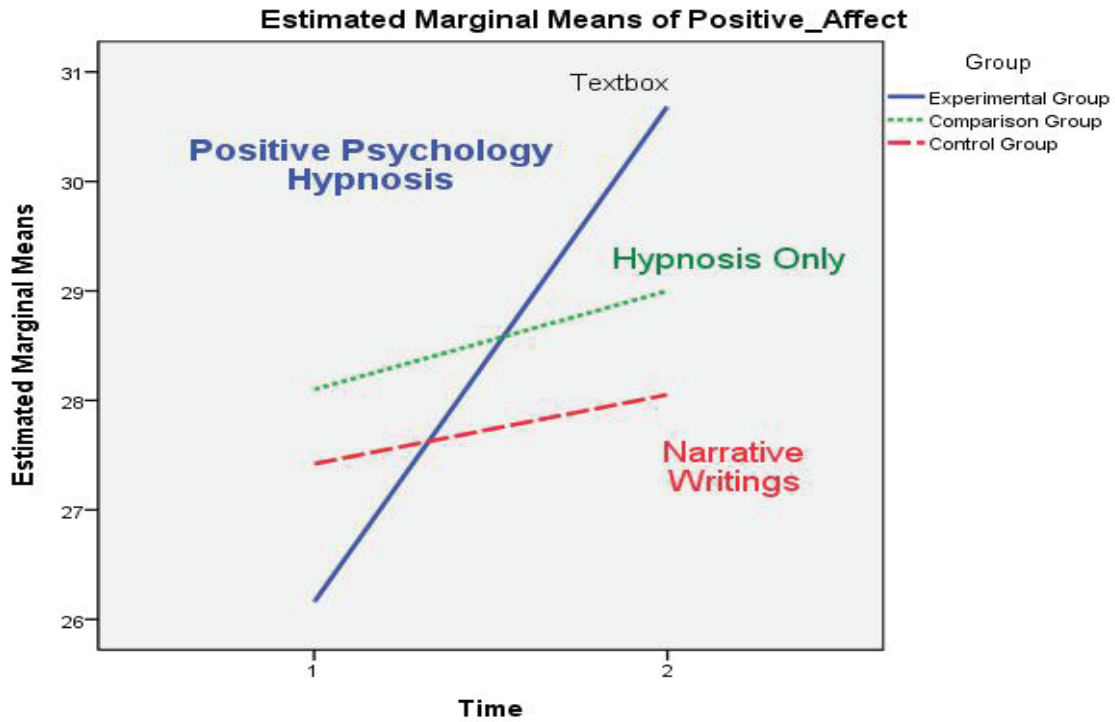


Figure 2. PANAS-XC Positive Affect Subscale Means by Three Groups at Time One (Pre-test) and Time Two (Post-test)

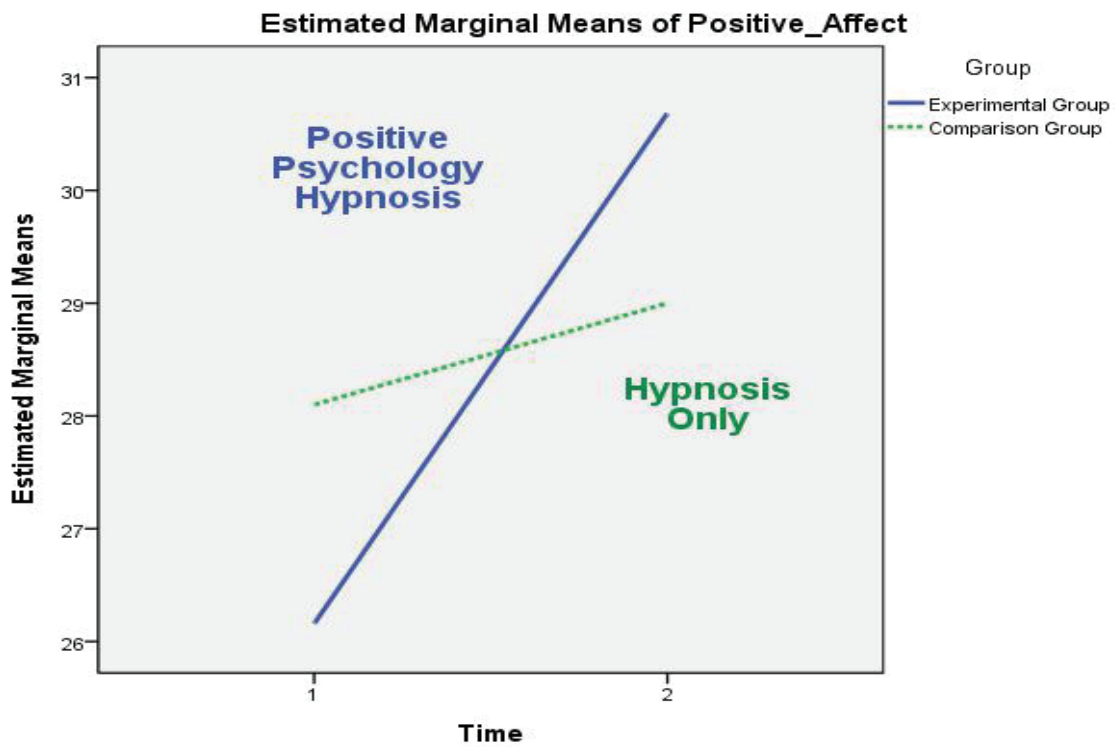


Figure 3. PANAS-XC Positive Affect Subscale Means by Two Groups at Time One (Pre-test) and Time Two (Post-test)

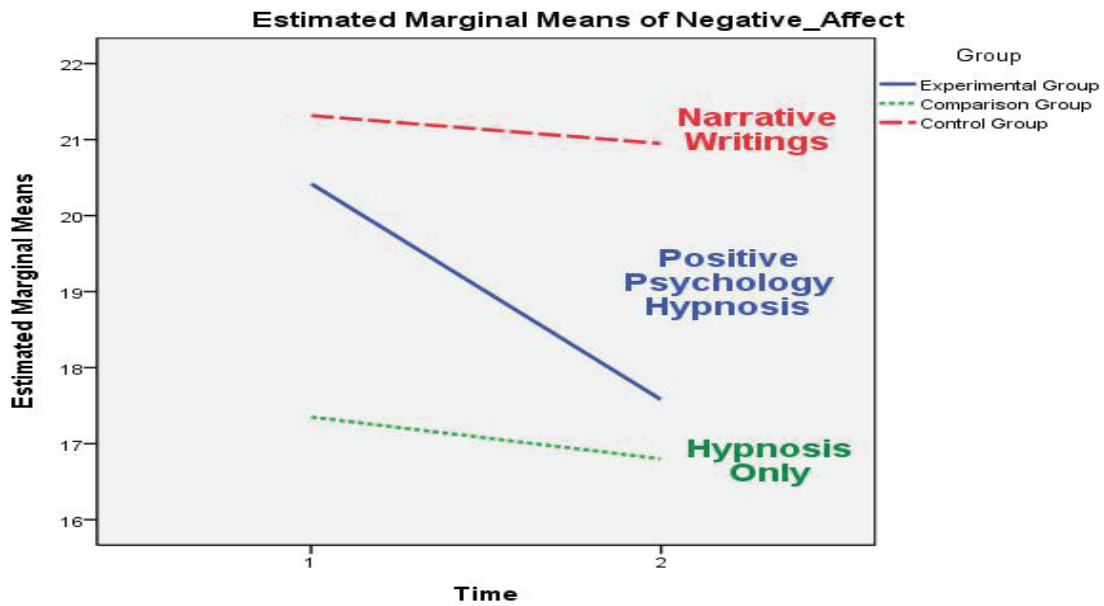


Figure 4. PANAS-XC Negative Affect Subscale Means by Three Groups at Time One (Pre-test) and Time Two (Post-test)

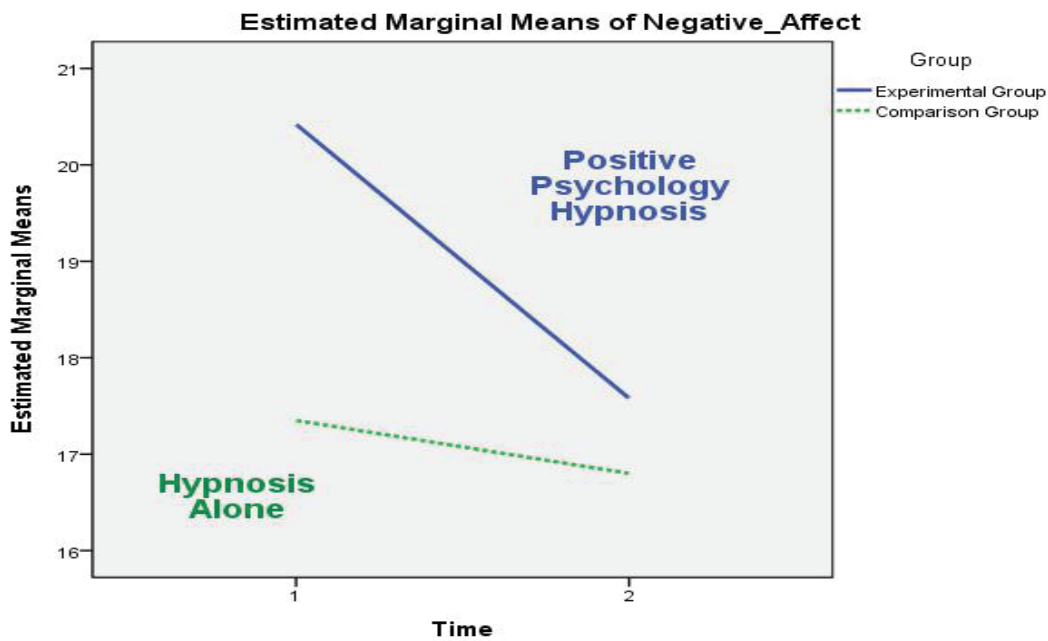


Figure 5. PANAS-XC Negative Affect Subscale Means by Two Groups at Time One (Pre-test) and Time Two (Post-test)

**DHS-C agency subscale.** There was no significant interaction between research group and time (Figure 7), Wilk’s Lambda= .95,  $F(2, 55) = 1.53, p = .23$ , partial eta squared= .053.

Nevertheless, there was a significant change in scores of DHS-C agency subscale across two

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time periods. The main effect comparing three types of intervention was not significant,  $F(1, 55) = 1.18, p = .31$ , partial eta squared = .041, suggesting no difference in the effectiveness of three intervention approaches.

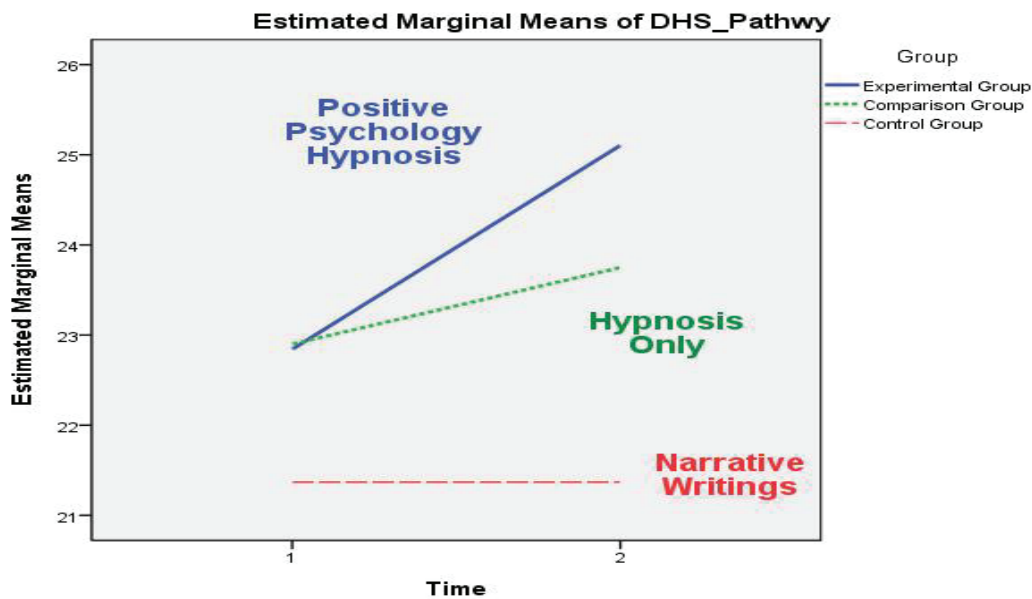


Figure 6. DHS-C Pathway Subscale Means by Three Groups at Time One (Pre-test) and Time Two (Post-test)

**DHS-C total hope subscale.** There was no significant interaction between research group and time (Figure 8), Wilk's Lambda = .95,  $F(2, 55) = 1.60, p = .22$ , partial eta squared = .054, with three interventions showing an increase in scores of total hope subscale across two time periods. The main effect comparing three types of intervention was not significant,  $F(1, 55) = 1.66, p = .20$ , partial eta squared = .057, suggesting no difference in the effectiveness of three intervention approaches.

**GSES-C.** There was no significant interaction between research group and time (Figure 9), Wilk's Lambda = .99,  $F(2, 55) = .25, p = .78$ , partial eta squared = .009, with three

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interventions showing increase in scores of total hope subscale across two time periods. The main effect comparing three types of intervention was not significant,  $F(1, 55) = .75, p = .48$ , partial eta squared = .027, suggesting no difference in the effectiveness of three intervention approaches.

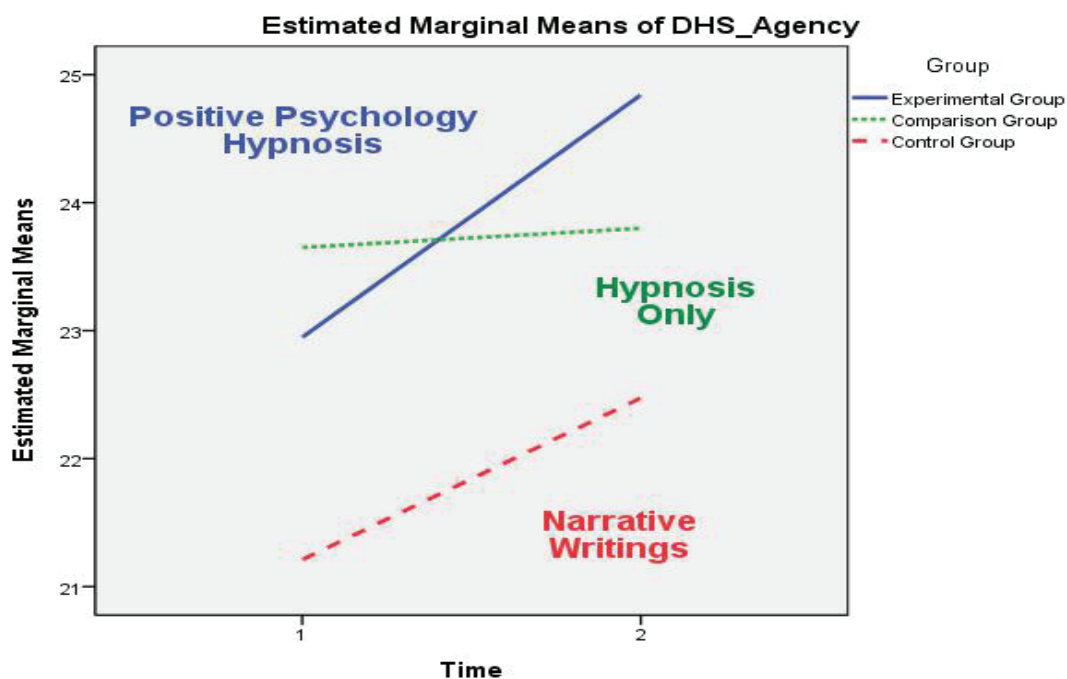


Figure 7. DHS-C Agency Subscale Means by Three Groups at Time One (Pre-test) and Time Two (Post-test)

To sum up, the scores of positive affect subscale of PANAS-XC revealed a significant interaction among three research groups and time, indicating the scores of positive affect changed differently among three research groups after the interventions. Further, there was a significant interaction between two research groups (Positive hypnosis and hypnosis only group) and time, indicating the scores of positive affect changed differently between positive hypnosis group and hypnosis only group after the interventions. However, the above

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mentioned phenomena were not evident among other dependent variables. In light of this, hypothesis one is partially substantiated.

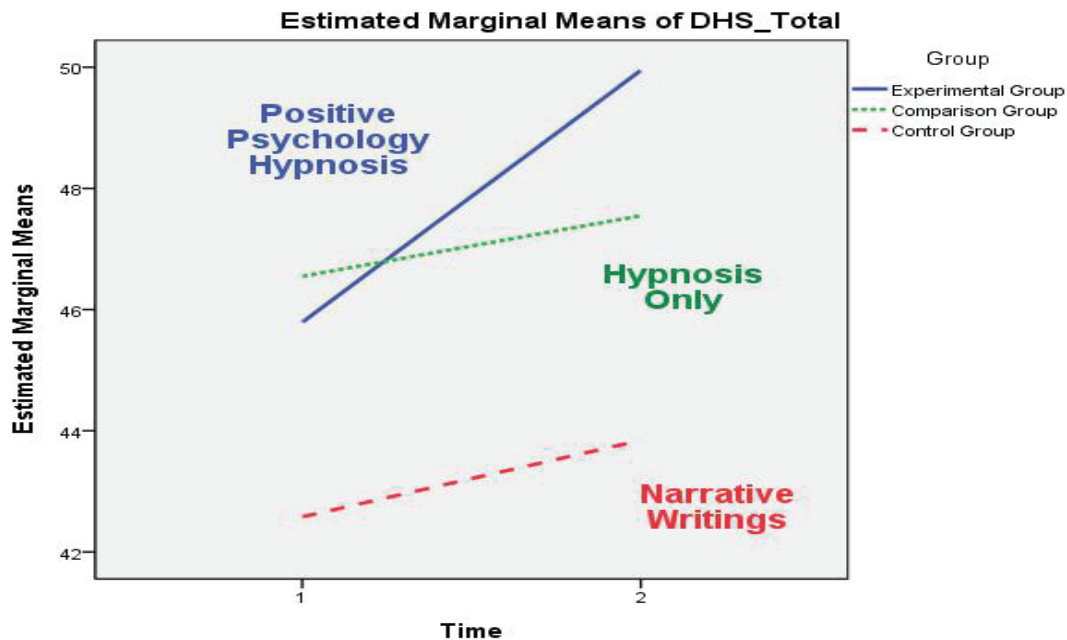


Figure 8. DHS-C Total Hope Subscale Means by Three Groups at Time One (Pre-test) and Time Two (Post-test)

**Hypothesis 2.** For each dependent variable, *t*-tests will be implemented. It examined any difference in mean values of the dependent variables between positive hypnosis and hypnosis only group as well as between positive hypnosis group and writing group at the time point ( $T_1$ ) respectively.

**PANAS-XC positive affect subscale.** As previously alluded, a significant interaction was found, the simple main effects were examined (Aerd Statistics, 2013). The mean difference in the scores of PANAS-XC positive affect subscale: a) among different groups after the intervention ( $T_1$ ) and b) between two levels of time [Before the intervention ( $T_0$ ) and after the

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intervention (T<sub>1</sub>)] at each group were explored.

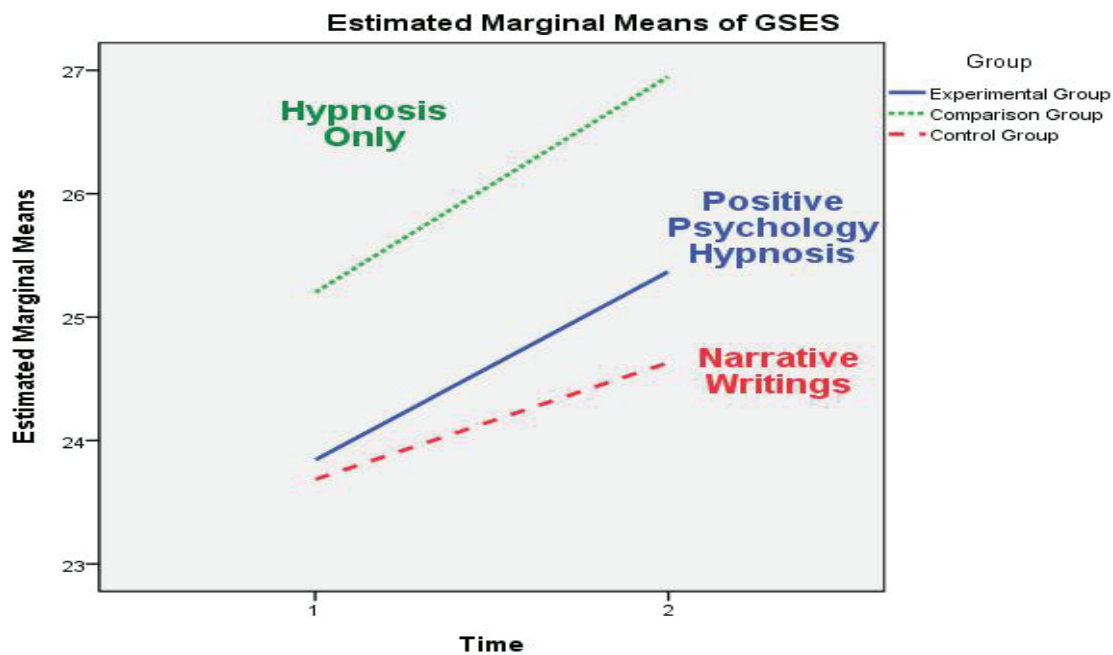


Figure 9. GSES-C Means by Three Groups at Time One (Pre-test) and Time Two (Post-test)

After the intervention (T<sub>1</sub>), an independent *t*-test was conducted to compare the scores of PANAS-XC positive affect subscale for positive hypnosis and hypnosis only group (Table 9). There was no significant difference in scores for positive hypnosis ( $M= 30.68$ ,  $SD = 8.09$ ) and hypnosis only group ( $M=29.00$ ;  $SD = 9.18$ );  $t(37) = .61$ ,  $p = .55$ , (two-tailed). The magnitude of the differences in the means (mean difference = 1.68, 95% *CI*: -3.94 to 7.31) was small (eta squared = .001).

