

Understanding the True Power of the Inner Mind

Written by Jonathan Kattenberg, LWC Founder

My quest to understand the true power of the inner mind and desire to support other people achieve the life they desire, drives my passion to explore at a deeper level on how we all have the potential to achieve amazing things in life, whether it be breaking personal barriers/limiting beliefs, dealing with phobias/anxiety, overcoming major illness/disability, business, sporting or any other achievement. This may also include financial goals leading up to the transition for retirement, which can provide amazing experiences if planned correctly...



In this detailed article I have focused on an assessment of the different methods used in today's practices to support people of all ages and backgrounds on how to overcome anxiety and phobias, so they can pursue the life of their dreams.

I wrote this essay to outline how various methods/practices used with clients can help overcome varying levels of anxiety whether young or old. I personally feel that anxiety is one of the major contributory factors towards ill health and even worse, it can be the catalyst of what some call a Cytokine Storm, I explain in more detail further on. Please read on....

If we, as a collective globally population can create more positive energy within not just ourselves, but also our surroundings, maybe we can support the development of a healthier evolved system. A big ask, especially with all that is going on in today's world, but I do believe anything is possible!

I truly believe we all have the power within our mind to achieve the life, wealth and health we desire. If we understand how we have become conditioned, why we act or react in certain ways, to then be guided professionally on how to overcome mindset situations, people I feel are able to make the appropriate change to achieve the life they desire and achieve what I call true inner fulfilment.

Whilst some people have varying outlooks on life, different opinions of what is inner fulfilment and peace, or even varying coping strategies to get them through life, for some, understanding what I feel are basic principles of life, is a key step forward to achieving the life they desire.

Before progressing on to my article, I would like/ask you to take a moment and reflect on the 3 stages below, and see if you can relate to any behaviours or experiences that have occurred throughout your life so far.

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How we are Influenced & The changes



-Our Outer World Influences Our Inner World = What We See, Feel, Hear and Say whether it be through explicit or implicit learnings, our outer world can have long lasting affects on our mind and body.

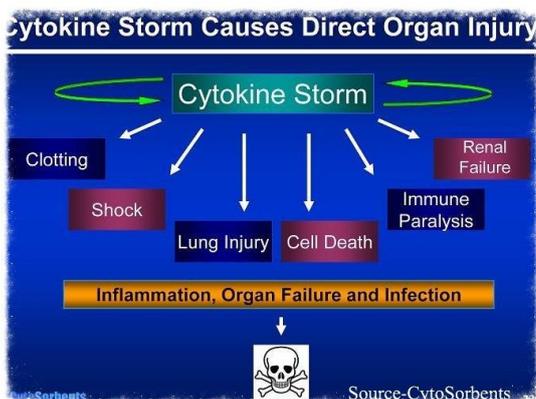
-Our Inner World then Influences Our Inner World, and sometimes to our detriment with devastating effects. If we truly understand how to strengthen our minds, we can manage the behaviour of our body and strive for a healthier life.

-Our Inner World then Influences Our Outer World, which often is reflected by our actions, behaviours, habits and well being which are controlled from our inner self!

Understanding that we can enhance our actions, behaviours, habits, traits, abilities, performance, overcome anxiety and enhance how we heal from major illnesses, all start from within our mind.



Earlier I mentioned a Cytokine storm. If you're not sure what a Cytokine storm is, please let me explain. Smith (1991,1992, 1995), talks about how Cytokines are chemical messengers (i.e hormones) made by immune cells and certain other cells. When they are released into the blood, cytokines can affect the function of every tissue and organ in the body, including the brain. Extensive animal and human studies have clearly demonstrated that cytokines cause the symptoms and signs of disease. The symptoms and signs of traditional physical illnesses are due to cytokines secreted by an activated immune system.