Another independent *t*-test was conducted to compare the scores of PANAS-XC positive affect subscale for positive hypnosis and writing group after the intervention (T<sub>1</sub>) (Table 10). There was no significant difference in scores for positive hypnosis ( $M= 30.68$ ,  $SD = 8.09$ ) and writing group ( $M=28.05$ ;  $SD = 8.12$ );  $t(36) = 1.00$ ,  $p = .32$ , (two-tailed). The magnitude of

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the differences in the means (Mean difference = 2.63, 95% *CI*: -2.70 to 7.97) was small (eta squared = .027).

Table 9

*Scores between Positive Hypnosis and Hypnosis Only Group after Intervention (T<sub>1</sub>)*

Dependent Variable/Time	Positive Hypnosis Group <sup>a</sup>		Hypnosis Only Group <sup>b</sup>		<i>df</i>	<i>t</i>	<i>p</i>	Eta Squared
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
<b>PANAS-XC</b>								
Positive Affect Subscale	30.68	8.09	29.00	9.18	37	.61	.55	.001
Negative Affect Subscale	17.58	5.14	16.80	4.57	37	.50	.62	.006
<b>DHS-C</b>								
Pathway	25.11	4.25	23.75	3.51	37	1.09	.28	.0032
Agency	24.84	4.79	23.80	3.87	37	.745	.46	.015
Total Hope	49.95	9.73	47.55	7.09	37	.944	.35	.024
<b>GSES-C</b>								
Total	25.37	6.53	26.95	4.11	37	-.91	.37	.023

*Note.* *n*=sample size; *M*=Mean; *SD*= Standard Deviation; <sup>a</sup>*n*= 19; <sup>b</sup>*n*= 20; PANAS-XC= Chinese Version of Positive and Negative Affect Scale- Expanded; DHS-C= Chinese Version of Dispositional Hope Scale; GSES-C= Chinese Version of General Self Efficacy Scale.

For positive hypnosis group, a paired-samples *t*-test was conducted to evaluate the impact of the intervention on scores of PANAS-XC positive affect subscale. There was a statistically significant increase in positive affect score from T<sub>0</sub> (*M*= 26.16, *SD*= 8.30) to T<sub>1</sub> (*M*= 30.68, *SD*= 8.09), *t* (18) = 4.09, *p*= .001 (two-tailed). The mean increase in positive affect score was 4.53 with a 95% confidence interval ranging from 2.20 to 6.85. The eta squared statistic (.48) indicated a large effect size.

For hypnosis only group, a paired-samples *t*-test was conducted to evaluate the impact of

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the intervention on scores of PANAS-XC positive affect subscale. There was no statistically significant difference in positive affect score from T<sub>0</sub> ( $M= 28.10$ ,  $SD= 8.69$ ) to T<sub>1</sub> ( $M= 29.00$ ,  $SD= 9.18$ ),  $t(19) = .87$ ,  $p= .39$  (two-tailed). The mean increase in positive affect score was .90 with a 95% confidence interval ranging from -1.26 to 3.06. The eta squared statistic (.038) indicated a small effect size.

Table 10

*Scores between Positive Hypnosis and Writing Group after Intervention (T<sub>1</sub>)*

Dependent Variable/Time	Positive Hypnosis Group <sup>a</sup>		Writing Group <sup>b</sup>		df	t	p	Eta Squared
	M	SD	M	SD				
<b>PANAS-XC</b>								
Positive Affect Subscale	30.68	8.09	28.05	8.12	36	1.00	.32	.027
Negative Affect Subscale	17.58	5.14	20.95	7.60	36	-1.60	.12	.007
<b>DHS-C</b>								
Pathway	25.11	4.25	21.37	5.59	36	2.32	.026	.14
Agency	24.84	4.79	22.47	5.69	36	1.39	.17	.054
Total Hope	49.95	8.72	43.84	11.08	36	1.89	.067	.095
<b>GSES-C</b>								
Total	25.37	6.53	24.63	6.13	36	.36	.72	.0004

*Notes.* n=sample size; M=Mean; SD= Standard Deviation; <sup>a</sup>n=19; <sup>b</sup>n= 19; PANAS-XC= Chinese Version of Positive and Negative Affect Scale- Expanded; DHS-C= Chinese Version of Dispositional Hope Scale; GSES-C= Chinese Version of General Self Efficacy Scale.

For the writing group, a paired-samples *t*-test was conducted to evaluate the impact of the intervention on scores of PANAS-XC positive affect subscale. There was no statistically significant difference in positive affect score from T<sub>0</sub> ( $M= 27.42$ ,  $SD= 7.00$ ) to T<sub>1</sub> ( $M= 28.05$ ,  $SD= 8.12$ ),  $t(18) = .64$ ,  $p= .53$  (two-tailed). The mean increase in positive affect score



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was .63 with a 95% confidence interval ranging from -1.45 to 2.71. The eta squared statistic (.022) indicated a small effect size.

**PANAS-XC negative affect subscale.** An independent *t*-test was conducted to compare the scores of PANAS-XC negative affect subscale for positive hypnosis and hypnosis only group (Table 9). There was no significant difference in scores for positive hypnosis ( $M= 17.58$ ,  $SD = 5.14$ ) and hypnosis only group ( $M=16.80$ ;  $SD = 4.57$ );  $t(37) = .50$ ,  $p = .62$ , (two-tailed). The magnitude of the differences in the means (Mean difference = .78, 95% *CI*: -2.37 to 3.93) was small (eta squared = .006).

Another independent *t*-test was conducted to compare the scores of PANAS-XC positive affect subscale for positive hypnosis and writing group (Table 10). There was no significant difference in scores for positive hypnosis ( $M= 17.58$ ,  $SD = 5.14$ ) and writing group ( $M=20.95$ ;  $SD = 7.60$ );  $t(36) = -1.60$ ,  $p = .12$ , (two-tailed). The magnitude of the differences in the means (Mean difference = -3.37, 95% *CI*: -7.64 to 8.98) was small (eta squared = .007).

**DHS-C pathway subscale.** An independent *t*-test was conducted to compare the scores of DHS-C pathway subscale for positive hypnosis and hypnosis only group (Table 10). There was no significant difference in scores for positive hypnosis group ( $M= 25.11$ ,  $SD = 4.25$ ) and hypnosis only group ( $M=23.75$ ;  $SD = 3.51$ );  $t(37) = 1.09$ ,  $p = .28$ , (two-tailed). The magnitude of the differences in the means (Mean difference = 1.36, 95% *CI*: -1.17 to 3.88) was small (eta squared = .0032).

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Another independent *t*-test was conducted to compare the scores of DHS-C pathway subscale for positive hypnosis and writing group (Table 10). There was significant difference in scores for positive hypnosis group ( $M= 25.11, SD = 4.25$ ) and writing group ( $M=21.37; SD = 5.59$ );  $t(36) = 2.32, p = .026$ , (two-tailed). The magnitude of the differences in the means (Mean difference = 3.74, 95% *CI*: .47 to 7.01) was large (eta squared = .14).

***DHS-C agency subscale.*** An independent *t*-test was conducted to compare the scores of DHS-C agency subscale for positive hypnosis and hypnosis only group (Table 9). There was no significant difference in scores for positive hypnosis ( $M= 24.84, SD = 4.79$ ) and hypnosis only group ( $M=23.80; SD = 3.87$ );  $t(37) = .75, p = .46$ , (two-tailed). The magnitude of the differences in the means (Mean difference = 1.04, 95% *CI*: -1.78 to 3.86) was small (eta squared = .0016).

Another independent *t*-test was conducted to compare the scores of DHS-C agency subscale for positive hypnosis and writing group (Table 10). There was no significant difference in scores for positive hypnosis ( $M= 24.84, SD = 4.79$ ) and writing group ( $M=22.47; SD = 5.69$ );  $t(36) = 1.39, p = .17$ , (two-tailed). The magnitude of the differences in the means (Mean difference = 2.37, 95% *CI*: -1.09 to 5.83) was small (eta squared = .054).

***DHS-C total hope subscale.*** An independent *t*-test was conducted to compare the scores of DHS-C total hope subscale for positive hypnosis and hypnosis only group (Table 9). There was no significant difference in scores for positive hypnosis ( $M= 49.95, SD = 8.73$ ) and

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hypnosis only group ( $M=47.55$ ;  $SD = 7.09$ );  $t(37) = .94$ ,  $p = .35$ , (two-tailed). The magnitude of the differences in the means (Mean difference = 2.40, 95%  $CI$ : -2.75 to 7.54) was small (eta squared = .0024).

Another independent  $t$ -test was conducted to compare the scores of DHS-C total hope subscale for positive hypnosis and writing group (Table 10). There was no significant difference in scores for positive hypnosis group ( $M= 49.95$ ,  $SD = 8.73$ ) and writing group ( $M=43.84$ ;  $SD = 11.08$ );  $t(36) = 1.89$ ,  $p = .067$ , (two-tailed). The magnitude of the differences in the means (Mean difference = 6.11, 95%  $CI$ : -.46 to 12.67) was moderate (eta squared = .095).

**GSES-C.** An independent  $t$ -test was conducted to compare the scores of GSES for positive hypnosis and hypnosis only group (Table 9). There was no significant difference in scores for positive hypnosis ( $M= 25.37$ ,  $SD = 6.53$ ) and hypnosis only group ( $M=26.95$ ;  $SD = 4.11$ );  $t(37) = -.91$ ,  $p = .37$ , (two-tailed). The magnitude of the differences in the means (mean difference = -1.58, 95%  $CI$ : -5.10 to 1.93) was small (eta squared = .0023).

Another independent  $t$ -test was conducted to compare the scores of GSES for positive hypnosis and writing group (Table 10). There was no significant difference in scores for positive hypnosis ( $M= 25.37$ ,  $SD = 6.53$ ) and writing group ( $M=24.63$ ;  $SD = 6.13$ );  $t(36) = .36$ ,  $p = .72$ , (two-tailed). The magnitude of the differences in the means (Mean difference = .74, 95%  $CI$ : -3.43 to 4.90) was moderate (eta squared = .004).

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When concerning the hypothesis two, there was an increase in the score of positive affect subscale across two time periods [pre-intervention ( $T_0$ ) and post-intervention ( $T_1$ )] for the positive hypnosis group. However, such phenomenon was not observed in the hypnosis only and writing group. Also, there was an increase in the scores of pathway subscale of DHS-C across two time periods [pre-intervention ( $T_0$ ) and post-intervention ( $T_1$ )] for three research groups. Nevertheless, the score of the positive hypnosis group was significantly higher than the writing group while no significant difference in the score was observed between positive hypnosis group and hypnosis only group. Similarly, such difference was not evident in other dependent variables. Based on this premise, the hypothesis two was partially substantiated.

**Hypothesis 3.** For each dependent variable, independent  $t$ -tests will be implemented to examine any difference in the mean values of dependent variables between hypnosis only and writing group at the time point ( $T_1$ ).

***PANAS-XC positive affect subscale.*** An independent  $t$ -test was conducted to compare the scores of PANAS-XC positive affect subscale for hypnosis only and writing group (Table 11). There was no significant difference in scores for hypnosis only ( $M= 29.00$ ,  $SD = 9.18$ ) and writing group ( $M=28.05$ ;  $SD = 8.12$ );  $t(37) = .34$ ,  $p = .74$ , (two-tailed). The magnitude of the differences in the means (Mean difference = .95, 95%  $CI$ : -4.69 to 6.58) was small (eta squared = .003).

***PANAS-XC negative affect subscale.*** An independent  $t$ -test was conducted to compare the

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scores of PANAS-XC negative affect subscale for hypnosis only and writing group (Table 11).

There was a significant difference in scores for hypnosis only ( $M= 16.80$ ,  $SD = 4.57$ ) and writing group ( $M=20.95$ ;  $SD = 7.60$ );  $t(37) = -2.08$ ,  $p = .045$ , (two-tailed). The magnitude of the differences in the means (Mean difference =  $-4.15$ , 95%  $CI$ :  $-8.19$  to  $-.10$ ) was small (eta squared =  $.003$ ).

Table 11

*Scores between Hypnosis Only and Writing Group after Intervention (T<sub>1</sub>)*

Dependent Variable/Time	Hypnosis Only Group <sup>a</sup>		Writing Group <sup>b</sup>		df	t	p	Eta Squared
	M	SD	M	SD				
<b>PANAS-XC</b>								
Positive Affect Subscale	29.00	9.18	28.05	8.12	37	.34	.74	.003
Negative Affect Subscale	16.80	4.57	20.95	7.60	37	-2.08	.045*	.011
<b>DHS-C</b>								
Pathway	23.75	3.51	21.37	5.59	37	1.60	.12	.068
Agency	23.80	3.87	22.47	5.69	37	.86	.40	.020
Total Hope	47.55	7.09	43.84	11.08	37	1.25	.22	.043
<b>GSES-C</b>								
Total	26.95	4.11	24.63	6.13	37	1.39	.17	.053

Note.  $n$ =sample size;  $M$ =Mean;  $SD$ = Standard Deviation; <sup>a</sup> $n=20$ ; <sup>b</sup> $n= 19$ . PANAS-XC= Chinese Version of Positive and Negative Affect Scale-Expanded; DHS-C= Chinese Version of Dispositional Hope Scale; GSES-C= Chinese Version of General Self-Efficacy Scale.

**DHS-C pathway subscale.** An independent  $t$ -test was conducted to compare the scores of DHS-C pathway for hypnosis only group and writing group (Table 11). There was no significant difference in scores for hypnosis only ( $M= 23.75$ ,  $SD = 3.51$ ) and writing group ( $M=21.37$ ;  $SD = 5.59$ );  $t(37) = 1.60$ ,  $p = .12$ , (two-tailed). The magnitude of the differences in the means (Mean difference =  $2.38$ , 95%  $CI$ :  $-.63$  to  $5.39$ ) was small (eta squared =  $.068$ ).

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**DHS-C agency subscale.** An independent *t*-test was conducted to compare the scores of DHS-C agency for hypnosis only and writing group (Table 11). There was no significant difference in scores for hypnosis only ( $M= 23.80$ ,  $SD = 3.87$ ) and writing group ( $M=22.47$ ;  $SD = 5.69$ );  $t(37) = .86$ ,  $p = .40$ , (two-tailed). The magnitude of the differences in the means (Mean difference = 1.33, 95% *CI*: -1.82 to 4.47) was small (eta squared = .020).

**DHS-C total hope subscale.** An independent *t*-test was conducted to compare the scores of DHS-C total hope for hypnosis only group and writing group (Table 11). There was no significant difference in scores for hypnosis only ( $M= 47.55$ ,  $SD = 7.09$ ) and writing group ( $M=43.84$ ;  $SD = 11.08$ );  $t(37) = 1.25$ ,  $p = .22$ , (two-tailed). The magnitude of the differences in the means (Mean difference = 3.71, 95% *CI*: -2.30 to 9.71) was small (eta squared = .043).

**GSES-C.** An independent *t*-test was conducted to compare the scores of GSES for hypnosis only and writing group (Table 11). There was no significant difference in scores for hypnosis only ( $M= 47.55$ ,  $SD = 7.09$ ) and writing group ( $M=26.95$ ;  $SD = 4.11$ );  $t(37) = 1.39$ ,  $p = .17$ , (two-tailed). The magnitude of the differences in the means (Mean difference = 2.32, 95% *CI*: -1.05 to 5.69) was small (eta squared = .053).

To summarize, independent *t*-tests displayed that the score of negative affect in the hypnosis only group was significantly lower than that of the writing group at the time point (T<sub>1</sub>). However, such difference was not evident in other dependent variables. Therefore, the hypothesis three was partially substantiated.

## CHAPTER V

### Discussion

A double-blinded pretest-posttest experimental study was conducted online to investigate whether an online self-help hypnosis intervention was a suitable vehicle to convey a positive psychology intervention. There were 58 adult Chinese participants divided into three groups; the influence of one's well-being, hopefulness, and self-efficacy is investigated. The scores of positive affect subscale of PANAS-XC revealed a significant interaction among three research groups and time, indicating the scores of positive affect changed differently among three research groups after the interventions. Also, the positive hypnosis group has shown a significant increase in the scores of positive affect subscale from the time of pre-intervention ( $T_0$ ) to the time of post-intervention ( $T_1$ ). On the contrary, there was no significant difference across the time periods from  $T_0$  to  $T_1$  for both hypnosis only group (Online self-help hypnosis) and writing group (Narrative writings).

### Effects of Hypnosis and Positive Psychology Interventions on Psychological Well-Being

The result of this study demonstrates that online self-help hypnosis had provided a positive influence and even synergic effect over the positive affect of the participants when it was implemented with online positive psychology intervention. No formal publication investigated the effect of online self-help hypnosis on one's psychological well-being from the perspective of positive psychology. Hence, it is not possible to compare the result of a

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similar online intervention study. However, three positive psychological research investigated the effect of hypnosis on individual's mental well-being (Guse, 2014) and outcome is reviewed below as a comparison to the current study.

Two empirical research, which consisted of face-to-face hypnotic programs, provided support to the results of this current study (Fourie, & Guse, 2011; Guse, Wissing, & Hartman, 2006). Both face-to-face program and online intervention successfully promoted one's positive affect and soothed one's negative affect; however, no evidence on the long-term effects over the psychological well-being of their participants were found. Future studies were recommended to investigate whether there was any significant difference in the degree of improvement of one's positive affect or reduction of one's negative affect between the face-to-face program and online intervention. Also, the long term effects of both interventions could be further compared.

Another multiple case study design, as conducted by Guse and Fourie in 2013, provided qualitative evidence, in addition to quantitative component, to the result of this current study. They suggested that a qualitative component, such as having several individual interviews before and after the intervention, could be added to examine any difference in their psychological well-being and to explore participants' subjective feeling throughout the therapeutic process. Qualitatively, three participants reported having a positive shift in their affect balance after positive hypnotic intervention. Furthermore, one participant reported



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having an overwhelming positive affect after the positive hypnotic intervention. It is hypothesized some improvement in psychological well-being, hopefulness and self-esteem could not be shown quantitatively in this current study but could be reported qualitatively in the future study.

### **Proposed Synergic Mechanisms of Hypnosis and Positive Psychology Interventions in Promoting Hopefulness and Psychological Well-being**

This study provided empirical evidence that online self-help hypnosis has exerted a positive influence and even synergic effect over individual's pathway perception in the presence of another online positive psychology intervention. The underlying mechanisms were proposed as followed.

Hope was considered as one's inner psychological strengths and one's cognitive perception of one's ability to cultivate personal goals, formulate achievable plans and keep one's motivation towards these individual targets (Magyar-Moe, 2009). Hopefulness was also one of the five personal inner strengths which were closely correlated with one's psychological well-being (Peterson, & Seligman, 2004). According to the hope theory of Snyder (1994), there are four different facets which encompassed one's perceived personal goals, barriers, pathway, and agency thinking. A personal goal is individualized, precise and undetermined; and which provides one's direction and destination for one's hopeful perceptions. Individuals possess agency thinking to pursue their objectives. Hanson (2016)

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posited that agency thinking was considered as one's motivation to commence and to strike towards one's desired goals through a perceived feasible path. Barriers were seen as the blockage when one pursued one's goals. When facing obstacles, one can choose giving up one's goals or applies pathway thinking, i.e., one's perception towards one's ability to produce possible routes towards one's desired goal, to generate new viable way (Hanson, 2016). Hence, hopefulness is a malleable personal strength and is a critical changing agent during the psychotherapy (Lopez et al., 2002). When hopefulness could be assessed and mobilized during the hypnotherapeutic processes, one's psychological well-being could be promoted accordingly (Guse, 2012).

In the current study, an online positive psychology intervention (Hope: "Feel the Difference") was administered after the participants received progressive relaxation exercises in day one whereas another online positive psychology intervention (Gratitude: Find Three Good Things) were given after the participants received two pieces of hypnotic recordings on day two. After the participants received post-hypnotic suggestions, their attention was concentrated to their intrinsic personal strengths such as gratitude and hope. When recipients were under a hypnotic trance, their high level controlling systems were dissociated from each other. Some functioning persisted whereas some operation suspended temporarily (Hilgard, 1974, 1991). The hierarchical arrangement of some lower level controlling systems varied momentarily (Whalley, 2016). Under this exceptional altered state of consciousness, one's

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attention or awareness was narrowed to focus towards particular experience such as personal inner strengths and then amplified them accordingly (Mende, 2009; Yapko, 2012). Restricting one's attention and amplifying one's personal experience was especially prominent when one has received post-hypnotic suggestions (Raz, & Campbell, 2011).