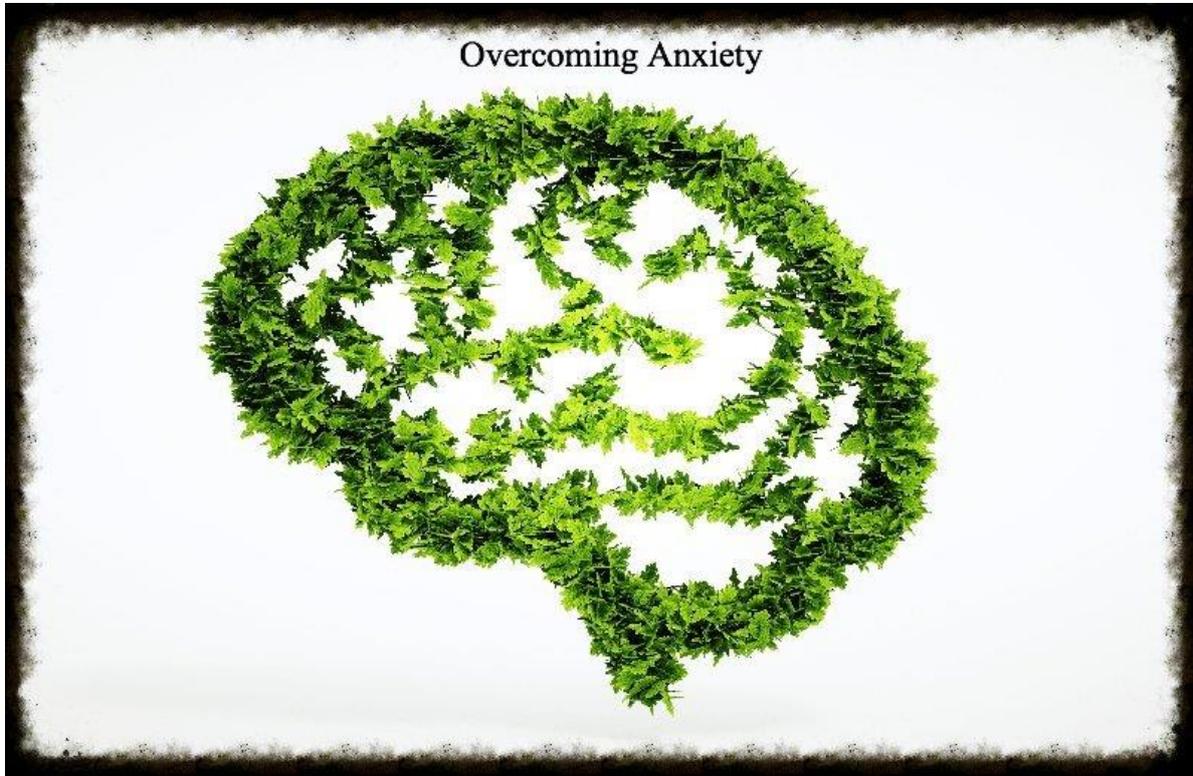
Could a Cytokine Storm be created/given birth etc from an overloading period of anxiety/stress? The medical evidence found from research today supports this theory. The diagram shows how an influx of Cytokines can cause havoc on our bodies. This is one of the many reasons why I feel it is so important to find inner peace.

Part of my quest is to explore this area of expertise over time, so I can truly help others throughout the global community.

The following detail is an actual extract from my essay. I feel it's important to understand whilst the essay was written from a clinical hypnotherapist view, I am also a Life Wealth Coach and take a holistic approach to supporting clients where each client's requirements are different. Not everyone requires all levels of clinical hypnotherapy, wealth or life coaching, but having the ability to understand and apply varying methods of therapy/coaching is what makes Life Wealth Coaching unique.

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Following the increased medical and psychological problems associated with anxiety and stress related disorders, it is important to investigate the patterns that ground and cultivate for anxiety. The following will assess the efficacy of how Clinical Hypnosis combined with an eclectic mix of other psychotherapeutic conventional models, can empower individuals to overcome anxiety with a pluralistic approach. Through medical journals and an explanation on how anxiety is linked to stress resulting in more severe illnesses creating life-changing experiences for people, I look at how limited knowledge around the power of association leading to stressful thoughts within an individual's mind can create deeply rooted neural pathways over time, resulting in the clinical diagnosis of anxiety, which if not treated can lead to long-term health issues. Supported with a detailed breakdown of how an individual may associate a situation to cause concern, to method demonstrating techniques applied through Clinical Hypnosis to the application of Self Hypnosis, through eclectically and pluralistically the clinician can improve the efficacy to overcome anxiety in many ways, leading to a more controlled mindset during perceived challenging situations for an individual.