As a result, the provision of online positive psychology interventions after hypnosis enabled the participants to identify their intrinsic personal strengths more intensely with longer duration. Increase in cognition and utilization of own inner powers were correlated with the increased positive affect of psychological well-being and self-esteem (Linley, Nielsen, Gillett, & Biswas-Diener, 2010; Wood, Froh, & Gerarghty, 2010). Accordingly, a significant increase in psychological well-being regarding positive affect was observed. When compared with those receiving hypnosis and positive psychology interventions simultaneously, the comparative counterparts, who received hypnosis solely, could narrow their attention and amplified their hopefulness and gratitude. However, they were devoid of exposure to positive psychology interventions afterward to escalate their therapeutic effect to a significant level. Therefore, their level hopefulness and psychological well-being increased but failed to achieve a statistical difference.

### **Effect of Hypnosis over Negative Affect**

As previously alluded, Guse (2014) pointed out that there was insufficient empirical evidence to support the effectiveness of hypnosis to promote psychological well-being. It was

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because increasing one's mental well-being was always conceptualized as amelioration of individual's negative affect in a medical context. However, the result of current study provided a rebuttal to Guse's hypothesis that a reduction in one's negative symptoms might not always equal to or contribute to an improvement in one's psychological well-being. Instead of affecting one's positive affect, hope and self-efficacy, online self-help hypnosis alone could bring about only a therapeutic effect on the individual's negative affect in the current study. Further, this study was successful in examining the effectiveness of hypnosis under the platform of positive psychology which was considered as one future trend of psychological research (DeAngelis, 2008).

### **Clinical Implications of Current Study**

As a pioneer study in Asia, this present research contributes to the knowledge gap on whether hypnosis can be applied in the context of Eastern populations beyond Western populations including South Africans from the perspective of positive psychology. The current has shown that the dual therapeutic modalities, which consisted of both positive psychology interventions and hypnosis, were successful in enhancing individuals' psychological well-being and hopefulness. The current research provides experimental evidence that Chinese subjects can gain benefits from hypnosis and positive psychology interventions.

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Instead of administering through traditional face-to-face interventions, this study provides an empirical support that therapy session can be conducted through the internet. Online self-help hypnosis and online positive psychology interventions can be delivered anytime and anywhere; potentially producing significant therapeutic effects (Evers, 2006). The use of online service users reduces the cost of users receive (McCrone et al., 2004). Such findings are particularly encouraging for those who are living in a remote area with difficult transportation.

This study, which emphasizes over the effectiveness of dual therapeutic modality including online self-help hypnosis and online positive psychology interventions, successfully sheds light on how hypnosis can be integrated with positive psychology (Amundson, Alladin, & Gill, 2003). Furthermore, this study endeavors to conceptualize the synergic effect of the dual therapeutic modality by using neo-dissociation theory. It is hypothesized that specific intrinsic inner strengths, such as gratitude and hope, are identified, mobilized and cultivated through hypnotic suggestions beforehand. The therapeutic effect of sequenced gratitude or hope intervention is intensified afterward (Edgette, & Edgette, 1995). Accordingly, positive affect of psychological well-being is significantly enhanced. The current study provides a plausible explanation on why hypnosis alone could not increase psychological well-being. Although hypnosis was found successfully reduce one's negative affect, it was insufficient to intensify the therapeutic effect to bring along the significant

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increase in psychological well-being without sequenced gratitude or hope intervention.

Finally, this study provides testable hypotheses for further investigations.

### **Limitations and Further Directions**

Firstly, this study adopted a convenience sampling which might threaten its internal validity. In addition, this study recruited a relatively smaller sample size when it was compared with similar randomized control trial (Drozd et al., 2014). It was recommended that simple random sampling with larger sample size to be implemented in the future to decrease the sampling bias and external validity. Secondly, this study consisted of an observational design with a cross-sectional methodology which examined the phenomenon at specific time slice (Gravetter, & Forzano, 2015). Data collections were conducted before the intervention ( $T_0$ ) and immediately after the intervention ( $T_1$ ). This cross-sectional methodology failed to provide information on how therapeutic changes appeared in individuals over time. A cohort study, which consisted of multiple observations after the interventions, was recommended to give insight on whether the self-help hypnosis and positive psychology interventions could exert a long-lasting effect over the internet user (Hulley, Cummings, Browner, Grady, & Newman, 2013).

Different from the randomized controlled trial, this current study was unable to impose stringent manipulations over the experimental conditions. It was because participants could complete the study anytime and anywhere unless they did not meet the inclusion criteria and

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basic ground rules of this study. Respondents were required to obey some basic ground rules to join and complete this study. For example, they must join the study once only, and the whole study must be completed in two different days. Apart from safeguarding the ground rules, this study failed to control situational variables of extraneous variables that might contaminate the cause-and-effect of self-help hypnosis and online positive psychology interventions over participants' psychological well-being (Cohen, Manion, & Morrison, 2011).

Nevertheless, this contamination, induced by the situational and participants variables, could be well balanced-off by having a double-blinded arrangement, random assignment of different subjects into different groups and presence of control group in this study (Hulley et al., 2013). In the future study, if the participants were obligated to complete this two-day program in a well-controlled laboratory, extraneous variables could be better controlled.

However, the researcher should be acknowledged that external validity of further study would be compromised because the results could not be generalized to authentic living environment whereas natural disturbances and human interference could not be eliminated.

### **Conclusions**

Apart from the traditional approach that focused on symptoms or distress reduction, this study paved a novel way to investigate the effectiveness of hypnotherapy from the panorama of positive psychology. This study successfully validated and extended the online application

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of hypnosis and positive psychology interventions to promote psychological well-being regarding increasing positive affect.



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## **Appendix A**

### **Online Advertising Ad Script and Distributing Pamphlets (English Version)**

## POSITIVITY THROUGH HYPNOSIS

Dear Sir or Madam,

Hello! My name is Kenny Luk and I am a graduate student in clinical psychology at the California School of Professional Psychology affiliated with Alliant International University. I would like to invite you to participate in a research which relates to online positive psychology. This research has been 'Approved by Alliant IRB'.

This study will recruit individuals of the general public in Hong Kong with aged 18 or above. They will be expected to provide a valid email address, speak and communicate in Cantonese or Mandarin and be able to read and write in Traditional/Simplified Chinese characters at primary three (that is an equivalent educational level of 9 years old). On the contrary, the following participants are not the target of current study: Those who have any diagnosed chronic, major psychiatric illnesses, those diagnosed substance abuse problems, those have any diagnosed past medical history of traumatic brain injury, epilepsy or cardiac diseases, participants who have lack of belief in the efficacy of hypnosis and participates the study more than once respectively.

You will be requested to join the study consecutively two days. The first day consumed 60 minutes whereas the second day consumed 30 minutes. You will be requested to fill in the questionnaires on the first and the second day after the intervention. You may gain benefits by increasing your well-being, hopefulness, and self-efficacy through the online positive psychology intervention. I hope you will enjoy participating in this research.

If you want to join our study, you can follow this link to the survey to answer eight screening questions to check your eligibility for participation:

[\\${1://SurveyLink?d=Take the Survey}](#)

Or copy and paste the URL below into your internet browser:

[\\${1://SurveyURL}](#)

Follow the link to opt out of future emails:

[\\${1://OptOutLink?d=Click here to unsubscribe}](#)

If you want to join my study but you cannot access the internet network at home or at any places, you may contact me through my mobile phone (Telephone: 9742 2121) for further arrangement.

## POSITIVITY THROUGH HYPNOSIS

Hope you can enjoy this study!

Regards,  
Principal Investigator,  
Kenny Luk

**Appendix B: Online Advertising Ad Script and Distributing Pamphlet**  
**(Traditional Chinese Version)**

## POSITIVITY THROUGH HYPNOSIS

各位先生及女士，

你好! 本人陸家耀先生(Kenny Luk) 是一名現正修讀臨床心理學的研究學生，現就讀於 Alliant International University 附屬的加州專業心理學院。誠摯邀請閣下參與本人正在進行的一項有關網上正向心理學的研究。這項研究已經得到美國 Alliant International University 科學研究與倫理審查委員的批准。

本研究將會招募任何年滿十八歲或以上的香港人，他們需要提供一個有效的電郵地址，能夠運用廣東話或普通話交談及溝通，並能夠閱讀及書寫小三程度的繁體字或簡體字(相等於接受過九年的正式教育程度)

下列人士並不是本研究所需的招募之列: 任何被香港註冊醫生診斷為慢性主要的精神疾病，被香港註冊醫生所診斷為物質濫用問題的病患者，擁有以下病歷的人士：創傷性腦損傷、癲癇及已被診斷的心臟問題的病患者，所有不信任催眠能夠帶來任何效果的人士及參加此研究多於一次的人士。

本研究需要你連續兩日的參與，第一日需時 60 分鐘而第二日則需時 30 分鐘，並於第一日及第二日填寫問卷。你可能從網上正向心理治療之中令自己的心理幸福感、樂觀及自我效能得到正面的提升。我希望你能夠享受參與這項研究。

如果你想參與此研究，你可以點擊及進入以下連結並回答八條問題，以識別你的參與資格。

[\\${1://SurveyLink?d=Take the Survey}](#)

或複製及貼上以下的連結到你的網上瀏覽器:

[\\${1://SurveyURL}](#)

點擊及進入以下連結，並決定不去接收往後的電郵:

[\\${1://OptOutLink?d=Click here to unsubscribe}](#)

如果你想參與此研究，但又不能在家中或任何地方上線，你可以用電話聯絡我(電話號碼: 9742 2121)，以便進一步安排。

希望你享受這項研究!

主要研究員

陸家耀先生 (Kenny Luk)

## Appendix C

### Screening Questions (English and Traditional Chinese)

**篩選問題 (Screening Questions- English and Traditional Chinese)**

1) 你是否第一次參加這次研究嗎? (Do you join this study for the first time?)	1) <input type="checkbox"/> 是 (Yes) 2) <input type="checkbox"/> 否 (No)
2) 你的年齡是? (Age) (What is your age?)	1) <input type="checkbox"/> 18 歲以下 (Below 18) 2) <input type="checkbox"/> 18 歲或以上 (18 or Above)
3) 你可否閱讀及書寫繁體中文字嗎? Can you read and write Traditional Chinese characters?	1) <input type="checkbox"/> 可 (Yes) 2) <input type="checkbox"/> 否 (No)
4) 你可否運用廣東話或普通話交談及溝通嗎? Can you speak and communicate in Cantonese or Mandarin?	1) <input type="checkbox"/> 可 (Yes) 2) <input type="checkbox"/> 否 (No)
5) 你有任何已被診斷的慢性或主要的精神病嗎?  如果有的話, 誰人診斷的? Do you have any diagnosed chronic, major psychiatric illness? If you answer 'yes' the question above, who made the diagnosis? (Question in my follow up email)	1) <input type="checkbox"/> 有 (Yes) 2) <input type="checkbox"/> 沒有 (No)  _____
6) 你現在有沒有任何已被診斷的物質濫用問題嗎?  如果有的話, 誰人診斷的? In the present, do you have any diagnosed substance abuse problem? If you answer 'yes' the question above, who made the diagnosis? (Question in my follow up email)	1) <input type="checkbox"/> 有 (Yes) 2) <input type="checkbox"/> 沒有 (No)  _____
7) 你是否擁有以下病歷如創傷性腦損傷、癲癇及已被診斷的心臟問題嗎? 如果有的話, 誰人診斷的? Do you have the following diagnosed past medical histories such as traumatic head injury, epilepsy or any cardiac disease? If you answer 'yes' the question above, who made the diagnosis? (Question in my follow-up email)	1) <input type="checkbox"/> 有 (Yes) 2) <input type="checkbox"/> 沒有 (No)  _____
8) 你相信催眠的好處嗎? Do you believe the benefits of hypnosis?	1) <input type="checkbox"/> 相信 (Believe) 2) <input type="checkbox"/> 不相信 (Not believe)

## **Appendix D**

### **Information Sheet and Consent Form**





### Study Concerning Promoting Online Positive Psychology

Mr Luk Kar Yiu is a graduate student in clinical psychology at the California School of Professional Psychology affiliated with Alliant University. I would like to invite you to participate a research which relates to online positive psychology. This research has been 'Approved by Alliant IRB'.

The research will be conducted through the internet from the 1st of April, 2016 with the duration of nine months. You will be requested to join the study consecutively two days. The first day will consume 60 minutes whereas the second day will consume 30 minutes. You will be requested to fill in the questionnaire on the first and the second day after the intervention. You may gain benefits by increasing your well-being, hopefulness, and self-efficacy through the online positive psychology intervention. The objective of this research is to explore whether the online psychological intervention can bring any positive influence towards the general public in Hong Kong. This research may contribute anticipated benefits to the psychological well-being of the general public in Hong Kong. The results of this study can address the researchable question concerning whether the positive psychology intervention can bring out its positive influence through online. Meanwhile, the result of this study can also address another researchable question concerning whether the positive psychology intervention can have synergic effect with other online psychological interventions.

Overall speaking, online positive psychology is safe for all participants if it is offered by a qualified healthcare professional. The risks of this study can be generally out-weighted by the benefits of this study. It brings some potential adverse effects towards you. You may encounter most commonly appeared side effects such as feeling sleepy, afraid of losing control, short-term cognitive distortion, short-term confusion, and nausea. Therefore, the participants must avoid listening to any hypnotic recordings in this study while they are driving or doing any task which requires concentration to prevent from having any damage or negative consequences.

As a kindly reminder, it is the responsibility of the participant to seek treatment during or after the study. If you want to seek help, you may contact **Mr. Kong Wai Yin Nelson** with telephone number: **(+852) 9365 9326 (Hong Kong Number)**. Mr. Kong will make a

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free-of-charge preliminary assessment on the phone. If you are in a psychiatric emergency, which has arisen from participation in the study, Mr. Kong will provide free preliminary emergency mental first aid and further referral. If Mr Kong is not available, the participants can go to the emergency department of their nearby public hospital directly for further assessment and intervention. The charge for attending the emergency department of the public hospital is \$100 Hong Kong dollars per attendance for eligible persons. For further information, you can browse the following website:

English Version: ([https://www.ha.org.hk/haho/ho/cs/v3/serviceguide\\_feenchg-en.htm](https://www.ha.org.hk/haho/ho/cs/v3/serviceguide_feenchg-en.htm))

Chinese Version: ([https://www.ha.org.hk/haho/ho/cs/v3/serviceguide\\_feenchg-b5.htm](https://www.ha.org.hk/haho/ho/cs/v3/serviceguide_feenchg-b5.htm))

This research brings some potential risks in the collection, storage and use of the data. The subjects will become embarrassed if their demographic data are exposed to the public. In light of this, countermeasures concerning the risk management and security measures will be adopted. Firstly, all the data collected in the questionnaire will be kept anonymous in this study or in the later publication. All the data will not be presented or published on an individual basis; they will be presented on an aggregated base only. Secondly, all the collected data will be kept strictly confidential by keeping them in a locker or drawer with a safety lock. Password will be needed to access any files associated with this research inside the computer. Thirdly, only me (The principal investigator), my dissertation chairman and the committee can have the right to gain access to the data. Ultimately, the collected data will be kept and destroyed 5 years after all the research procedures have been achieved.

Participants can request the principal investigator to post a summary of the aggregate results of the study online once the study has been completed. Any persons participating in the research have the right to raise any questions concerning the research and can voluntarily choose to quit the research without having any maltreatment such as being forced to continue the study and bearing any legal consequences. If any participants have any complaints towards this research, please feel free to contact the Institutional Review Board (IRB) at Alliant International University at [irb-sf@alliant.edu](mailto:irb-sf@alliant.edu) ; or call and leave a message by dialing **415-955-2151 (US telephone number)**. If the participants want to have more information concerning this research, please feel free to contact Mr. Luk Kar Yiu, with email address: [kluk@alliant.edu](mailto:kluk@alliant.edu)

Hereby, I fully understand that participation in this research brings some potential adverse effects such as feeling sleepy, afraid of losing control, short-term cognitive distortion, short-term confusion, and nausea. Therefore, I will not listen to any hypnotic recordings in

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this study while I am driving or doing any task which requires concentration to prevent from having any damage or negative consequences.

If I discover any adverse effects, I fully understand that it is my responsibility to seek treatment during or after the study.

I also fully understand that the personal particulars obtained from the research will be used for academic exchange and research purpose only. Also, I fully understand that I have the right to protect my own privacy and my personal information will not be disclosed without my personal approval. All the data collected in the questionnaire will be kept anonymous in this study or in the later publication. All the data will not be presented or published on an individual basis; they will be presented on an aggregated base only.

I hereby declare that I voluntarily participate the research and have a substantial understanding over the collection, storage, use of data and the personal risks raised by the research.

I fully understand that I have the right to raise any questions concerning the research and I can voluntarily choose to quit the research without having any maltreatment such as being forced to continue the study and bearing any legal consequences.

I fully understand that if I want to know more information about the research, I can contact Mr. Luk Kar Yiu through email: [kluk@alliant.edu](mailto:kluk@alliant.edu)

I also fully understand that if I have any complaints towards the research, I can contact the Institutional Review Board (IRB) at Alliant International University at [alliant-irb@alliant.edu](mailto:alliant-irb@alliant.edu) ; or call and leave a message by dialing **858-635-4741 (US Number)**.

Name of Principal Investigator:

Mr Luk Kar Yiu

Signature of Principal Investigator:

*L. Gabriel*

Date:

1 - 4 - 2016

## **Appendix E**

### **Information Sheet and Consent Form (Traditional Chinese)**

## 有關資料及參與研究同意書

### 網上正向心理學研究



本人陸家耀先生(Kenny Luk) 是一名現正修讀臨床心理學的研究學生，現就讀於 Alliant International University 附屬的加州專業心理學院。誠摯邀請閣下參與本人正在進行的一項有關網上正向心理學的研究。這項研究已經得到美國 Alliant International University 科學研究與倫理審查委員的批准。

活動將於二零一六年四月開始在網上進行，為期九個月。本研究需要你連續兩日的參與，第一日需時六十分鐘而第二日則需時三十分鐘，並於第一日及第二日完成介入後填寫問卷。你可能從網上正向心理治療之中令自己的心理幸福感、樂觀及自我效能得到正面的提升。這項研究目的是為了了解網上正向心理介入會否為香港大眾帶來任何正面的影響。這項研究可會為香港大眾的心理健康帶來預期正面的影響，本研究有機會能夠找出正向心理學能否透過網上發揮其影響。同時，本研究也可以了解正向心理治療法能否配合其他網上心理治療法並發揮任何增效或協作的效果。

當網上施行正向心理治療法是由合資格的醫護人員所提供的，它普遍是安全的，而研究所帶來的好處也普遍能夠超過研究所帶來的風險，但也有機會為參與者帶來一些潛在的不良影響：參與者遇到最常見的不良影響包括嗜睡、害怕失去控制、短暫認知扭曲、短暫精神錯亂及惡心。因此，當參加者駕駛任何車輛或進行任何需要集中力的工作時，參加者必須避免聆聽任何關於這個研究的催眠錄音，以免招致任何損害或後果。

溫馨提示：當參加者發現有任何不良影響，參加者有責任在研究途中或之後去尋求協助或治療。如果參與者想尋求協助，可聯絡江偉賢先生，電話 **(+852) 9365 9326 (香港號碼)**，如你因參與此研究而遇到精神上的緊急狀況，江先生會在電話之中作出免收費的初步精神急救及提供轉介。如果參加者聯絡不到江先生，參加者可以直接到最近的公立醫院急症室作進一步的評估及治療，合資格人士每一次到公立醫院急症室求診收費港幣一百元。詳情請瀏覽以下網址：

(英文版本: [https://www.ha.org.hk/haho/ho/cs/v3/serviceguide\\_feenchg-en.htm](https://www.ha.org.hk/haho/ho/cs/v3/serviceguide_feenchg-en.htm))

(中文版本: [https://www.ha.org.hk/haho/ho/cs/v3/serviceguide\\_feenchg-b5.htm](https://www.ha.org.hk/haho/ho/cs/v3/serviceguide_feenchg-b5.htm))

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此外，本研究在資料收集、貯存及運用上也可能會為參與者帶來一些潛在的不良影響，因為若果他們的個人資料外洩，參與者可能會感到尷尬。有見及此，本研究將在風險管理及資料安全上實施有關應對方法，首先，在未來的出版刊物及任何發報會當中，所有參與者的個人資料將不會被人認出。所有從問卷得到的個人資料不會以個人形式發報，所有資料將會以聚集形式發報，並用數字所代替。其次，所有從問卷得到涉及參加者的資料都會存放在有安全鎖鎖上的地方之中，所有涉及參加者資料的檔案將會在電腦之中被密碼加密。所有涉及參加者的資料只有本項研究人員才可得悉。最後，所有涉及參加者的個人資料將會在所有研究程序終結五年之後徹底銷毀。