From an early age, we indirectly and directly program our minds to translate events/moments/ words and actions through a process of association. Over time our outer world influences our inner world influencing our mind and body, leading to our inner world ultimately affecting our external world. Failure to understand the neural pathway programming, and why we react leading to a state of anxiety, if not addressed can lead to worsening health, which over time becomes stress which then can contribute towards major illnesses given the body remains in a fight or flight state of mind!

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As I explore with a depth view of how Anxiety can be created with proven medical journal supported evidence, I highlight how Clinical Hypnosis can provide centred support whilst integrating various methods of practice ranging from cognitive behavioural therapy (CBT) and cognitive behavioural hypnotherapy (CBH), neuro-linguistic programming (NLP), behavioural therapy (BT), cognitive therapy, psychodynamic, patient centred and mindfulness. These techniques help an individual towards a person to becoming empowered with the inept ability to control how they deal with any situation that can cause a state of anxiety.

There are four key types of symptoms of anxiety;

1. Physiological /semantic symptoms (heart racing/perspiring/tensed muscles and part of the fight or flight response).
2. Cognitive symptoms (patient may feel they have a heart attack or even dying).
3. Behavioural (this is where an individual may freeze unable to move until help is presented with supportive reassurance).
4. Emotional symptoms (a sense of dread or terror). Common symptoms could include a continuous feeling of tension/dread, a lack of ability to relax, disturbed sleep, fatigue, dizziness, increased heart rate.

Described in the journal Sarason and Sarason (1993), participants who suffer high levels of anxiety described their symptoms from when being bothered, having a thumping heart to being scared for no apparent reason. These levels motivate an elevation levels of continuous worry getting themselves down, feeling of exhaustion and fatigue, and difficulty making up their mind to often feeling they cannot overcome their challenges. Sometimes, once an individual makes a decision, the knock-on effect can bring further levels of worry, which in turn can create potential panic attacks, phobias, obsessive-compulsive disorders that are characterised by forms of anxiety.



J.Kiecolt-Glaser (2009), talks about how stressful and negative emotions influence the immune system, highlighting the impacts on an individual who may continue to suffer prolonged levels of anxiety could lead to levels of stress and worsening effects, which in turn could have dramatic adverse effects on an individual's immune system over time.

J. Kiecolt-Glaser (2005), also goes on to talk about how our minds operate based on our habits, traits/personalities, and behaviour patterns can all be altered once we know how to manage our state of being. If we look at the memory system, more precisely on how each element is connected, this can support a clinician to apply a pluralistic approach from an eclectic mix of proven therapies to empower an individual to overcome their perceived challenge, but ultimately requires the individual to have the desire for change.



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Anxiety can be formed from any past experienced if an individual is not entirely equipped with the mindset tools to support how they deal with any situation. Lipton (2005), explains how when you become stressed (how our outer world influences our inner world), our body receives internal signals from the mind which govern the proteins (which play a central role in the biological processes) that are required for your body to either grow or maintain a flight or fight mode, which is where our inner world (internal mind) controls our internal world (inner body). After a while in the flight or fight mode, the human body can become even more tired and become more susceptible to illness and altered external ability/behaviours (our inner world influences our outer world). However, when the body is found to be in a relaxed state, there is ever more evidence supporting how our cell make up can enhance our genes and thus empower our bodies to self-heal. Lipton, (2005) references how microbes, and how the human genes influence the genetics of the microbiomes (collective group of microbes), and the microbiome genes regulate genes in our cells (Saey, 2013B).

If we look closer within ourselves, it is important to understand that within the Proteins in our bodies, they have Receptors (those that receive stimulus), Effector's (life, sustaining response) and, Membranes receptors which are the equivalent of sensory and action generating nerves. When the fusion of togetherness occurs, the receptor-effector compound acts as a switch, translating environmental signals into cellular behaviour which allow integral membrane proteins to hook up with environmental signals to power the cells. In essence, our outer world influences our inner world.

The body then triggers histamine, a chemical initiated to the cell responses H1 and H2. H1 is the protection intervention, and H2 is the growth response. If the body is under anxiety/stress, then H1 histamines are triggered, and thus an individual's body will not grow due to being in flight or fight state. When applying relaxation, it is important to encourage a patient to be in a relaxed state for maximum output. If constantly in a state of stress/anxiety this could have long-lasting health concerns as the body may not work so efficiently.

When analysing the mind thought processes of a patient, understanding what causes the state of anxiety may require examination of some areas. Examining some of the key areas, the reflexive memory is how we associate to current situations by way of automatic instant associations, it is at this point that we can find anxiety may begin to evolve and then if not appropriately addressed can escalate. A consideration to explore further into the memory processes may involve examining the procedural memory, how we do things. This may outline any areas of lack of confidence and historical events that may have occurred that cause the anxiety.

For example, an individual may be driving past a monument in their adult life whilst going to work, and every time they see the monument, this brings an unexplained sickening feeling of nauseous without any warning. Understanding the process of why the visual experience of seeing such a monument could bring such discomfort could only conclude a historical experience from an early age. The therapist must be very careful not to assume. Identifying the process of memory and association to then applying appropriate therapy would help potentially eliminate any possible anxiety when driving near the said monument, because if not treated, the feeling of anxiety could be transferred to an association to travelling to work given the potential power of association that could arise.

Whilst there are other areas of the memory system we can explore, understanding the state of dependent Memory enables researchers to access on the emotional or physiological state the individual was in where they first learned the information. For instance, music that recalls the event with any associated memories could support accessing areas of enhancement towards anxiety or phobia issues. If explored, understood and revalued in a dissociative manner, an individual can allow advancement to manage anxiety.



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Khaikin (2012), looks at the theoretical issues of psychosomatics and how the psychobiological nature of cancer and mechanism of the placebo effect. Exploring the psychotherapeutic techniques used to access somatic diseases, primarily looking on attention around the procedure and hypnotherapeutic techniques. The article explains how the use of mindfulness can support the relaxed state within the body and mind. This was apparent in ancient physicians and could be considered important to remember that the theoretical concept that positive emotions facilitate recovery and maintain health, while negative emotions facilitate disease and slower recovery. Khaikin (2012) goes on to say that it is a fact whether the emotion, be it positive or negative stimulates or depress the searching activity (Rotenberg V. S. and Arshavsky V. V., and is the primary factor that influences a human organism resistance to any disease-producing elements.

This can be demonstrated in the methods of D. Grove and P. Levin, whereby Hakomi (a form of mindfulness within centred Semantic psychotherapy relying on mindfulness of body sensations, emotions and memories) and Somatic experiencing can be referred to the methods of body-oriented therapy, with primary importance on visual metaphors of the body experiencing.

In the journal of P Kaiser (2011) childhood anxiety, it explores the ability to self-regulate an emotional state of mind. Sugarman (2007) explains how the hypnotic process can reify the faith into the therapist that the patient can be endowed with the resources to empower themselves. These resources can be utilised in many areas of the individual's life from being relatively passive or helpless state of feeling anxiety, to a state of being able to have a solid active coping strategy that can lead the individual away from situations of stress.