閣下享有充分的權利在研究開始之前或之後決定退出這項研究，而不會受到任何對閣下不良的待遇如在不情願之下繼續本研究或被追究法律上的責任。

參與者可以在主要研究者完成整個研究之後要求此研究者提供此研究的匯總結果。如果閣下對這項研究有任何的不滿，可隨時與美國 Alliant International University 科學研究與倫理審查委員會聯絡，電郵 [irb-sf@alliant.edu](mailto:irb-sf@alliant.edu)，電話或留言 **415-955-2151 (美國號碼)**。

如果閣下想獲得更多有關這項研究的資料，請與陸家耀先生聯絡，電郵地址：[kluk@alliant.edu](mailto:kluk@alliant.edu)。

我完全理解此研究有機會為參與者帶來一些潛在的不良影響，例如嗜睡、害怕失去控制、短暫認知扭曲、短暫精神錯亂及惡心。因此，當我駕駛任何車輛或進行任何需要集中力的工作時，我將不會聆聽任何關於這個研究的催眠錄音，以免招致任何損害或後果。

當我發現有任何不良影響，我明白自己有責任在研究途中或之後去尋求協助或治療。

我也理解此研究所獲得的個人資料只會用於未來的學術研究和交流，我也理解我有權保障自己的隱私。在沒有我的許可之下，我的個人資料將不能外洩。在未來的出版刊物及任何發報會當中，所有從問卷得到的參加者的資料會以個人資料的形式發報，所有資料將會以聚集形式發報，並用數字所代替，所有參與者的個人資料將不會被人認出。

我在此聲明我是自願同意參與這項研究。我對此研究的資料收集，貯存，運用及可能會出現的生理及心理風險有一定的了解。我理解我有權在研究過程中提出問題，並在任何時候自願決定退出研究而不會受到任何對閣下不良的待遇如在不情願之下繼續本研究或被追究法律責任。

我理解如果我對此研究有任何的問題，我可以電郵 [kluk@alliant.edu](mailto:kluk@alliant.edu) 與陸家耀先生聯絡。我也理解如果我對此研究有任何投訴，我可以撥號隨時與美國 Alliant International

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University 科學研究與倫理審查委員會聯絡，電郵地址，[alliant-irb@alliant.edu](mailto:alliant-irb@alliant.edu)，電話  
**858-635-4741 (美國號碼)**。

研究人員姓名:

陸家耀先生

研究人員簽名:



日期:

1-4-2016



## **Appendix F**

### **Demographic Questionnaires (Traditional Chinese)**



**人口學上的調查表 (Demographic Questionnaires-Traditional Chinese)**

1) 性別 (Sex) (What is your sex?)	1) <input type="checkbox"/> 男 (Male) 2) <input type="checkbox"/> 女 (Female) 3) <input type="checkbox"/> 其他 (Others)
2) 年齡 (Age) (What is your age?)	1) <input type="checkbox"/> 18 以下 (Below 18) 2) <input type="checkbox"/> 18 至 20 (18 to 20) 3) <input type="checkbox"/> 21 至 30 (21 to 30) 4) <input type="checkbox"/> 31 至 40 (31 to 40) 5) <input type="checkbox"/> 41 至 50 (41 to 50) 6) <input type="checkbox"/> 51 至 60 (51 to 60) 7) <input type="checkbox"/> 超過 60 (Over 60)
3) 你通常居住的地方是? (Where do you live usually?)	1) <input type="checkbox"/> 香港 (Hong Kong) 2) <input type="checkbox"/> 其他地方 (Other Places) _____
4) 你的婚姻狀況是? (Marital Status) (What is your marital status)	1) <input type="checkbox"/> 單身 (Single) 2) <input type="checkbox"/> 已婚 (Married) 3) <input type="checkbox"/> 離婚 (Divorced) 4) <input type="checkbox"/> 寡居(Widowed)
5) 你擁有宗教信仰嗎? (Religion) (Do you have any religion?)	1) <input type="checkbox"/> 有 (Yes) 2) <input type="checkbox"/> 沒有 (No)
6) 你的教育程度是什麼? (Educational Status) (What is your educational status?)	1) <input type="checkbox"/> 大學以下 (Below Bachelor Degree) 2) <input type="checkbox"/> 大學學位 (Bachelor Degree) 3) <input type="checkbox"/> 碩士或以上 (Master Degree or above) 4) <input type="checkbox"/> 其他 (Others)
7) 你的職業是什麼? (Occupation) (What is your occupation?)	1) <input type="checkbox"/> 經理及行政級人員(Managers & Administrators) 2) <input type="checkbox"/> 專業人員 (Professionals) 3) <input type="checkbox"/> 輔助專業人員 (Associated Professionals) 4) <input type="checkbox"/> 文書支援人員 (Clerical Support Workers) 5) <input type="checkbox"/> 服務工作及銷售人員 (Services and Sales workers) 6) <input type="checkbox"/> 工藝及有關人員 (Craft and Related Workers) 7) <input type="checkbox"/> 工廠工人 (Factory Workers) 8) <input type="checkbox"/> 非技術工人(Elementary Occupations) 9) <input type="checkbox"/> 自僱人士 (Self-employed) 10) <input type="checkbox"/> 退休人士 (Retired) 11) <input type="checkbox"/> 家庭主婦 (Housewife) 12) <input type="checkbox"/> 待業人士 (Unemployed)
8) 你每年的收入是什麼? (Income per Annum) (In Hong Kong Dollars)	1) 少於\$10,000 港元 (Less than \$10, 000 HKDs) 2) \$10,001 至 \$50,000 港元 (\$10,001 to

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	<p>\$50,000HKDs)</p> <p>3) \$50,001 至 \$100,000 港元 (\$50,001 to \$100,000HKDs)</p> <p>4) \$100,001 至 \$250,000 港元 (\$100,001 to \$250,000 HKDs)</p> <p>5) \$250,001 至 \$500,000 港元 (\$250,001 to \$500,000HKDs)</p> <p>6) 超過\$500,000 港元 (More than \$500,000HKDs)</p>
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**Appendix G**

**HGSHS: A Preamble**

**HGSHS: A Preamble (Freedman, 2012)**

To allow you to feel more fully at ease in the situation, let me reassure you on a few points. First of all, the experience, while a little unusual, may not seem so far removed from ordinary experience as you have been led to expect. Hypnosis is a largely a question of your willingness to be receptive and responsive to ideas and to allow these ideas to act upon you without interference. These ideas we call suggestions. Second, you will not be asked to do anything that will make you look silly or stupid, or that will prove embarrassing to you. We are here for serious scientific purposes. Third, and finally, I shall not probe into your personal affairs, so that there will be nothing personal about what you are to do or say during the hypnotic state.

You may wonder why we are doing these experiments. Hypnotism is being used more and more by physicians: for example, by dentists to relieve pain, by obstetricians to make childbirth earlier, by psychiatrists to reduce anxiety. If we can understand the processes involved, we will know more about the relationship between ideas and action, more about the way in which personality operates. So in participating here, you are contributing to scientific knowledge of a kind that can be used to help other human beings. We are trying here merely to understand hypnotism. Probably all people can be hypnotized, but some are much more readily hypnotized than others, even when each of them co-operates. We are studying some of these differences among people.

Now please make yourself comfortable in your chair. Clear your lap of books and papers, prepare to begin. Individuals who wear glasses should keep them on. If, however, you are wearing contact lenses, it might be more comfortable to remove them. (The examiner should also communicate the following if the main procedures are tape recorded.) In order to help keep our main procedures constant, they have been put onto a tape recording. In a moment I shall turn on the tape recorder.

**Main Procedures (The following instructions are to be presented verbatim.)****1a. Head Falling (Total time: 3'30'')**

To begin with, I want you to experience how it feels to respond to suggestions when you are not hypnotized. If you will now please sit up straight in your chair...Close your eyes and relax; continue, however, to sit up straight. That's right. Eyes closed and sit up straight. Please stay in that position with your eyes closed, while at the same time letting yourself relax. (Allow 30'' to pass). Now just remain in the same position and keep your

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eyes closed...sitting up straight in your chair...with your eyes closed.

In a moment I shall ask you to think of your head falling forward. As you know, thinking of a moment and making a moment are closely related. Soon after you think of your head falling forward you will experience a tendency to make the movement. You will find your head actually falling forward, more and more forward until your head will fall so far forward that it will hang limply on your neck.

Listen carefully to what I say and think of your head falling forward, drooping forward. Think of your head falling forward, falling forward, more and more forward. Your head is falling forward, falling forward. More and more forward. Your head is falling more and more forward, falling more and more forward. Your head is going forward, drooping down, down, limp and relaxed. Your head is drooping, swaying, falling forward, falling forward, falling forward, falling, swaying, drooping, limp, relaxed, forward, forward, falling, falling, falling.... Now!

That's fine. Now please sit up and open your eyes. That's right. Sit up and open your eyes. You can see how thinking about a movement produces a tendency to make the movement. You can learn to become hypnotized as you bring yourself to give expression to your action tendencies. But at this point, you have the idea of what it means to accept and act upon suggestions.

### 2a EYE CLOSURE (Total time: 15'25'')

Now I want you to seat yourself comfortably and rest your hands in your lap. That's right. Rest your hands in your lap. Now look at your hands and find a spot on either hand and just focus on it. It doesn't matter what spot you choose; just select some spot to focus on. I shall refer to that spot which you have chosen as the target. That's right...hands relaxed...look directly at the target. I am about to give you some instructions that will help you to relax and gradually to enter a state of hypnosis. Just relax and make yourself comfortable. I want you to look steadily at the target and while keeping your eyes on it to listen to what I say. Your ability to be hypnotized depends partly on your willingness to co-operate and partly on your ability to concentrate upon the target and upon my words. You have already shown yourself to be cooperative by coming here today, and with your further cooperation, I can help you to become hypnotized. You can be hypnotized only if you are willing. I assume that you are willing and that you are doing your best to cooperate by concentrating on the target and listening to my words, letting happen whatever you feel is going to take place. Just let it happen. If you pay close attention to what I tell you, and think of the things I tell you to think about, you can easily experience what it is like to be

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hypnotized. There is nothing fearful or mysterious about hypnosis. It is a perfectly normal consequence of certain psychological principles. It is merely a state of strong interest in some particular thing. In a sense, you are hypnotized whenever you see a good show and forget you are part of the audience, but instead feel you are part of the story. Many people report that becoming hypnotized feels at first like falling asleep, but with the difference that somehow or other they keep hearing my voice as a sort of background to whatever other experience they may have. In some ways hypnosis is like sleepwalking; however, hypnosis is also an individual experience and is not just alike for everyone. In a sense, the hypnotized person is like a sleepwalker, for he can carry out various and complex activities while remaining hypnotized. All I ask of you is that you keep up your attention and interest and continue to cooperate as you have been cooperating. Nothing will be done that will cause you any embarrassment. Most people find this a very interesting experience. (Time: 3'35").

Just relax. Don't be tense. Keep your eyes on the target. Look at it as steadily as you can. Should your eyes wander away from it, that will be right... just bring your eyes back to it. After a while you may find that the target gets blurry, or perhaps moves about, or again, changes color. That is all right. Should you get sleepy, that will be fine, too. Whatever happens, let it happen and keep staring at the target for a while. There will come a time, however, when your eyes will be so tired, will feel so heavy, that you will be unable to keep them open any longer and they will close, perhaps quite involuntarily. When this happens, just let it take place (Time: 1'10") (34:00)

As I continue to talk, you will find that you will become more and more drowsy, but not all people respond at the same rate to what I have to say. Some people's eyes will close before others. When the time comes that your eyes have closed, just let them remain closed. You may find that I shall still give suggestions for your eyes to close. These suggestions will not bother you. They will be for other people. Giving these suggestions to other people will not disrupt you but will simply allow you to relax more and more.

You will find that you can relax completely but at the same time sit up comfortably in your chair with little effort. You will be able to shift your position to make yourself comfortable as needed without disturbing you. Now just allow yourself to relax completely. Relax every muscle in your body. Relax the muscles of your legs... Relax the muscles of your feet...Relax the muscles of your arms... Relax the muscles of your hands...of your fingers...Relax the muscles of your neck, of your chest...Relax all the muscles of your body...Let yourself be limp, limp, limp. Relax more and more, more and more. Relax completely. Relax completely. Relax completely. (Time: 2'15") (31:45)

As you relax more and more, a feeling of heaviness perhaps comes over your body. A feeling of heaviness is coming to your legs and your arms...into your feet and your hands...into your whole body. Your legs feel heavy and limp, heavy and limp... Your arms

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are heavy, heavy... Your whole body feels heavy, heavier and heavier. Like lead. Your eyelids feel especially heavy. Heavy and tired. You are beginning to feel drowsy, drowsy and sleepy. Your breathing is becoming slow and regular, slow and regular. You are getting drowsy and sleepy, more and more drowsy and sleepy while your eyelids become heavier and heavier, more and more tired and heavy. (Time: 1'25'')

Your eyes are tired from staring. The heaviness in your eyelids is increasing. Soon you will not be able to keep your eyes open. Soon your eyes will close of themselves. Your eyes are tired from staring. Your eyes are becoming wet from straining. You are becoming increasingly drowsy and sleepy. The strain in your eyes is getting greater, greater and greater. It would be so nice to close your eyes, to relax completely, and just listen sleepily to my voice talking to you. You would like to close your eyes and relax completely, relax completely. You will soon reach your limit. The strain will be so great, your eyes will be so tired, your lids will become so heavy, your eyes will close of themselves, close of themselves. (Time: 1' 20'')

Your eyelids are getting heavy, very heavy. You are relaxed, very relaxed. There is a pleasant feeling of warmth and heaviness all through your body. You are tired and drowsy. Tired and sleepy. Sleepy. Sleepy. Sleepy. Listen only to my voice. Pay attention to nothing else but my voice. Your eyes are getting blurred. You are having difficulty seeing. Your eyes are strained. The strain is getting greater and greater, greater and greater. (Time" 50'')

Your eyes may have closed by now, and if they have not, they would soon close of themselves. But there is no need to strain them more. Even if your eyes have not closed fully as yet, you have concentrated well upon the target, and have become relaxed and drowsy. At this time you may just let your eyes closed. That's it, eyes completely closed. Close your eyes now. (Time: 35'')

You are now comfortably relaxed, but you are going to relax even more, much more. Your eyes are now closed. You will keep your eyes closed until I tell you otherwise, or I tell you to awaken... You feel drowsy and sleepy, just keep listening to my voice. Pay close attention to it. Keep your thoughts on what I am saying-just listen. You are going to get much more drowsy and sleepy. Soon you will be deep asleep but you will continue to hear me. You will not awaken until I tell you to do so. I shall begin to count. At each count, you will feel yourself going down, down, into a deep comfortable, a deep restful sleep. A sleep in which you will be able to do all sorts of things I ask you to do. One—you are going to go deeply asleep...Two—down, down into a deep, sound sleep...Three—four—more and more, more and more asleep...Five—six—seven—you are sinking, sinking into a deep, deep sleep. Nothing will disturb you. Pay attention only to my voice and only to such things as I may call to your attention. I would like you to keep on paying attention to my voice and the things I tell you...Eight-nine—ten—eleven—twelve—deeper and deeper always deeper asleep—thirteen—fourteen—fifteen—although deep asleep you can clearly hear me. You will always hear me no matter how deeply asleep you may feel yourself to be...

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Sixteen—Seventeen—eighteen—deep asleep, fast asleep. Nothing will disturb you. You are going to experience many things that I will tell you to experience...Nineteen, twenty. **Deep asleep!** You will not awaken until I tell you to do so. You will wish to sleep and will have the experiences I shall presently describe. (Time: 3'40")

### 3a. HAND LOWERING (LEFT HAND) (Total time: 5'05") (22.20)

Introduction. As you become even more drowsy and sleepy, it will not disturb you to make yourself comfortable in your chair and put your head in a comfortable position.

Not that you are very relaxed and sleepy, listening without effort to my voice. I am going to help you to learn more about your thoughts affect your actions in this state. Not all people experience just the same things in this state, and perhaps you will not have all the experiences I will describe to you. That will be all right. But you will have at least some of the experiences and you will find these interesting. You just experience whatever you can. Pay close attention to what I tell you and watch what happens. Just let happen whatever you find is happening, even if it is not what you expect.

Instruction Proper. Please extend your left arm straight out in front of you, up in the air, with the palm of your hand down. Left arm straight out in front of you...straight out, up in the air, with the palm of your hand down. That's it. Left arm straight out in front of you...palm down. I want you now to pay close attention to this hand, the feelings in it, and what is happening to it. As you pay attention to it you are more aware of it than you have been—you notice whether it is warm or cool, whether there is a little tingling in it, whether there is a tendency for your fingers to twitch ever so slightly...That's right, I want you to pay close attention to this hand because something very interesting is about to happen to it. It is beginning to get heavy...heavier and heavier...as though a weight were pulling the hand and the arm down...you can picture a weight pulling on it...and as it feels heavier and heavier it begins to move... as if something were forcing it down...a little bit down...more and more down...down...and as I count it gets heavier and heavier and goes down more and more...one, down...two, down...three, down... four, down, more and more down...five, down...six, down...seven... eight...heavier and heavier, down and more and more...nine...down...ten...heavier and heavier...down more and more. (Allow 10")

That's fine...just let your hand now go back to its original resting position and relax. Your hand back to its original resting position and relax. You must have noticed how heavy and tired the arm and hand felt; much more so than it ordinarily would if you were



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to hold it out that way for a little; you probably noticed how something seemed to be pulling it down. Now just relax...your hand and arm are quite comfortable again...quite comfortable again. There...just relax. Relax.

### 4a. ARM IMMOBILIZATION (RIGHT ARM) (Total time: 2'55") (17:15)

You are very relaxed. The general heaviness you have felt from time to time you now feel all over your body. Now I want you to pay close attention to your right arm and hand... Your right arm and hand share in the feeling of heaviness...how heavy your right hand feels...and note how as you think about this heaviness in your hand and arm the heaviness seems to grow even more... Now your arm is getting heavy...every heavy. Now your hand is getting heavy...so heavy...like lead...perhaps a little later you would like to see how heavy your hand is...it seems much too heavy to lift... but perhaps in spite of being so heavy, you could lift it a little, although it may now be too heavy even for that...Why don't you see how heavy it is... Just try to lift your hand up, just try. Just try to lift your hand up, just try. (Allow 10")

That's fine...stop trying...just relax. You notice that when you tried to lift it, there was some resistance because of the relaxed state you are in. But now you can just rest your hand again. Your hand and arm now feel normal again. They are no longer heavy. You could lift them now if you wanted to, but don't try now. Just relax...relax completely. Relax, just relax.

### 5a. FINGER LOCK (Total time: 1'40") (14:20)

Now let us try something else. Put your fingers together. Interlock your fingers together. Interlock your fingers and press your hands tightly together. That's it. Put your fingers together. Interlock your fingers and press your hands tightly together. Interlock tightly...hands pressed tightly together. Notice how your fingers are becoming tightly interlocked together, more and more tightly interlocked together...so tightly interlocked together that you wonder very much if you could take your fingers and hands apart... Your fingers are interlocked, tightly interlocked...and I want you to try to take your hands apart...just try...(Allow 10")

That's right. Stop trying and relax. You notice how hard it was to get started to take them apart. Your hands are no longer tightly clasped together...You can take them apart. Now return your hands to their resting position and relax. Hands to their resting position and relax...just relax.

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### 6a. ARM RIGIDITY (LEFT) (Total time: 2'25") (12:40)

Please extend your left arm straight out in front of you, up in the air, and make a fist. Arm straight out in front of you. That's right. Straight out, and make a fist. Arm straight out, a tight fist...make a tight fist. I want you to pay attention to this arm and imagine that it is becoming stiff... stiffer and stiffer and ...very stiff...and now you notice that something is happening to your arm... you notice a feeling of stiffness coming into it...It is becoming stiff... more and more stiff...rigid...like a bar of iron...and you know how difficult...how impossible it is to bend a bar of iron like your arm... See how much your arm is like a bar of iron...test how stiff and rigid it...try to bend it...try. (Allow 10")

That's good. Now just stop trying to bend your arm and relax. Stop trying to bend your arm and relax. I want you to experience many things. You felt the creeping stiffness...that you had to exert a good deal of effort to do something that would normally be very easy. But your arm is not stiff any longer. Just place your arm back in resting position...back in resting position. Just relax and as your arm relaxes, let your whole body relax. As your arm relaxes, let your whole body relax.

### 7a. HAND MOVING (TOGETHER) (Total time: 1'45") (10:15)

Please hold both hands up in the air, straight out in front of you, palms facing inward—palms facing toward each other. Hold your hands about a foot apart...about a foot apart. Both arms straight out in front of you, hands about a foot apart...palms facing inward...about a foot apart.

Now I want you to imagine a force attracting your hands toward each other, pulling them together. As you think of this force pulling your hands together, they will move together, slowly at first, but they will move closer together, closer and closer together as though a force were acting on them... moving...moving...closer, closer... (Allow 10" without further suggestion.)

That's fine. You see again how thinking about a movement causes a tendency to make it. Now place your hands back in their resting position and relax...your hands back in their resting position and relax.

### 8a. COMMUNICATION INHIBITION (Total time: 1'25") (8:30)

You are very relaxed now... deeply relaxed...think how hard it might be to

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communicate while so deeply relaxed...perhaps as hard as when asleep...I wonder if you could shake your head to indicate “no.” I really don’t think you could... You might try a little later to shake your head “no” when I tell you to... but I think you will find it quite difficult... Why don’t you try to shake your head “no” now... just try to shake it. (Allow 10”)

That’s all right...stop trying and relax. You see again how you have to make an effort to do something normally as easy as shaking your head. You can shake it to indicate “no” much more easily now. Shake your head easily now... That’s right, now relax. Just relax.

### 9a. HALLUCINATION (FLY) (Total time: 1’30”) (7:05)

I am sure that you have paid so close attention to what we have been doing that you have not noticed the fly which has been buzzing about you... But now that I call your attention to it you become increasingly aware of this fly which is going round and round about your head...nearer and nearer to you...buzzing annoyingly...hear the buzz getting louder as it keeps darting at you...You don’t care much for this fly...You would like to shoo it away...get rid of it... It annoys you. Go ahead and get rid of it if you want to... (Allow 10”)

There, it’s going away... it’s gone...and you are no longer annoyed...no more fly. Just relax, relax completely. Relax...just relax.

### 10a. Eye CATALEPSY (Total time 2’) (5:35)

You have had your eyes closed for a long time while you have remained relaxed. They are by now tightly closed, tightly shut... In a few moments, I shall ask you to try to open your eyes. When you are told to try, most likely your eyes will feel as if they were glued together... tightly glued shut. Even if you were able to open your eyes, you would, of course, only do so momentarily and then immediately close them again and relax, so as not to disturb your concentration. But I doubt that you will be able—even momentarily—to open your eyes. They are so tightly closed that you could not open them. Perhaps you would soon like to try to open your eyes momentarily in spite of their feelings so heavy and so completely...so tightly closed. Just try...try—to open your eyes (Allow 10”)

All right. Stop trying. Now again allow your eyes to become tightly shut. Your eyes, tightly shut. You’ve had a chance to feel your eyes tightly shut. Now relax. Your eyes are normal again, but just keep them closed and relax. Normal again...just keep them closed and relaxed...relaxed and shut.

**11a Post-HYPNOTIC SUGGESTION (TOUCHING LEFT ANGLE); AMNESIA  
(Total time: 3'35")**

Remain deeply relaxed and pay close attention to what I a going to tell you next. In a moment I shall begin counting backward from twenty to one. You will gradually wake up, but for most of the count, you will still remain in the state you are now in. By the time I reach “five” you will open your eyes, but you will not be fully aroused. When I get to “one” you will be fully alert, in your normal state of wakefulness. You probably will have the impression that you have slept because you will have difficulty in remembering all the things I have told you and all the things you did or felt. In fact, you will find it to be so much of an effort to recall any of these things that you will have no wish to do so. It will be much easier simply to forget everything until I tell you that you can remember. You will remember nothing of what has happened until I say to you: “Now you can remember everything!” You will not remember anything until then. After you open your eyes, you will feel fine. You will have no headache or other after-effects. I shall now count backward from twenty, and at “five,” not sooner, you will open your eyes but not be fully aroused until I say “one.” At “one” you will be awake... A little later you will hear a tapping noise like this. (Demonstrate.) When you hear the taping noise, you will raise your hand and touch your left side arm of the chair. You will touch your left side arm of the chair, but forget that I told you to do so, just as you will forget the other things until I tell you “Now you can remember everything.” Ready, now:  
20—19—18—17—16—15—14—13—12—11—10,  
half-way—9—8—7—6—5—4—3—2—1, Wake-up” Wide awake! Any remaining drowsiness which you may feel will quickly pass.

## Appendix H

### HGSHS: A Preamble (Traditional Chinese)

**HGSHS: A Preamble (Traditional Chinese)****哈佛群體催眠感受性量表 (HGSHS) A 式反應手冊 (Zhou & Wang, 2011)**

為了讓你在這種狀態中感到完全的放鬆，讓我來重申幾點。首先，雖然這種體驗會有所不同，但是不會像你所期望的那樣完全脫離日常生活的體驗。催眠在很大程度上是一個你希望對一些想法做出接受和回應，同時並允許這些想法連續的起作用的過程。我們把這些想法叫暗示。第二點，我們不會要求你做出一些在你看來是非常瘋狂而又愚蠢的事情。當然，也不會讓你做出一些讓你感到窘迫尷尬的事情。我們僅僅是嚴肅的為了科學的目的。第三點，也是最後一點，我們不會刺探你的個人隱私，所以請你不要擔心在催眠狀態中會涉及你將要做什麼或做過什麼的問題。

你可能想知道我們為什麼要做這些實驗，催眠現在越來越多的被臨床醫生所使用。例如，被牙醫用來祛除疼痛，被婦產科醫生用來使分娩更加容易，被精神科醫生用來減輕焦慮。如果我們能更好的理解催眠過程，我們將會更多的瞭解暗示和行動的關係，更多的瞭解到個性是如何起作用的。因此你的參與將對促進科學研究做出貢獻。我們在此僅僅是為了更好的理解催眠，儘管所有人都可以被催眠，但是即便是在大家都非常配合的情況下，一些人可能比另一些人更容易被催眠，我們正在研究個體之間的這些差異。

現在讓你舒服的坐在你的椅子上，收起你前面的書和紙準備開始。誰戴眼鏡的話可以繼續戴著它，但是如果你帶著的話，你最好摘掉它，這樣你會更舒服（如果主要的過程是錄在磁帶上的話檢查者也要和大家溝通）。為了保證我們主要的過程是恒定的，所有的過程都被錄製在了磁帶上，一會我會播放磁帶。

現在開始，我想要你體驗一下如何在你還沒有被催眠的時候對暗示做出回應。請你坐在你的椅子上，閉上你的眼睛，並且放鬆。但是，保持筆直的坐姿，很好。閉上你的眼睛，直直的坐著，一直保持這種姿勢並閉著你的眼睛... 直直的坐在你的椅子上... 閉著你的眼睛。

一會兒我會要你想像你的頭垂向你的胸前，像你所知道的，想像一種運動和做出一種運動是密切相關的。一旦你想像你的頭會垂向前方，你就會體驗到一種做出這種移動的傾向。你會發現你的頭真的垂向你的胸前了。越來越往前，直到你的頭是如此的往前垂下以至於它完全鬆軟的依靠在你的脖子上。

仔細的聽我說話的聲音，想像你的頭垂向你的前方，往前垂下。想像你的頭往前垂，往前垂，越來越往前垂，你的頭往前垂下，往前垂，越來越往下，你的頭越來越往前垂下，越來越往前垂，你的頭往前垂，不斷的往下垂，沉重的



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往下垂，放鬆。你的頭往下垂，移動了，往下垂，往下垂，往下垂。往下，往下移動，往下，很放鬆，往下垂，往下垂，往下，往下，往下..... 現在完全垂到你的胸前！

很好，現在坐在你的椅子上並睜著你的眼睛，對，就是這樣。坐在椅子上睜開你的眼睛，你可以看到想像一個運動是如何如產生做出這個運動的傾向的，當你將這種運動的傾向變成現實的時候，你就學會催眠了。相信你已經對接受暗示和對暗示做出回應意味著什麼有了一些瞭解。

### 2a 閉眼（15分25秒）

現在我要你舒舒服服的坐在你的椅子上，並把你的雙手放在你的大腿上，很好，把你的雙手放在你的大腿上。現在看著你的雙手，並從你的任何一支手上找到一個點看著它，專注在它上面。你選的是哪個點並不重要，只要選擇一個點並專注在它上面就可以了。我將會提到你選擇的作為目標的那個點。很好... 放鬆你的手... 完全的直接的看著這個目標，我將會給你一些指示來說明你放鬆並慢慢的進入催眠狀態中，只要放鬆並讓你感到舒服就好了。我希望你一直注視著這個目標，使你的目光停留在這個目標上並聽著我說話的聲音，你被催眠的能力部分的依賴於你合作的意願和你專注在目標以及我的聲音上的能力。你今天來到這裡就體現你合作的意願，只有你進一步的合作，我才能帶領你進入催眠狀態。只要你願意被催眠，你就能被催眠，我希望你專注在你的目標上，聽著我說話的聲音盡你最大的努力來合作。無論你體驗到了什麼只要讓它發生就好了，只要讓它發生就好了。只要你集中你的注意力聽我說話的聲音，想像我要你想像的那些事物，你就會體驗催眠狀態。催眠沒有什麼恐懼和神秘的，它僅僅是對一些特別的事物強烈感興趣的狀態。當你參加一場優美的音樂會時，你因為陶醉而忘了你是聽眾的一部分，而是樂曲的一部分時，那種感覺就是催眠了。很多人報告說催眠一開始就象睡覺一樣，但不同的是，他們能一直聽到我說話的聲音。催眠在一些方面有點類似於夢游，但是，催眠也是一種個人體驗，對於任何人來說並不完全一樣。被催眠的感覺像一個夢游者一樣，他可以停留在催眠狀態中並完成各種複雜的活動。所有我所要求的只是請你一直保持注意和興趣並一直保持合作的態度。我們保證不會發生任何讓你感到窘迫的事情。很多人發現這將是一種有趣的體驗。（3分35秒）

只要放鬆，不要有一點的緊張，使你的目光看著你所選擇的目標，一直看著它。如果你的目光想要離開了，只要把它重新拉回來就可以了。一會兒你會發現你的目標變得模糊了，或者移動了，或者改變了它的顏色。很好，你慢慢的瞌睡了，無論發生什麼，讓它發生就可以了，同時專注在你的目標上，但是，一會兒當你的眼睛感到非常疲倦，非常沉重，以至於你不能再睜著你的眼睛將要閉上的時候，可能是無意識的，當這發生的時候，讓它發生就好了。（1分10秒）

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隨著我說話的聲音，你會發現你變得越來越困倦，當然並不是所有的人都會以同樣的速度對我所說的話做出反應，一些會比另外一些人早一些閉上眼睛，如果你的眼睛已經閉上了，讓它們閉著就好了，你可能會發現我仍然會給一些閉眼的暗示，這些暗示不會打擾到你，這些暗示是給其他人的，給其他人的這些暗示不僅不會打擾到你，而卻會讓你變得越來越放鬆。

你會發現你完完全全的放鬆了，同時你不需要任何努力舒舒服服的坐在你的椅子上，如果有需要的話，你可以調整你的姿勢讓你更放鬆，而這不會打擾到你。現在請讓你自己完全的放鬆，放鬆你身體的每一塊肌肉，放鬆你腿上的肌肉..... 放鬆你腳上的肌肉 ..... 放鬆你胳膊上的肌肉 ..... 放鬆你手上的肌肉 ..... 你的手指 ..... 放鬆你脖子上的肌肉，你的臉頰 ..... 放鬆你全身的所有肌肉 ..... 讓你自己變得很無力，很沉重，很無力，越來越放鬆，越來越放鬆，完全的放鬆了，完全放鬆了，完全放鬆了。

隨著你越來越放鬆，一種沉重的感覺彌漫了你的全身。你的雙腿和胳膊感到很沉重... 你的雙腳和雙手也沉重了 ... 接著是你的整個身體。你的腿感到很沉重，很無力，很沉重很無力..... 你的胳膊也感到很沉重很沉重 ..... 你的整個身體感到很沉重，越來越沉重，象灌了鉛一樣的沉重。你的眼皮尤其感到沉重，沉重而疲倦，你開始感覺到困倦了，困了，瞌睡了，你的呼吸變得緩慢而有規律，緩慢而有規律，你感到困倦、瞌睡了，越來越困倦和瞌睡了，你的眼皮變得越來越沉重了，越來越疲倦，沉重了。（1 分 25 秒）

你的眼睛由於勞累而不能很好的注意你的目標了，你眼皮的沉重正在不斷的增加，一會兒你將不能再睜開你的眼睛，你的眼睛太勞累了，你的眼睛由於疲勞而變得濕潤了，你變得越來越困倦和瞌睡了，你眼睛的疲勞程度變得越來越大，越來越大，閉上你的眼睛將會非常的舒服，完全的放鬆，只要聽著我說話的聲音就好了，現在你將會很喜歡閉上你眼睛的那種感覺，並完全的放鬆自己，完全的放鬆。你的眼睛的疲勞程度越來越大，你的眼睛很疲倦，你的眼皮變得是如此的沉重，你的眼睛就要閉上了，閉上了。（1 分 20 秒）

你的眼皮變得越來越沉重，很沉重，你很放鬆，很放鬆。這種溫暖而又濕潤的美妙感覺彌漫了你的全身。你變得疲倦而瞌睡，疲倦而瞌睡，瞌睡了，瞌睡了，瞌睡了，只能聽到我說話的聲音，只要注意聽我的聲音就好了，你的眼睛變得模糊了，你注視起來越來越困難，你的眼睛疲勞了，疲勞的程度越來越大，越來越大。（50 秒）

你的眼瞼很沉重，像灌了鉛一樣的沉重，越來越沉重，越來越沉重。它們正在不斷的往下垂，往下垂。你的眼皮很沉重，像灌了鉛一樣的沉重，像灌了鉛一樣



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重，你的眼睛就要閉上了 ..... 閉上了 ..... 閉上了 ..... (35 秒)

現在你的眼睛可能已經閉上了，如果還沒有，一會兒它們就會閉上。但是不需要再讓你的眼皮更疲勞了，即使它還沒有完全的閉上，你已經變得很放鬆，瞌睡了。現在只要讓你的眼睛閉上就可以了 很好。完全的閉上你的眼睛 現在閉上你的眼睛。(35 秒)

現在你舒服而又放鬆，但是你將會變得更放鬆，更放鬆。你的眼睛現在已經閉上了。你會一直閉著你的眼睛直到我要你睜開它。或者到我要你醒來的時候你才會睜開，你感到很困倦，很瞌睡。一直專注在我說話的聲音上，完全專注在我說話的聲音上，讓你的思想跟著我的引到，只要聽就好。你將會變得更加的困倦，瞌睡。一會你會深深的睡著，但你會一直聽到我說話的聲音。直到我要你醒來的時候你才會醒來。現在我開始數數，我每數一個數位，你就會進入到更深，更深，更深，舒服，深沉的催眠狀態。在這種狀態中你可以做我要求你做的各種事情。1... 你會進入到很深的催眠狀態中 ... 2 ... 很深、進入到很深的睡眠中 ... 3 ... 4 ... 越來越，越來越深的睡著了 ... 5 ... 6 ... 7 ... 你沉浸到很深很深的睡眠中了，任何事情都不會打擾到你，只要聽著我說話的聲音和我要求你注意的事物就可以了。我要你專注在我的聲音上和我要求你注意的事物就可以了 ... 8 ... 9 ... 10 ... 11 ... 12 ... 越來越深，很深的睡著了... 13 ... 14 ... 15 ... 你能清晰地聽到我說話的聲音，不管你睡得多深你都可以聽到我說話的聲音... 16 ... 17 ... 18 ... 深沉的睡著了，睡吧。任何事情都不會打擾到你，你會體驗到很多我要你體驗的有趣的事情，... 19,20，深沉的睡著了！直到我要你醒來你才會醒來，你會很樂意睡著並體驗到我所描述你體驗的東西。(3 分 40 秒)

### 3a 手臂下降 (左手) (5 分 05 秒)

介紹：隨著你變得越來越困倦和瞌睡，你舒服的坐在椅子上並把你的手放在一個舒服的位置上，一切都不會打擾到你。

現在你非常的放鬆，瞌睡。不需要任何努力的聽著我說話的聲音。在這種狀態中我會幫助你體驗到更多想法是如何影響你的行動的。在催眠狀態中並不是所有的人都會體驗到同樣的事情，可能你沒有體驗到我為你描述的那種狀態，這也沒有關係，但你至少會體驗到一些，同時你會發現這是一件有趣的事情。無論你能體驗到什麼只要讓它發生就可以了，集中你所有的注意力聽我說話的聲音，看著會發生什麼。無論你發現發生了什麼，只要讓它發生就好了，即使不是你所期望的。

指導語：現在將你的左手伸向你的前方，一直到水準的位置，使你的手掌朝下，把你的左手伸向你的前方，就是這樣，將你的左手伸向你的前方，... 手掌朝下。

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我希望你集中你所有的注意力在你的這只手上，體會它的感覺，看將會發生什麼，由於你集中注意力在這只手上，所以你比平時更能體會到它的感覺 ---- 你可以體驗帶他的冷暖，哪怕是一點點的顫抖你都可以體會得到。或者你的手指的一點點的輕微的抖動... 很好，我要你集中注意力在這只手上，因為一些有趣的事情將要發生，它開始變得越來越沉重，... 越來越沉重 ... 就像有一個重物壓在你的手上一樣，你的胳膊向下沉 ... 你可以清晰的感覺到那壓在你手上的重量 ... 由於它變得越來越沉重而開始移動 ... 就像有一種力量迫使它向下一樣 ... 一點點的往下移動 ... 越來越往下 ... 往下 ... 隨著我隨著我數數的聲音它變得越來越沉重，越來越往下 ... 1 ... 往下 ... 2 ... 往下 ... 3 ... 往下 ... 4 往下，越來越往下 ... 5，往下 ... 6，往下 ... 7 ... 8 ... 越來越沉重，越來越往下 ... 9 ... 往下 ... 10 ... 越來越沉重 ... 越來越往下。(停留 10 秒)

### 4a 手臂固定 ( 右手 ) ( 2 分 15 秒 )

你非常的放鬆，你所體驗到的那種沉重的感覺現在瀰漫了你的全身，現在我要你把注意力集中在你的右手和右臂上 ... 你的右手和右臂也體會到了那種沉重的感覺 ... 你的右手感到很沉重 ... 隨著你想像那種沉重的感覺，這種感覺就變得越來越大 ... 現在你的右臂感到很沉重 ... 非常的沉重，現在你的右手感到很沉重 ... 象灌了鉛一樣的沉重 ... 一會兒你會發現你的右手有多麼的沉重 ... 它是如此的沉重以至於它無法移動 ... 他是如此的沉重以至於你一點都沒有辦法移動它 ... 現在你可以試一試它有多麼的沉重 ... 試著移動你的手臂，嘗試著移動，嘗試移動你的手臂，嘗試移動你的手臂 ( 停留 10 秒 )

很好 ... 現在停止嘗試 ... 完全放鬆 ... 你意識到當你試著移動你的手臂時，由於你處於放鬆的狀態而有一種阻力，但是現在你可以重新放好你的手，你的手現在又恢復正常了。它不再沉重，如果你想要移動它你就可以移動它，但現在不要再試了，只要放鬆 ... 完全的放鬆，放鬆，放鬆。

### 5a 十指鎖住 ( 1 分 40 秒 )

現在我們一起體驗一些新的東西，伸出你的雙手十指交叉在一起，將你的手指緊緊的扣在一起，你的手指緊緊地鎖在一起，你的手掌緊緊地結合在了一起。就是這樣，將你的手指扣在一起，扣緊你的手指，你的雙手被緊緊地粘在一起了，

你的雙手被緊緊地粘在一起了 ... 越粘越緊。你的雙手被緊緊地粘在一起了，越來越緊的粘在了一起 ... 如此緊的粘在一起以至於你沒有辦法分開它們 ... 你的手指緊緊地鎖在了一起，緊緊地鎖在了一起 ... 我要你嘗試著分開你的雙手 ... 試一下 ... ( 停留 10 秒 )

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很好，停止嘗試並完全放鬆下來，你意識到要分開它們是如此的困難。你的雙手不再被被緊緊的粘在一起...你可以分開它們了，現在把你的雙手放在原先的位置並放鬆下來，將你的雙手放在原先那個舒服的位置上並完全放鬆下來。

## 6a 手臂僵直（左手）（2分25秒）

將你的左手伸向你的前方，伸開你的手臂一直到水準的位置，伸向你的前方，手掌握拳。將你的手臂伸向你的前方，就是這樣。伸直你的手臂，手掌握拳。我要你把注意力集中在你的手臂上，想像它變硬了...越來越硬了...僵硬了...象鋼條一樣的僵硬...你知道鋼條是幾乎不可能彎曲的，就像你的手臂一樣...看看你的手臂有多像鋼條一樣，看看他是多麼的僵硬...試著彎曲你的手臂，試一下。（停留10秒）

很好，現在停止嘗試並完全放鬆下來，停止彎曲你的手臂並完全放鬆了，我要你經歷很多體驗，你會發現平時彎曲胳膊這種非常簡單的事情都需要付出很大的努力。現在你的胳膊不再僵硬了，現在把你的胳膊放回原來放鬆的位置上，放回原來的地方，放鬆你的手臂，讓你的全身都放鬆下來，放鬆你的胳膊，全身都放鬆下來。

## 7a 雙手手掌結合（一起）（1分45秒）

請將你的雙手伸向你的前方，伸直你的雙手，手掌朝內，兩手的手掌相對，兩手相距大約一步遠...大約一步遠就可以了，兩只手都在你的前方伸直了，雙手相距大約一步遠...手掌相對，手掌朝內...大約一步遠。

現在我要你想像你的雙手變成了兩塊磁鐵，你的左手是正極，而你的右手是負極，一股力量吸引著你的雙手不斷的靠近，慢慢地靠近，隨著你想像你的雙手被磁力結合在了一起，它們就完全靠在一起了，開始慢慢的，現在靠的越來越近了，就像有一種你無法控制的力量一樣使它們靠的越來越近了...向內移動...向內移動...更近了，更近了...（停留10秒後進一步暗示）

很好，你又一次體驗到想像一種運動是如何產生做出這種運動的，現在將你的雙手放回原來的位置並放鬆下來...你的雙手回到原來的位置並完全放鬆。

## 8a 交流抑制（1分25秒）

你現在非常的放鬆...，深深地放鬆了...。在如此深深的放鬆狀態中交流是一件很困難的事情.....就像在睡眠中一樣困難...。我想你沒有辦法來通過搖頭來表示「不」，一會我會讓你用搖頭來表示「不」，但你會發現這是一種非常困難的事情...。你會

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發現你根本無法移動你的頭... 現在嘗試移動你的頭來表示「不」...。嘗試一下(停留 10 秒) 很好，停止嘗試並且放鬆，你又一次體驗到像搖頭這樣在平常很簡單的事情需要付出多大的努力，現在你可以輕鬆的搖頭表示「不」了，現在輕鬆的移動你的頭...。很好，現在放鬆，放鬆。

### 9a 幻覺蒼蠅 ( 1 分 30 秒 )

我確信你對我們所做的事實如此的注意以至於你沒有意識到那隻在你周圍發出嗡嗡聲的蒼蠅 ...。現在我需要你注意到它，他在你的頭頂一圈一圈的飛來飛去... 離你越來越近 ... 嗡嗡聲讓你非常的厭煩 ...。由於他一直在你周圍飛來飛去那嗡嗡聲越來越大...。你不在乎那只蒼蠅 ... 你只想立即把他趕走 ...。現在就趕走它... 它讓你惱怒，如果你想就把它趕走 ... (停留 10 秒)

好，它飛走了 ... 它飛走了 ... 你不再被打擾了 ...，沒有蒼蠅了。放鬆，完全的放鬆... 放鬆 ... 只要放鬆就好了。

### 10a 眼皮膠粘 ( 2 分鐘 )

你閉上眼睛已經有一段時間了，你一直很放鬆，你的眼睛現在緊緊地閉著，緊緊地合在一起 ..... 一會兒我會讓你試著睜開你的眼睛。當我讓你嘗試的時候，你會發現你的眼睛像被膠水粘在了一起一樣 ... 緊緊地被粘在了一起，即使你可以睜開你的眼睛，只要睜開一下後立即閉上並放鬆下來，這也不會打擾到你集中注意力，但我想你沒有辦法睜開你的眼睛，它們被緊緊地粘在一起了，以至於你沒有辦法睜開它們，可能儘管你眼睛的感覺是如此的沉重，如此緊緊地被粘在一起，你仍願意嘗試去睜開它們，嘗試一下 ... 試一下睜開你的眼睛 ( 停留 10 秒 )。

好，停止嘗試，現在再一次讓你的眼睛緊緊地閉上，你的眼睛緊緊地閉上了。你已經體驗過了眼睛緊緊閉上的感覺。現在放鬆，你的眼睛現在恢復正常了，只要閉著它們放鬆就可以了。再次正常了... 只要閉著他們放鬆就好了 ... 放鬆並閉著你的眼睛。

### 11a 催眠後暗示 ( 摸左邊的椅子扶手 ) 遺忘 ( 3 分 35 秒 )

仍然深沉的放鬆同時注意下面我將告訴你什麼。一會兒我會從 20 往回數到 1，你將會慢慢的清醒。但在我大部分數數的時間裡你仍然會處於催眠狀態，當我數到 5 的時候，你會睜開眼睛，但你並沒有完全清醒過來，直到我數到 1 你才會完全清醒過來。正常的清醒狀態。你醒來後會有一種感覺——你睡著了，因為所有我告訴你的和你所做的，以及體驗的，你都完全記不起來了。事實上，你會發現回憶這

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些對你來說太困難了，所以你不願回憶起他們，忘記所有的事情，直到我要你回憶起他們時你才會再一次回憶起來，這對你來說是很容易的事情。你想不起發生了什麼，直到我對你說：「現在你可以記起一切了」，你才可以再一次回憶起來。在我說這句話之前，你想不起任何關於今天所發生的事情了。當你睜開你的眼睛後你會感覺非常好，你不會感到頭痛或是其它反應，現在我開始從 20 往回數，一回當我數到 5 的時候，你會睜開眼睛但沒有完全清醒過來，當我數到一的時候你才會完全清醒過來---一會你將會聽到一些像這樣的聲音（展示擊掌的聲音），當你聽到這樣的聲音時，你會把左手放在你椅子左邊的扶手上，你會去觸摸椅子左邊的扶手，但是你想不起是我要你這麼做的，就像你忘記其他事情一樣，直到我告訴你：「現在你可以記起一切了」，你才可以再一次記起來。好 現在開始:20-19-18-17-16-15-14-13-12-11-10 另一半數位-9-8-7-6-5-4-3-2-1. 清醒過來！完全清醒了！任何你在催眠中留下的困倦都會迅速消失。

（剛才所展示的擊掌的聲音現在再一次響起，在開始之前停留 10 秒）

**Appendix I**

**Harvard Group Scale of Hypnotic Susceptibility: Form A Response Booklet**

**Harvard Group Scale of Hypnotic Susceptibility: Form A Response Booklet**

(Freedman, 2012)

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**PLEASE DO NOT TURN THIS PAGE**

**UNTIL THE EXPERIMENTER**



**SUBJECTIVE IMPRESSIONS OF RESPONSE**

During the recording, several suggestions were administered. We are interested in your impressions about how you experienced these suggestions. The items, listed in the order presented, are described briefly below. For each item, please check the appropriate column (do not check the middle).

<b><u>Item</u></b>	<b><u>Suggestion</u></b>	<b><u>Successful</u></b>	<b><u>Unsuccessful</u></b>
1	Head falling forward.		
2	Eyes becoming heavy and closing.		
3	Extended left arm becoming heavy and pulling down.		
4	Right arm heavy and difficulty in lifting it.		
5	Difficulty in separating interlocked fingers.		
6	Extended left arm becoming stiff and difficult to bend.		
7	Outstretched arms, hands being pulled together.		
8	Difficulty in shaking head "no".		
9	Getting rid of an annoying fly.		
10	Difficulty in opening eyes.		
11	Touching left ankle at tapping sound.		
12	Temporary difficulty in remembering events of hypnosis.		



**BEHAVIOURAL, OUTWARD RESPONSES**

Listed on the next three pages, in chronological order, are the specific suggestions that were administered to you during the standardized hypnotic procedure. We would like you to estimate whether or not you objectively responded to these suggestions; i.e., whether or not an onlooker would have observed that you did or did not make certain definite responses by certain specific, pre-defined criteria.

In this section, we are interested in your estimates of your outward behavior and not in what your inner, subjective experience was like. Later on, you will be given more opportunity to describe your inner, subjective experience, but in this section refer only to the outward behavioral responses irrespective of what the experience may have been like subjectively.

It is understood that your estimates may in some cases not be as accurate as you might wish them to be and that you might even have to guess. But we want you to make whatever you feel to be your best estimates regardless.

Beneath a description of each of the suggestions are two sets of responses, labeled A and B. Please circle either A or B for each question, whichever you judge to be more accurate.

**Please answer the questions below**

**Do not return to previous pages.**

## POSITIVITY THROUGH HYPNOSIS

**1. HEAD FALLING**

You were first told to sit up straight in your chair for 30 seconds and then to think of your head falling forward. Would you estimate that an onlooker would have observed that your head fell forward at least 2 inches (5 cm) during the time you were thinking about it happening?

Circle one: A. My head fell forward at least 2 inches (5 cm).

B. My head fell forward less than 2 inches (5 cm).

**2. EYE CLOSURE**

You were next told to rest your hands in your lap and pick out a spot on either hand as a target and concentrate on it. You were then told that your eyelids were becoming tired and heavy. Would you estimate that an onlooker would have observed that your eyelids had closed before the time you were told to close them deliberately?

Circle one: A. My eyelids had closed by then.

B. My eyelids had not closed by then.

**3. LEFT HAND LOWERING**

You were next told to extend your left arm straight out and feel it becoming heavy as though a weight were pulling the hand and arm down. Would you estimate that an onlooker would have observed that your hand lowered at least 6 inches (15 cm) before the time you were told to let your hand down deliberately?

## POSITIVITY THROUGH HYPNOSIS

Circle one: A. My hand lowered at least 6 inches (15 cm) by then.

B. My hand lowered less than 6 inches (15 cm) by then.

### **4. RIGHT ARM IMMOBILIZATION**

You were next told how heavy your right hand and arm felt and then told to try to lift your hand up. Would you estimate that an onlooker would have observed that you did not lift your hand and arm up at least 1 inch (2.5 cm) before you were told to stop trying?

Circle one: A. I did not lift my hand and arm at least 1 inch (2.5 cm) by then.

B. I did lift my hand and arm 1 inch (2.5 cm) or more by then.

### **5. FINGER LOCK**

You were next told to interlock your fingers, told how your fingers would become tightly interlocked, and then told to try to take your hands apart. Would you estimate that an onlooker would have observed that your fingers were incompletely separated before you were told to stop trying to take them apart?

Circle one: A. My fingers were still incompletely separated by then.

B. My fingers had completely separated by then.

### **6. LEFT ARM RIGIDITY**

You were next told to extend your left arm straight out and make a fist, told to notice it becoming stiff, and then told to try to bend it. Would you estimate that an onlooker would have observed that there were less than 2 inches of arm bending before you were told to stop

## POSITIVITY THROUGH HYPNOSIS

trying?

Circle one: A. My arm was bent less than 2 inches (5 cm) by then.

B. My arm was bent 2 or more inches (5 cm) by then.

### **7. MOVING HANDS TOGETHER**

You were next told to hold your hands out in front of you about a foot (30 cm) apart and then told to imagine a force pulling your hands together. Would you estimate that an onlooker would have observed that your hands were not over 6 inches (15 cm) apart before you were told to return your hands to their resting position?

Circle one: A. My hands were not more than 6 inches (15 cm) apart by then.

B. My hands were still more than 6 inches (15 cm) apart by then.

### **8. COMMUNICATION INHIBITION**

You were next told to think how hard it might be to shake your head to indicate "no", and then told to try. Would you estimate that an onlooker would have observed you make a recognizable shake of the head "no" before you were told to stop trying?

Circle one: A. I did not recognizably shake my head "no".

B. I did recognizably shake my head "no".

### **9. EXPERIENCING OF FLY**

You were next told to become aware of the buzzing of a fly which was said to become annoying, and then you were told to shoo it away. Would you estimate that an onlooker would

## POSITIVITY THROUGH HYPNOSIS

have observed you make any grimacing, any movement, any outward acknowledgment of an effect regardless of what it was like subjectively?

Circle one: A. I did make some outward acknowledgment.

B. I did not make any outward acknowledgment.

### 10. EYE CATALEPSY

You were next told that your eyelids were so tightly closed that you could not open them, and then you were told to try to do so. Would you estimate that an onlooker would have observed that your eyes remained closed before you were told to stop trying?

Circle one: A. My eyes remained closed.

B. My eyes had opened.

### 11. TOUCHING LEFT ANKLE

You were next told that after you were awakened you would hear a tapping noise at which time you would reach down and touch your left ankle. Would you estimate that an onlooker would have observed either that you reached down and touched your left ankle, or that you made any partial movement to do so?

Circle one: A. I made at least a partial observable movement to touch my left ankle.

B. I did not make even a partial movement, which would have been observable, to touch my left ankle.

**Thank you for your participation!**

**SUBJECTIVE, INWARD RESPONSES TOWARDS THE WHOLE PROCESS**

In the following number line, “1” represents totally not be hypnotized, “10” represent anyone can reach the “deep hypnotic state”. On the number line, please circle one number which represents the hypnotic depth you are entering during the whole hypnotic tape broadcasting procedure.

1----2----3----4----5----6----7----8----9----10

**Thank you for your kind participation**

**Appendix J**

**Chinese Version of Harvard Group Scale of Hypnotic Susceptibility: Form A**

**Response Booklet**

**Chinese Version of Harvard Group Scale of Hypnotic Susceptibility: Form A****Response Booklet****哈佛群體催眠感受性量表 (HGSHS) A 式反應手冊 (Zhou & Wang, 2011)****本頁空白****被試反應的主觀印象**

在整個過程中，我們給你了一些指示，我們非常感興趣你對這些暗示是怎樣的體驗。下面我們簡要的列出了所有暗示的專案，請你核對所有的條目並選擇符合你情況的欄目

次序	暗示	通過	未通過
01	頭往前垂下		
02	眼睛感到沉重並閉上眼睛		
03	左臂感到很沉重並往下沉		
04	右臂感到很沉重並無法移動		
05	無法分開鎖住的雙手十指		
06	左臂變得僵硬並無法彎曲		
07	伸展手臂，雙手被結合在了一起		
08	搖頭表示「不」感到困難		
09	趕走令人煩心的蒼蠅		
10	睜開眼睛感到很困難		
11	當出現擊掌的聲音的時候觸摸了椅子左邊的扶手		
12	回憶起催眠中的事情暫時感到很困難		



## POSITIVITY THROUGH HYPNOSIS

下面是在標準引導程式中我們所給出的按先後順序排列的 12 個暗示。我們想要評估你是否對這 12 個暗示做出了客觀的反應，例如，你是否對特定的暗示做出了與該暗示通過標準相對應的反應。

這一部分我們對你外在行為的評估感興趣，而不是你的內在的主觀體驗。後面我們會給你時間歷來讓你描述你的內在的主觀體驗。但是這一部分只要根據你的外在行為做出反應就可以了，而不用過多的去考慮你的內在的主觀的體驗。

在一些情況下你的評判可能並不像你想像的那麼準確，這時你可以通過猜測來答題，但是無論如何我們都希望你能客觀的做出最好的評判。

下面所列出的 12 個暗示每一個都 A 和 B 兩個答案，請根據你的實際情況選擇一個。

請回答下面的問題。

## POSITIVITY THROUGH HYPNOSIS

### 01 頭向前垂下

開始的時候你被告知你直直的坐在椅子上 30 秒，然後想像自己的頭向前垂下，請你站在一個旁觀者的立場上評判你是否觀察到在你想像這要發生期間你的頭向前垂下至少兩英寸？

- A 我的頭向前至少垂下了 2 英寸。
- B 我的頭向前垂下少於 2 英寸。

### 02 閉眼

然後你被告知將你的雙手放在你的腿上，然後從任意一隻手上找到一個點，並將注意力集中在這個點上，你的眼皮感到越來越疲勞和沉重。請你站在一個旁觀者的立場上評判你是否觀察到你的眼皮合上了（在你被告知沒有必要再讓你的眼睛更疲勞了之前）？

- A 我的眼皮已經合上了。
- B 我的眼皮還沒有合上。

### 03 左手下沉

接下來你被告知伸直你的左手手臂，並感到好像有一個重物壓在你的左手臂上一樣，使你的左手手臂不斷的往下沉。請你站在一個旁觀者的立場上評判你是否觀察到你的左手手臂至少向下移動了 6 英寸（在你被告知不需要再嘗試了，把你的左手手臂放回原來的位置之前）？

- A 我的左手臂至少降低了 6 英寸。
- B 我的左手臂下降少於 6 英寸。

### 04 右手固定

接下來你被告知你的右手和你的右臂感到很沉重，然後請你嘗試抬起你的右臂。請你站在一個旁觀者的立場上評判你是否觀察到你的右臂抬起少於 1 英寸？

- A 我移動我的右臂少於 1 英寸。
- B 我移動我的右臂超過了 1 英寸。

### 05 十指緊鎖

接下來你被告知你的手指被鎖在了一起，你的十指被緊緊的鎖在了一起，並請你嘗試去分開它們。請你站在一個旁觀者的立場上評判你是否觀察到你的手指沒有完全的分開（直到你被告知停止嘗試）？

## POSITIVITY THROUGH HYPNOSIS

A 我的手指沒有完全分開。

B 我的手指完全分開了。

### 06 左臂僵硬

接下來你被告知伸出你的左手手臂，感到你的左手手臂變得越來越僵硬而無法彎曲，並請你嘗試彎曲你的左手手臂。請你站在一個旁觀者的立場上評判你是否觀察到你的左手手臂彎曲少於 2 英寸？

A 我的左手手臂彎曲少於 2 英寸。

B 我的左手手臂彎曲多於 2 英寸。

### 07 雙手手掌結合

接下來你被告知伸出你的雙手大約分開有一步遠，然後想像有一股力量使你的雙手結合在了一起。請你站在一個旁觀者的立場上評判你是否觀察到你雙手的距離少於 6 英寸（在告知你可以將你的雙手放在你的原來的位置上之前）？

A 我的雙手距離少於 6 英寸。

B 我的雙手距離大於 6 英寸。

### 08 交流抑制

接下來你被告知你通過搖頭來表示「不」是多麼的困難，然後請你嘗試。請你站在一個旁觀者的立場上評判你是否觀察到你非常顯著的搖動了你的頭來表示「不」（在你被告知停止嘗試以前）？

A 我沒有明顯的搖頭來表示「不」。

B 我明顯的搖頭來表示「不」。

### 09 蒼蠅體驗

接下來你被告知感到有一隻蒼蠅在你的頭頂嗡嗡的飛來飛去，讓你感到非常的厭煩，然後你被告知把這隻蒼蠅趕走。請你站在一個旁觀者的立場上評判你是否觀察到你由於厭惡而面部難受，或者有其他的行動，或者對這種影響產生了外在的反應（儘管這看起來像是主觀的體驗）？

A 我做出了一些外在的反應。

B 我沒有做出任何外在的反應。

### 10 睜眼困難

接下來你被告知你的眼皮被僅僅的粘在了一起，你沒有辦法睜開它們，然後請你嘗試

## POSITIVITY THROUGH HYPNOSIS

睜開眼睛。請你站在一個旁觀者的立場上評判你是否觀察到你的眼睛仍然是閉著的(在你被告知停止嘗試以前)？

- A 我的眼睛仍然是閉著的。
- B 我的眼睛睜開了。

**11 催眠後暗示 ( 觸摸椅子左邊的扶手 )**

接下來你被告知當你醒來聽到實驗人員敲擊桌子的時候，你將抬起手並觸摸椅子左邊的扶手，你被進一步告知你不會記得你曾經被告知這麼去做。請你站在一個旁觀者的立場上評判你是否觀察到你抬起手觸摸了椅子左邊的扶手，或者你做出了局部的動作？

- A 我至少局部的做出了可觀察到的觸摸椅子左邊扶手的動作。
- B 任何觸摸左邊椅子扶手的動作，哪怕是局部的我也沒有做。

## POSITIVITY THROUGH HYPNOSIS

**對全過程的主觀體驗**

在下面的數軸上，「1」代表「完全沒有被催眠」，「10」代表任何人都可以達到的「深度催眠」。請在數軸上標出一個數位，來表達在整個催眠磁帶的播放過程中，你在主觀上感覺你進入了什麼樣的催眠深度。

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

非常感謝你的參與！

**Appendix K**

**The PANAS-X (General Dimension Scales)**

## POSITIVITY THROUGH HYPNOSIS

**The PANAS-X (General Dimension Scales)** (Watson & Clark, 1994)

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you have felt this way during the past few weeks. Use the following scale to record your answer.

1                                      2                                      3                                      4                                      5  
 very slightly                      a little                              moderately                      quite a bit                      extremely  
 or  
 not at all

_____ afraid	_____ hostile
_____ active	_____ excited
_____ scared	_____ guilty
_____ alert	_____ inspired
_____ nervous	_____ ashamed
_____ attentive	_____ interested
_____ jittery	_____ upset
_____ determined	_____ proud
_____ irritable	_____ distressed
_____ enthusiastic	_____ strong

**Appendix L**

**Chinese Version of The PANAS-X (General Dimension Scales)**



**Chinese Version of The PANAS-X (General Dimension Scales)****正性負性情緒量表－擴增中文版 (總維度量表) (Wang, Li, Liu & Du, 2007)**

下面是 20 個描述不同情感和情緒的詞，請你根據自己在過去幾週內對這些情感和情緒體驗的頻率，用以下的等級，選出一個最符合你的選項。

1	2	3	4	5	
完全沒有	有一點	中等	相當多	非常多	
1. 害怕	1.....	2.....	3.....	4.....	5.....
2. 活躍	1.....	2.....	3.....	4.....	5.....
3. 驚嚇	1.....	2.....	3.....	4.....	5.....
4. 機敏	1.....	2.....	3.....	4.....	5.....
5. 不安	1.....	2.....	3.....	4.....	5.....
6. 專心	1.....	2.....	3.....	4.....	5.....
7. 緊張	1.....	2.....	3.....	4.....	5.....
8. 果敢	1.....	2.....	3.....	4.....	5.....
9. 容易激動	1.....	2.....	3.....	4.....	5.....
10. 熱情	1.....	2.....	3.....	4.....	5.....
11. 敵意	1.....	2.....	3.....	4.....	5.....
12. 興奮	1.....	2.....	3.....	4.....	5.....
13. 內疚	1.....	2.....	3.....	4.....	5.....
14. 振奮	1.....	2.....	3.....	4.....	5.....
15. 羞愧	1.....	2.....	3.....	4.....	5.....
16. 有興趣	1.....	2.....	3.....	4.....	5.....
17. 心煩意亂	1.....	2.....	3.....	4.....	5.....
18. 自豪	1.....	2.....	3.....	4.....	5.....
19. 痛苦	1.....	2.....	3.....	4.....	5.....
20. 有活力的	1.....	2.....	3.....	4.....	5.....

**Appendix M**

**Dispositional Hope Scale**

## POSITIVITY THROUGH HYPNOSIS

**Dispositional Hope Scale** (Snyder et al., 1991)

Directions: Read each item carefully. Using the scale shown below, please circle the number next to each item that best describes YOU.

1	2	3	4	5	6	7	8
Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1. I can think of many ways to get out of a jam

2. I energetically pursue my goals

3. I feel tired most of the time

4. There are lots of ways around any problem

5. I am easily downed in an argument

6. I can think of many ways to get the things in life that are most important to me

7. I worry about my health

8. Even when others get discouraged, I know I can find a way to solve the problem

9. My past experiences have prepared me for my future

10. I've been pretty successful in life

11. I usually find myself worrying about something

12. I meet the goals that I set for myself

**Appendix N**

**Chinese Version of Dispositional Hope Scale**

**Chinese Version of Dispositional Hope Scale**  
**目標量表 (中文版) (Sun, Ng & Wang, 2012)**

小心閱讀每一個項目，使用下面量表，請選出每一個項目最能夠描述你的數字。

1	2	3	4	5	6	7	8
明顯地 錯誤	大部分 錯誤	有點 錯誤	稍微地 錯誤	稍微地 如實	有點 如實	大部分 如實	明顯地 如實

- 1 2 3 4 5 6 7 8  
 1 2 3 4 5 6 7 8  
 1 2 3 4 5 6 7 8  
 1 2 3 4 5 6 7 8  
 1 2 3 4 5 6 7 8  
 1 2 3 4 5 6 7 8  
 1 2 3 4 5 6 7 8  
 1 2 3 4 5 6 7 8  
 1 2 3 4 5 6 7 8  
 1 2 3 4 5 6 7 8  
 1 2 3 4 5 6 7 8  
 1 2 3 4 5 6 7 8

1. 我能想出很多辦法讓自己擺脫困境
2. 我會總是積極地追求自己的目標
3. 我常常感到疲憊
4. 任何一個問題都有很多種解決方法
5. 在爭論中我很容易處於下風
6. 我能想出很多方法來得到生活中對我最重要的東西
7. 我為我的健康擔心
8. 即使別人想要放棄，我仍然相信我能找出解決這個問題的方法
9. 我過去的經驗對我以後達到目標很有幫助
10. 到目前為止我成功的時候比較多
11. 我常常發現自己在為某件事擔心
12. 我通常能達成我給自己設定的目標

**Appendix O**

**Generalized Self-efficacy**

## POSITIVITY THROUGH HYPNOSIS

**Generalized Self-efficacy** (Schwarzer, Bäßler, Kwiatek, Schröder & Zhang, 1997)

Directions: The following sentences were related how you generally perceive yourself. Please base on your practical situation or feelings, put a tick into the appropriate box at the right side. There is no right or wrong for the answer. Don't consider too much for each sentence.

	Not at all True	Barely True	Moderately True	Exactly True
1) I can always manage to solve difficult problems if I try hard enough.				
2) If someone opposes me, I can find means and ways to get what I want.				
3) It is easy for me to stick to my aims and accomplish my goals.				
4) I am confident that I could deal efficiently with unexpected events.				
5) Thanks to my resourcefulness, I know how to handle unforeseen situations.				
6) I can solve most problems if I invest the necessary effort.				
7) I can remain calm when facing difficulties because I can rely on my coping abilities.				
8) When I am confronted with a problem, I can usually find several solutions.				
9) If I am in bind, I can usually think of something to do.				
10) No matter what comes my way, I'm usually able to handle it.				

**Appendix P**

**Chinese Version of Generalized Self-efficacy**



**Chinese Version of Generalized Self-efficacy****一般自我效能感量表 (中文版)**

(Schwarzer, Bäßler, Kwiatek, Schröder &amp; Zhang, 1997)

以下10個句子關於你平時對你自己的一般看法，請你跟據你的實際情況 (實際感受)，在下面選擇合適的答案。答案沒有對錯之分，對每一個句子無須多考慮。

	完全 不正 確	尚 算 正 確	多 數 正 確	完 全 正 確
1 如果我盡力去做的話，我總是能夠解決難題的。				
2 即使別人反對我，我仍有辦法取得我所要的。				
3 對我來說，堅持理想和達成目標是輕而易舉。				
4 我自信能有效地應付任何突如其來的事情。				
5 以我的才智，我定能應付任何意料之外的情況。				
6 如果我付出必要的努力，我一定能夠解決大多數的難題。				
7 我能冷靜地面對困難，因為我可信賴自己處理問題的能力。				
8 面對一個難題時，我通常能找到幾個解決方法。				
9 有麻煩的時候，我通常能想到一些應付的方法。				
10 無論什麼事在我身上發生，我都能夠應付自如。				

**Appendix Q**

**Hypnotic Intervention Script: Progressive Relaxation Induction (English Version)**

### **Hypnotic Intervention Script: Progressive Relaxation Induction (English Version)**

Now please spend some time to adjust your body to a position where you feel relaxed. Most people would keep their feet flat on the floor and place their hands on the laps. Then you may close your eyes and rest up a bit. I want you to direct your attention to your head and you can feel that the muscles from the top of your head begin to relax. Yeah, you might have never paid any attention to the muscles on the top of your head that you can realize that they can relax. This feeling of relaxation will continue to spread onto your forehead, your eyes, and your muscles behind your eyeballs. Right now, you feel that your eyelids are so heavy as if you can no longer lift them up. They are so heavy that it seems like they have never been separated before. You can try to open your eyes but you realize that you can't open them as your eyelids stick together. Your nasal cavity is relaxed too. You enjoy every breath that comes in from it. Both sides of your face are relaxed. Right, although I do not know how much you speak every day is actually speaking for others, right now you do not need to speak for anything, for anymore. You don't need to smile for anyone. You just need to let the sides of your face, your mouth, your chin totally relax. You can feel that the gravity is pulling down the skin of your face naturally. This relaxation will continue to come to your neck, your shoulders. Right now you can put down all the pressure on your shoulder every day. All the burdens that you've been shouldering every single day can be all put down right now. This feeling of relaxation will spread to your limbs, your forearms, your upper arms, your palms, your fingers. Some of you may feel that your fingers are so heavy while some of you may feel the opposite that your fingers are as light as feather. Some of you may feel them swollen or some may even feel that there's an electric current going through your fingers. No matter what you feel, it's a signal sent from your subconscious, meaning that you can enter your heart. And the relaxing feeling will go into your body, go to your chest, your waist and all of your organs can be relaxed now. They could be your stomach, your intestine. The pressure from the past might have been giving them a lot of pressure and right now they can be relaxed, soothed. This easiness will continue to spread to your thighs, your calves, your soles. Now as you can feel that your feet are put on the ground, you know that you are connected to the ground and to this earth. Many people say...that human is small. You can...give all the excessive pressure to this earth, this ground and let it carry all the unnecessary.

**Appendix R**

**Hypnotic intervention Script: Progressive relaxation induction (Chinese version)**

**Hypnotic intervention Script: Progressive relaxation induction (Chinese version)**

現在，首先請你用少少時調整一下身體，找一個可以讓自己放鬆的姿勢，多數人會選擇讓兩隻腳平放，雙手可以放在兩腿之上。然後，你可以慢慢閉上雙眼，容許自己在這一刻好好休息一下。我想你將注意力集中在頭頂你可以感覺到頭頂的肌肉開始放鬆，無錯，你很可能從來都未試過留意頭頂髮轉的肌肉都可以放鬆下來...這種放鬆的感覺將會繼續漫延到你的額頭、你的眼睛、眼球後面的肌肉，這一刻，你的眼皮可能會變得好重，重得好像它們再不能打開，甚至好像從來都是連在一起一樣，你可以試下張開眼，但你會發覺它們已經黏在一起了。你的鼻腔都放鬆了，你可以更加享受到每一口吸入的空氣。你兩邊的面都放鬆下來，無錯，我不知道你一天裏面有多少說話或者表情是為他人而設，但這一刻，你不再需要為著甚麼事情而說甚麼話，也不需要為著甚麼人而展露笑容，你只需要讓你兩邊的面、咀、下巴都完全放鬆，感受到地深吸力令你的皮膚好自然的向下。這種放鬆將會繼續去到你的頸、兩邊肩膀，無錯...在這一刻，你可以將肩膀上的壓力都全部放低，因為在每日忙碌的生活，原來在不經不覺間，你時時刻刻都揸起了或多或少的擔子，現在都可以全部放下。這種放鬆的感覺，將會繼續去到你的兩邊的上臂、前臂、手掌、手指。有些人會覺得手指變得重重、又有些人會覺得變得輕一點，又可能係漲漲的感覺，甚至有些人可能會有種電流通過的感覺，無論你有邊一種感覺，都係潛意識給的的訊號，代表你已經可以進入屬於你自己的內心。而放鬆將會去到你的身體，你的胸口，你的腰，同時你的每一個器官都可以放鬆下來，可能係你的胃、你的腸，過去的壓力可能會對佢地造成一些負擔，現在都讓它好好休息一下。這種放鬆，將會繼續去到你的大腿、小腿，去到腳掌，現在，因為你能夠感覺到腳掌踏在地上，所以你知道你和整個大地都是連接的。好多人說，人...其實很渺小，你可以...把所有多餘的壓力，都交托給這片大地，讓它為你盛載所有多餘的。

**Appendix S**

**Hypnotic Intervention Script: Inner Garden (English Version)**

### **Hypnotic Intervention Script: Inner Garden (English Version)**

Just like what you were doing just now. Please close your eyes. From the top of your head, relax. Draw your attention to your eye muscles. Relax your eye muscles. Relax them until they no longer function. Imagine and pretend that your eyelids are so relaxed and that they do not function anymore. You might as well give it a test. Test your eyelids. Test if they really cannot be lifted up. Yeah, it's them. Now try to let this feeling of relaxation spread from your eyelids down to your neck, your shoulders, to your whole body, your thighs, your calves, until it reaches your toes. Yeah, it's like this. As you breathe, you can breathe out all the pressure from your body.

Now that your body is relaxed enough, we can move on to relax our mind. After a little while, I'll let you count and in your heart, you can count loudly from 100. Count backward. When you count each number, your mind will be more relaxed. When you speak a number in your heart, you can imagine yourself looking at it. Watch it drift away. Watch it fade. It vanishes. Just like this, when you count to 96, all these numbers disappear. Now, begin. Count backward from 100, loudly in your heart. Yeah just like this, you let these numbers drift away. As you count, you are gaining relaxation for your mind. Your mind is relaxed. It is more and more relaxed as you count. Let the number go. Let it leave you. Yeah, again your mind is more relaxed. The relaxation is deeper and deeper. Just like this.

Soon you will come to a comfortable place where you'll see an escalator. The first escalator will take you down to the underground level 1(UG1). On that level, you will feel 10 times more relaxed than what you are feeling right now. Physiologically and psychologically, 10 times more relaxed than now. Then you will reach the lowest level (UG2). This level will be the most relaxed level among the 3 levels. When you reach the bottom, I will cue you. The cues will help you.

Right now, please walk to the escalator. You'll see a very comfy place right in front of the escalator. The first escalator goes to UG1. You step onto it. Imagine it slowly goes down and slowly you feel more relaxed. Your body and your mind feel 10 times more relaxed than before. When you reach this lower level, you can enjoy the deep relax here. Now go on and take the next escalator. This escalator is longer than the previous one and it takes you to the deeper ground. Slowly it does down, down, and down, until it reaches the bottom and lowest level. As it goes down, you get more deeply and deeply relaxed, just as before.

When you have reached this lowest level, you discover that not far from you, there is a door. With curiosity, you walk slowly towards the door. You can feel that behind this door is a beautiful garden and this garden is the most important place in your heart. In there, you have everything you value the most in your life, everything you enjoy and you appreciate. Right now, you can slowly step out, open the door and enter the garden. Then you walk around and enjoy everything in here. Maybe you see a beautiful sky. Every breath you take is so fresh. You continue to walk around. Maybe you hear bird sounds. Or maybe you see the

## POSITIVITY THROUGH HYPNOSIS

blossom of flowers. Maybe you notice that there's a small stream. Water hits on the rocks. The water splashes are carried by the wind and kiss your cheeks.

As you continue to walk, you pass through this garden and you hit a hidden beach. The beach is splendid. You take off your shoes. Your feet step on the soft and grainy sand. It is so soft that as the sun shines on it, warmth and comfort surround all your toes. You look at the sand carefully and you discover that these sands are different from those you normally encounter at ordinary beaches. You can easily use them to create whatever shapes you like. For example, you can exercise your creativity to make a huge and 3D heart or an enormous star. This is a beach that belongs to your heart. Therefore, I'm inviting you to take some time to think of what to create. Now, you have decided to create the best person that you wish to become so much. Maybe it will be a confident you who can show off your greatest capabilities. Maybe it'll be a brave you who can hold on to who you are despite how tough the challenges are, despite how helpless one may feel. Or maybe it'll be a loving you who is always willing to share to other people, who is always bringing joy and laughter to people around. Now, I am inviting you to make use of these special sands to make a sand sculpture. You can pay attention to his/her eyes, the expressions in the eyes, the posture...Where would the hands be put? Where is this person looking at? Each and every single detail will make it become more real.

When you're finished making this sculpture, I want you to look at it from different angles. Gaze at it. Admire this you. The most special part of this sculpture is that you can actually go into it from its back to become this person who you admire and appreciate the most. I'll count to three and you will go, from the back, straight into it. I'm counting...1...2...3 and you're now entering its body. You are embodying the perfect moment of this perfect person that is on display right now. You're posing exactly as it is and you can feel exactly how it feels. This is the you that you appreciate the most and that you hope to become the most. Remember, right now, how it feels to be your best self, the feeling, the posture...you can hold perfectly the posture and the shape. Bringing this memory, you will leave the sculpture now. You are leaving this chef-d'oeuvre of yours at this beautiful beach and you're letting it keep the feeling in the bottom of your heart, as it will make you appreciate yourself better, for living a better life.

Right now, you can say goodbye to this beautiful place. Walk back the same route you got here, walk and return slowly to the door. You know that this place belongs to you and you can revisit anytime. So now, bring everything good that you've been feeling, every lesson that you treasure, back to the escalator. You take the escalators and you return to UG1 and to the ground floor. Now I'll count from 1 to five, you can take all the time you need, to return here. One, take the escalator. Two, go up slowly. Three, you're half way here. Four, you continue and take the other escalator going up. Five, now, take all the time you need to come back here. Open your eyes and continue to listen. Time is yours now.



**Appendix T**

**Hypnotic intervention Script: Inner garden (Chinese version)**

**Hypnotic intervention Script: Inner garden (Chinese version)**

跟剛才一樣，請閉上你的眼睛，從頭頂開始放鬆，慢慢一直向下，把注意力放在你眼部肌肉上，放鬆眼部肌肉，徹底放鬆直到它們不再起作用。想像並假裝你的眼皮非常放鬆，並且已經完全不起作用了。不妨試一試，確定它們真的不能睜開。對，就是它們。現在，試著允許這種放鬆的感覺沿著你的眼皮往下傳，去到你的頸、肩膀、遍佈你的全身，你的大腿、小腿，直到腳趾頭。對，就是這樣。隨住你每一下呼吸，你都可以把多餘的壓力都排出體外。

現在你身體上已經足夠放鬆了，接下來我們可以開始從精神上放鬆。過一會兒，我會讓你數數字，心入面大聲地，從 100 往後倒數，這樣每數一個數的時候，你可以得到精神上加倍的放鬆。每當你說出一個數字的時候，你可以想像自己看著這些數字，看著它逐漸漂走，離你遠去、消失了。你讓這些數字飄走，這樣，當你數到 96 的時候所有的數字都消失了。現在，從 100 開始倒數，大聲地。對，就是這樣。開始讓這些數字離你而去，飄走，在每數一個數字的時候，就從精神上加倍地放鬆，讓它慢慢走遠…走遠…對，就是這樣。再一次從精神上加倍地放鬆，對，更深，更放鬆。就是這樣。

過一會兒，你會來到一個很舒適的地方，那兒有一些扶手電梯。第一部電梯下到地下第一層。這一層比你現在更放鬆 10 倍，在生理，也在精神上更放鬆 10 倍。比你現在還與生理上更放鬆 10 倍。然後，你會到達地下最底層。這一層是三層中最放鬆的。當你到達地下最底層的時候，我會給你一些提示，一些對你有好處的提示。

現在請走到那個有扶手電梯前，最舒適的地方，第一條扶手電梯通往地下一層。

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站上去，想像它緩慢下降，漸漸的，感到越來越放鬆，身體上、精神上比剛才放鬆 10 倍。當你到達下一層的時候，你可以讓自己好好享受這處的自然。現在去再去到下一條電梯，這條比上一條更長，通往更深的地下。慢慢下降…越來越深，身體上、精神上比剛才更放鬆 10 倍。現在，繼續下降，下降…下降，一直到這最底的一層。……一直下降…很深很深地放鬆了，就是這樣。

當你已經到達這個最底層，你會發現前面不遠處，有一大門，你帶著一份好奇，慢慢向門的方向行去，你感覺到門後面是一個很美麗的花園，這個花園是你心靈中很重要的地方，入面有一切你生命中重要的價值，所有你享受的、你欣賞的都在這裏。現在，你可以慢慢行前，打開大門，然後你可以隨自己心意在這裏四處欣賞一下，可能你會見到好美的天，每一口吸入的空氣都是如此清新，你繼續向前行，可能你會聽到雀鳥的叫聲，可能你會見到有些花盛放，可能你會留意到附近有一條小溪流，流水拍在石頭上，濺起的水花，隨風飄到你的面上。

你繼續向前行，你會發現穿過呢個花園，有一個好隱閉的沙灘，這裏很美，你脫了鞋子，踏上沙灘上的沙，你感覺到好軟好軟，沙子在太陽下變得好溫暖，包圍住你的腳指，軟綿綿的…你仔細望著沙子，你發覺這些沙跟一般沙灘上的並不一樣，你可以輕易地用它塑造出一切你心中的造型，例如你可以用你的創意，造一個很大的立體的心型、又或者一粒很大的星星。這是一個屬於你心靈的沙灘，所以現在我想你用一點時間，回想一下你心目中，一個最欣賞的自己、一個最希望自己成為的自己。可能，是一個有自信的自己，自信地表現自己最有能力的一面；可能，是一個能夠堅持的自己，無論遇到

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幾大挑戰，無助時，都能勇敢面對；可能是一個有愛心、願意與人分享的自己，把歡樂帶給身邊的人。無論是怎麼的自己，我想你現在用這裏特別的沙子，塑造成那個自己的塑像，你可以留意到他的眼神、姿勢、動作，他的手放在哪裏？他望住哪裏？每一個細節，令他變得越來越真實。

當你完成之後，我想你在四周圍不同的角度，望望這個塑像，欣賞一下這個自己。而這個塑像最特別之處，就是你可以從後面進入他的身體，成為那個最欣賞的自己，現在，我數一二三之後你就可以從後面進入他的身體，一、二、三，現在你可以進入他的身體，完全成為塑像演繹的那一刻，完全擺出他有的姿勢，感受到一樣的感覺。這個就是你最欣賞，最希望自己成為的自己，這一刻，好好記住這個感覺，這個姿勢。你可以完全保持塑像的形態形狀，帶住這種感覺離開塑像，讓他繼續留在這個美麗的沙灘，亦讓他把這感覺好好留在你的內心深處，因為他將會使你更懂得欣賞自己，更懂得擁有美好的人生。

現在，你可以暫別這個這樣美的地方，沿著來的路，慢慢返到去那大門處。你知道這個地方是屬於你的，所以你隨時都可以再來到這裏，現在，帶著所有好的感覺，你珍惜的學習，慢慢…沿著電梯，上到地下一層，再沿著電梯，慢慢…上到地面的地方，現在我會從一數到五，你就可以，用你需要的時間，慢慢返到這裏，一…你可以沿著電梯，二…慢慢向上，三…已經去到一半，四…繼續去到下一條向上的電梯，五…現在，用你需要的時間，可以慢慢回到呢度，睜開眼睛，並且保持聆靜，時間，交給你了。

**Appendix U**

**Hypnotic Intervention Script: Timeline Future Pacing (English Version)**

### **Hypnotic Intervention Script: Timeline Future Pacing (English Version)**

Now everyone has already had quite many experiences entering the world of the subconscious. So I want all of you to get to your most comfortable sitting posture. Close your eyes. Relax your body. I want you to take some deep breaths to help your body breathe out the excessive pressure from your body, so as to prepare your body for the relaxed and pleasant state. Just as before, focus your attention to the top of your head. Let the muscles of your head relax. This feeling of relaxation will continue to spread onto your forehead, your eyes, your muscles behind your eyeballs. Your eyelids become so heavy as if you can no longer lift them up. They are so heavy that it seems like that they have never been separated before. You can try to open your eyes but you realize that you can't open them as your eyelids stick together. Next, your facial muscles, your both sides of your mouth, your chin...you can let them relax the most naturally. This feeling of comfort and relaxation will continue to come to your neck, your shoulders, as this moment totally belongs to you. This way you can lay down all the unnecessary pressure so that your heart and your soul can take a rest. This feeling of relaxation will spread to your limbs, your forearms, your upper arms, your palms, each of your fingers. It also gives rest to your chest, your waist, your belly. Each and every organ inside your body is relaxed now. It spreads to your thighs, your knees, your calves until every toe is relaxed. You can double check from your head to toe, once again, that every part of your body is relaxed to the best.

Now you will go find the 2 escalators that lead to the garden of your heart. As you are already familiar with this space of yours, I'll count from 10 to 1. When I count to 1, you will be at the door at the lowest level. 10, walk to the escalator. 9, take the escalator and go slowly downward. 8, you feel more relaxed as you go deeper. 7, as you go down, you are getting closer and closer to your heart. 6, you start to notice everything besides you, things that make you feel safe. 5, you are at UG1. You are already half way there. 4, in front of you, there will be the longer escalator which takes you to the lowest level and now you can take this escalator. 3, you go deeper as you go downward and you get more and more relaxed. 2, you're about to be at the bottom level. 1, you see the door that is in the front and you slowly walk to the door and you open the door.

I don't know if the garden of your heart is the same or it's a little different than before. But what I do know is that this garden is very important to you because it carries everything you need, you desire, you possess. It has the most beautiful things in here. Now continue to walk until you're past the garden and you're at the beach where you see the sand sculpture you made. Now you have understood better your goal so you can go feel and see if the characteristics of your sculpture can help you achieve your goal or not. Apart from these characteristics displayed by your sculpture, is there any else that you need? Would it be confidence? Bravery? Or calmness or more firm? Perseverance? I don't know what other resources you have to help you achieve your dream but what I do know is that it's only you

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who can create more sculptures. You know better than anyone that if you're willing, you can create more sculptures using these sands, freely.

Now as you've understood better how subconscious function, you're more capable to bring this ideal self to your future. Therefore, no matter how many sculptures there are, you can use your own way to bring them with you. So I want you to take a deep breath now. Imagine that every breath you take in, your body will be lighter. You float slowly with the sculptures into the air. You can look at the top of your head, you can look at the whole beach, you are flying high in the sky and you are now enjoying, from high up here, the view of this magnificent place. It is so good...Now I want you to imagine that there's a line, one side representing your past and the other side representing your future. Some people may have their past in the back and future in the front while some people may have their past at the left, future at the right. From the past to the present, you look at what's beneath the line. There're many files, recording everything that's ever happened in your life. Some of them are successful moments, and some of them are the failure. Some are happy and some are helpless. Some represent your hurts and some represent the moments you're moved, you're touched. These are your past. On the other side, there'll be your future. Now I want you to imagine how it'd be like when you would have your goal achieved. Where would you be in? What would you be doing? Who are beside you? How are they looking at you? What are their facial expressions? Are they admiring you? I know that you must be enjoying this moment. So I invite you to bring this picture and walk along the line to find a suitable spot, implant this picture in one of the files in your future. Then you can put the sculptures you've brought onto your future self to make this beautiful picture you're looking at right now even more vivid, its color even more beautiful, as if this picture is glowing. Do spend some time on putting this ideal self onto one spot on the timeline and when you're done, you'll discover that between now and that spot in the future, there are some subtle changes. You look at this timeline and I want you to notice what changes you've been going through as you drift slowly from the future spot to the present. How are you changing to make you realize your goal? What have you done to make you improve? I want you to look at every detail as your subconscious will be reminding you if there is an area that requires you to improve in order to achieve your goal.

Very good. You can slowly go to the present spot on the timeline and reflect on what you need to improve right now, bit by bit, and collect all these lessons and improvements and bring them to go downward to return to your body. I will count from 1 to 10 and you'll return to here after integrating everything. 1...2...you can feel that this goal is becoming more and more realistic and tangible. 3, as your subconscious receives the instructions. 4, it will know what you need and what you want. 5, just as we're thirsty, we'll naturally drink. 6, just as we're hungry, we'll naturally eat. 7, so subconscious might be reminding you to walk towards your goal even when you're not aware. 8, the resources in your heart are reallocated so that

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you're pursuing your goal more healthily. 9, there's still a number, and you'll still be able to use all the time you need to return to this room slowly, to feel the temperature of this room again, to hear my voice again. 10, you can take all the time needed. Maybe integrating will continue to happen so that you will reach your goal more easily. Your subconscious may still be reminding you what you can do to go after your goal. Time is all yours.



**Appendix V**

**Hypnotic intervention Script: Timeline: Future pacing (Chinese version)**

### Hypnotic intervention Script: Timeline: Future pacing (Chinese version)

現在，大家對已經有不少的經驗進入潛意識的世界，所以我想請大家找個舒適的坐姿，然後閉上眼，放鬆你的身體，我想你做幾下深呼吸，幫助身體將所有多餘的壓力都隨著呼氣排出體外，亦讓身體準備好進入一個舒服而放鬆的狀態...就如先前一樣，把注意力...集中在你的頭頂，讓頭頂的肌肉放鬆下來，然後放鬆的感覺向下漫延，去到你的額頭、眼皮、眼球背後的肌肉，你的眼皮會變得很重，甚至你會感到它們本來就應該是緊閉的。接下來，你面部肌肉、兩邊嘴角、下巴，你都可以讓它們最自然地放鬆下來。這種舒服、自然的感覺將會繼續去到你的頸、兩邊的肩膀，因為這一刻完全屬於你，所以你可以放下一切多餘的壓力，好好讓自己的心靈休息一下，一直漫延到你的身體、手臂、前臂、每一隻手指頭，亦都讓你的胸口、你的腰、你的肚子、你的每一個身體內的器官，都放鬆下來，直到你的大腿、膝頭、小腿，然後到你每隻腳指頭都放鬆下來。你可以再一次從頭到腳，重新檢查一次，確保身體每個位置都得到最好的放鬆。

現在，你會去到你先前到過的兩條通往內心花園的電梯。因為你已經很熟悉這個屬於你的空間，所以，我會從十數到零，當我數到一的時候，你就會去到最底層的那大門前。10...你可以去到電梯的前面；9...沿著電梯慢慢向下；8...感覺到越向下，越放鬆；7...越向下，越連接自己最深處的內心；6...你留意到身邊所有的東西，每一件都可以讓你更安心；5...你已經去到地下一層，已經去到一半；4...再前面就是另一條長長的電梯，帶你去到最底層，現在可以搭乘這電梯；3...你進到越來越深，一直向下；2...越來越放鬆...；1...你快要到這最底層了；0...現在你可以見到前面的大門，你慢慢行到門前，把

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門打開。我不知道你心中的花園是一樣的還是有一點分別的，但我知道這個花園必然是你很重要的地方，因為這裏記載了一切你所需要的、渴望的、擁有的，這裏有所有最美的東西。現在，一直向前行，直至穿過這個花園，去到花園後面的沙灘，那個之前你親手造的塑像。現在，你更清楚你的目標，所以你可以感受一下，這個塑像的特質是否能幫助你達成目標？除了這種特質，還有沒有其他你需要的特質？可能是自信？勇氣？又或者是一份啖定、一份堅持？我不知道你有甚麼資源可以幫你達成夢想，但我知道這刻的你，比任何人都清楚，只要你願意，你自由地用沙子塑造多一些塑像。

現在，因為你已經更了解潛意識的運作，你變得更有能力把這個理想的自己，帶到屬於你的將來，所以無論有多少個塑像，你都可以用你的方法將他們帶在身邊。所以我想你現在深深地吸一口氣，想像一下每一下吸氣，你的身體都會變得更輕。帶著塑像慢慢向上飄起，你可以望到自己的頭頂，望到整個沙灘，你會飛到好高既上空，好好俾自己享受下在這個角度去看看這個美景。非常好…現在，我想你想像有一條線，一邊代表著你的過去，而另一邊則代表著你的將來。有些人的過去在後面，將來在前面；而有些人的過去在左邊，將來在右邊。從過去到現在，你可以望到線的下方，有一個個檔案，記錄了你生命中出現過的一切大小事情，有成功的、有失敗的、有開心的、有無助的、有傷痛的、有感動的，這就是你過去的人生。而另一邊就是你的將來，現在，我想你想像一下當你目標達成的時候，會是怎樣的呢？你在哪裏？在做甚麼事情？身邊有無其他人在？他們望著你的表情是怎樣的呢？他們會否在欣賞你？我知道你一定享受這個時刻，所以我邀請你帶著這幅圖畫，一直沿著這條線去到將來適當的某一點，然後把圖畫

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插在時間線下的檔案，再把你帶來的塑像都放進去將來的自己身上，令這本來你欣賞的圖畫，再變得更真實，色彩更鮮艷，甚至你會留意到這幅圖畫好像隱隱在發光一樣。好好把這個理想的自己放在時間線的某一點，當你完成之後，你會發現在時間線上「現在」這一點和將來的這一點中間，都有些微妙的變化。你望著這條時間線，我想你慢慢飄向現在的同時，留意著你在這段時間內，你有甚麼不同，令到你達成了最終的目標？你做了甚麼令自己得到進步？我想你細心地，把每一個部份都看清楚，因為你的潛意識會在適當的時候提醒你，使你更能有一切需要的進步，以達到你的目標。

非常好，你可以慢慢去到時間線上的現在，感受一下現在的你需要做甚麼來令自己從現在起有一點一滴的進步，再帶著所有的得著，慢慢向下飄，回到自己的身，我會從一數到十，然後你會在一切整合之後返到這裏。1...2...你可以感覺到這個目標變得更實在；3...因為你的潛意識已經收到指令；4...他會知道你需要、想要的是甚麼；5...就好像當我們口渴，很自然地就會喝水；6...又好像當我們肚子餓時，很自然地就會吃東西；7...所以潛意識可能會在不知不覺間提醒你，使你能一步一步向著目標走近；8...你內心的資源會重新分配，更健康地追求目標；9...伸有一個數，你就可以用你需要的時間慢慢返回這間房間，再次留意到這間房的氣溫、我的聲音；10...你可以用你需要的時間，而好可能整合將會繼續發生，令你變得更容易達到目標，而潛意識可能也在提醒你，現在這個你可以做甚麼去幫你繼續向前邁進，時間交給你們了。

**Appendix W**

**Experimental Group**

**First Day Positive Psychology Intervention: Feel the Difference**

### Experimental Group

#### **First Day Positive Psychology Intervention: Feel the Difference (Fredrickson, 1998)**

##### **Online Exercises:** Feel the difference

Starting from today (Preferably starting in the morning), when you sit on the toilet, try to imagine feeling bad about yourself. Everything you encounter today will be dull or troublesome. Everything in the world becomes ugly and everybody you encounter today become mean and frustrating.

In the next day, when you sit on the toilet, try to imagine feeling good about yourself. The world is totally different. Everything you encounter today will be fascinating or blessing. Everything in the world becomes beautiful and everybody you encounter today becomes nice and cheerful.

After one day has elapsed, note what is the difference in your feeling between these two days? What is the difference in your experience of encountering different things and people between these two days?

Think about it now and we will provide time for you to write it down tomorrow.

**Appendix X**

**Traditional Chinese Version of Experimental Group**

**First Day Positive Psychology Intervention: Feel the Difference**

**實驗組 (Traditional Chinese Version of Experimental Group)****第一日: 正向心理學介入: 感受不同 (First Day Positive Psychology Intervention: Feel the Difference)****網上活動: 感受不同**

由今日開始(最好由朝早開始), 當你坐在馬桶上面時, 嘗試想像自我感覺很糟糕。每一樣事情都會令你變得困擾, 每一樣事情都會變得枯燥無味。世界上的每一樣事情都變得醜陋, 你身邊的所有人都會變得計較, 你也因此而感到心煩。

在之後的一天, 當你坐在馬桶上面時, 嘗試想像自我感覺暢快, 世界變得因此而不  
同。每一樣事情都會令你感恩, 每一樣事情都會變得極好。世界上的每一樣事情都變得  
美好, 你身邊的所有人都會變得友善, 你也因此而感到高興。

一日過後, 細心留意你在這兩日之中的感受是否不同? 在這兩天, 你所遇到不同的  
事情及人的經驗是否不同呢?

現在仔細想一下, 明天我們會安排時間給你寫出來。



**Appendix Y**

**Experimental Group**

**Second Day Positive Psychology Intervention: Gratitude**

### Experimental Group

#### **Second Day Positive Psychology Intervention: Gratitude (Popova, 2014)**

**Online Exercises:** Find out three good things in life.

In our daily life, we are too worrying whether everything will be on the right track. It is true that we need to learn from our experience and avoid repeating our mistakes in the future. Unfortunately, some people spend too much time to think about the ‘bad things’ rather than thinking about ‘good things’ already in life. Negative thinking makes them become anxious and depressive. Therefore, it is important to learn to cherish what we already have in our life and appreciate them.

Beginning from today, try to spend ten minutes before sleep to write down three things that went well today and why they went well before sleep. It is crucial to have a record of what you have written. For your convenience, you may write a journal or type to the computer about the events. The events may be or may not be very important. You can see from the example that my wife gives me a lovely kiss today or I get promoted to become the manager. After writing the positive event, please answer the question” Why did this happen?” For example, if you wrote “My wife gives me a lovely kiss today”, please write the reason “because I help her to tidy up her working table”. Similarly, if you wrote “ I get promoted to become the manager”, please write the reason” because I work hard and manage my job effectively”. You may not feel comfortable to write about why positive events happened in

## POSITIVITY THROUGH HYPNOSIS

your life. Try to continue your good job for a week and you will feel easier.

**Appendix Z**

**Traditional Chinese Version of Experimental Group**

**Second Day Positive Psychology Intervention: Gratitude**

**實驗組 (Traditional Chinese Version of Experimental Group)****第二日: 正向心理學介入: 感恩 (Second Day Positive Psychology Intervention:****Gratitude)** (Popova, 2014)**網上活動: 在生活中尋找三樣美好的事件**

在日常生活之中，我們對生活有太多的憂慮，擔心所有的事情是否在自己所想的方向發展。是真的，我們需要從經驗及失敗之中學習，以免日後重複犯錯。不幸地，有些人花費太多時間去思考壞的事件而不去思考已擁有的東西。結果是，他們的負面思想令他們的思想變得焦慮及沮喪。因此，懂得珍惜及恩賞已擁有的東西是很重要的。

由今日開始，嘗試在睡覺之前用十分鐘的時間去寫下今日發生的三件美好的事情及他們令你生活變得美好的原因。你可以將它們寫在日記或你將它們往電腦之中存檔。這三件事可以是或未必是對你來說是很重要的。例如，你可以寫“我太太今日給了我一個情深的吻”或“我今日晉升為經理”。在寫下事件之後，請你回答這個問題：“為什麼這件好事會發生？”例如，如果你寫“我太太今日給了我一個情深的吻”，請寫下原因“因為我幫她清理工作枱”同樣地，如果你寫“我今日晉升為經理”，請寫下原因：“因為我勤力工作和我有效地完成我的工作”。你可能會感到不太習慣去寫下好事情發生在你身上的原因。嘗試去繼續去完成它，一星期之後，你會慢慢習慣的。

**Appendix AA**

**Comparison Group**

**First Day: Set up your life goal**

### Comparison Group

#### First Day: Set up your life goal

##### **Online activities: Set up your life goal**

The goal is the end of the dream. The goal can be divided into life goal and living goal.

When compared with living goal, life goal is more abstract and difficult to reach within a short period of time. For example, I want to become a kind-hearted *médecins Sans Frontières* doctors without border or I need to contribute to the society and serve mankind.

When compared with life goal, a living goal is more concentrated and can be achieved within a specific time frame. For example, I want to have a banquet with my family in a five-star ranked hotel in this coming Christmas holiday or I want to save thirty thousand before my thirty years old.

Now, please set up your life goal and consider the reasons why you want to achieve it. Use less than thirty words to write your ideas.

**Appendix AB**

**Traditional Chinese Version of Comparison Group**

**First Day: Set up your life goal**



**對比組 (Traditional Chinese Version of Comparison Group)****第一日: 確立生命目標 First Day: Set up your life goal****網上活動: 確立自己在生命上的目標**

目標是一個理想的終結，目標分為生命目標及生活目標。

與生活目標相比較，生命目標是比較抽象及難以在短時間之內達到，例如:我要在成為一個熱心幫人的無國界醫生 或 我要貢獻社會，做福人群。

與生命目標相比較，生活目標則比較合乎現實及可以在既定的時限內做到，例如:我想這個聖誕節假期和一家人去一間五星級的酒店吃自助餐 或 我想在三十歲之前儲蓄三十萬。

現在請你確立一個人生的目標，思考想達成的原因，並用不多於三十個字之內寫出來。

**Appendix AC**

**Comparison Group**

**Second Day: Ecology Check**

**Appendix AC****Comparison Group****Second Day: Ecology Check**

Online activities: Ecology Check for your life goal

Congratulations! In your last online activities, you have already established your life goals. In your mind, you may imagine and feel the happiness of achieving your life goals. However, when you pursue your life goal, your counterparts (including those who are important or not) will be affected positively or negatively.

Now, please plan how to achieve your goal and think when you pursue your goal, what will they affect positively and negatively?

**Appendix AD**

**Traditional Chinese Version of Comparison Group**

**Second Day: Ecology Check**

**對比組 (Traditional Chinese Version of Comparison Group)****第二日: 生態檢查 Second Day: Ecology Check****網上活動:: 邁向目標之前的生態檢查**

恭喜你！在上一次的網上活動之中，你已經確立了自己在生命上的目標。你可能在腦海之中已經想像及感受達成目標的開心及喜悅。但是當你在邁向目標的途中，身邊的人(重要或非重要的人)往往因此而受到正面影響或會因你達到目標而有所損失或傷害。

現在請你計劃會怎樣達成目標及想想當你在邁向目標的途中，你身邊的人會因此而受到怎樣的影響呢？

**Appendix AE**

**Control Group**

**First Day: Narrative Writing**

**Appendix AE****Control Group****First Day: Narrative Writing****Online Activities: Narrative Writing**

Please use no less than 100 words and not more than 200 words, write anything which happened to you last week and your reflection.

**Appendix AF**

**Traditional Chinese Version of Control Group**

**First Day: Narrative writing**



**對照組 (Traditional Chinese Version of Control Group)****第一日:寫敘事 (First Day: Narrative writing)**

網上活動: 寫一篇敘事

請你用字數不少於一百字但不多於二百字,寫出上星期任何一件發生在你身上的事及你

對這一件事的感受。

**Appendix AG**

**Control Group**

**First Day: Narrative Writing About You**

**Control Group****First Day: Narrative writing about you****Online Activities: Narrative writing about you**

Please use no less than 100 words, write somethings about you. What is your hobby? What do you like to do in your leisure time? What do you think about your own personality, your strength, and weakness?

**Appendix AH**

**Traditional Chinese Version of Control Group**

**First Day: Narrative Writing About You**

**對照組 (Traditional Chinese Version of Control Group)****第一日：關於你自己的敘事 (First Day: Narrative Writing About You)****網上活動：關於你自己的敘事**

請你用字數不少於一百字，寫一篇關於你自己。你的興趣是什麼？你空閒的時候喜歡做什麼？你的個性、強項、弱項是什麼？

**Appendix AI**

**Control Group**

**Second Day: Narrative Writing**

**Control Group****Second Day: Narrative Writing****Online Activities: Narrative Writing**

Please use no less than 100 words and not more than 200 words, write another incident which happened to you last week and your reflection.

**Appendix AJ**

**Traditional Chinese Version of Control Group**

**Second Day: Narrative Writing**



**對照組 (Traditional Chinese Version of Control Group)****第二日:寫敘事 (Second Day: Narrative Writing)**

網上活動: 寫另一篇敘事

請你用字數不少於一百字但不多於二百字,寫出上星期另一件發生在你身上的事及你對這一件事的感受。

**Appendix AK**

**Control Group**

**Second Day: Narrative Writing About Your Best Friend**

**Control Group****Second Day: Narrative Writing About Your Best Friend****Online activities: Narrative Writing About Your Best Friend**

Please use no less than 100 words, write somethings about your best friend. How do you know him/her in your life? What is his/her hobby? What do you think about his/her own personality, your strength, and weakness?

**Appendix AL**

**Traditional Chinese Version of Control Group**

**Second Day: Narrative Writing About Your Best Friend**

**對照組 (Traditional Chinese Version of Control Group)****第二日:寫作練習 (Second Day: Narrative Writing About Your Best Friend)**

網上活動: 關於你好朋友的敘事

請你用字數不少於一百字，寫一篇關於你最好的朋友。你怎樣認識他或她？他或她的興趣是什麼？你認為他或她的個性、強項、弱項是什麼？