Research highlighting tension in an early age can escalate other anxiety disorders later on life. Curry, March and Hervey (2004), documented how a community of research samples showed that anxiety disorders have some of the highest levels of evidence of any psychological conditions in young people. Seventy-nine percent of those diagnosed with anxiety condition having comorbid anxiety disorders which are a collection of multiple disorders or co-existing (Kendall, Brady, and Verduin, 2001; Sweeney and Pine, (2004). It was stated in this journal that the prospective studies suggested other anxiety disorders and depression later in childhood (Feng, Shaw, and Silk, 2008) or even adulthood (Hirshfeld-Becker, Micco, Simoes, and Henin 2008). Harvard professor Ronald Kessler (2010) claims the results of a Mental Health study of 30 countries found three most prominent childhood disorders including specific phobias, separation anxiety disorders, and social phobia, predicted that adults could be at risk of developing other anxiety disorders even if the childhood diseases disappeared as an individual evolves with age (Butler, Symons, Henderson, Shortliffe, and Spiegel, 2005; Kuttner, 2010; Kuttner, Bowman, and Teasdale, 1988; Lioffi, White, and Hatira, 2006).

When applying Clinical Hypnosis within a safe controlled environment, it is important to remember to create a safe and special place as well as embedding suggestions regarding positive expectancies for internal control. This can be applied through the supportive use of NLP techniques of mirroring, pacing and leading with a patient through a warm-up phase or pre-induction chat, and a consideration of applying breathing retraining can activate the parasympathetic nervous system, often leading to a more relaxed calmer state. Working on the self-regulation, studies by Vasey and Macleod (2001), have indicated that fearful, troubled children demonstrate poor skills in areas of unrealistic appraisal of risk. As noted faulty thinking results in magnifying a situation out of proportion and pessimism, with reduced ability of internal coping resources, a demonstrative response of external locus of control with over focus of negative stimuli and a more focus on negative rather than positive information that may surround the individual.



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Research within Barlow, (2002), explains that by promoting self-regulation is similarly critical to developing an internal locus of control, and more so in early childhood experiences combined with nonintrusive and on overprotective parenting, are key factors in fostering a child's understanding of their internal locus of control, and protect them from developing anxiety disorders.

It is important to understand how an individual may be positioned with regards to their locus of control. An internal locus of control is a potential resource, denoting that a person can influence and control events and outcomes in an individual's environment (Chorpita, 2001). Whereas, external locus of control is evidenced by a belief that chance, luck or powerful others control the outcome of such situations and experiences.

Where a clinician and patient creating a bespoke hypnotic script to enhance ego strengthening, assessing and understanding the psychodynamics to overcome anxiety triggers can be developed through examples of metaphor questioning and discussion, discriminating appraisal of risk to understand their cognitive process and restructuring, compartmentalisation and strengthening of their internal locus of control, and can support an individual to understand, whilst creating a copying strategy with potential anchor points.

When analysing shift attention, installing ego strengthening to the mind can involve suggestions of utilising a stop sign in the patient's mind when the anxiety may arise, with a sign being applied to go onto something more pleasant. The thought of something pleasant could be the place of safeness, peace, relaxation and calmness, or even a visualised process of reflection of a positive outcome, which can be focused on before or even during a hypnotic process. A next stage level of progression may involve discriminating the scenario that creates anxiety through metaphors. For instance, things are always what they seem, to, what's the evidence, through to becoming aware of the resources to cope that can include age progression involving pseudo orientation through imagining being able to manage the situation in a controlled calm manner with a positive outcome. For some, it may include cognitive reconstructing of their thought processes. An example technique could involve imagining the brain as a computer control panel that can download right thoughts with more positive outcomes, rather than unhelpful worrying catastrophic consequences which can often be created through varying levels of anxiety. For some, compartmentalising and minimising through Milieu metaphors such as a magnifying glass, looking through binoculars or a telescope from a distance, thus creating a safe place to remain calm and collective during the period of anxiety, so the individual can build their self-confidence and mindset to be able to strengthen their coping strategies.

Focusing on the internal locus of control, using an individual's interests, joyful activities and their ideas of self-empowerment can be a key area to develop their ability to enhance their desired outcome. It is also important to realise that positioning an individual to become too internal with their locus of control can result in the individual feeling responsible for the entire outcome if it is not a positive experience.

W Golden (2012), talks about how the acting clinician can pluralistically from an eclectic mix of therapies apply varying techniques utilising areas such as CBT, CBH used to behaviour therapy. The research explores empirically supported impacts of negative self-hypnosis (NSH) - destructive self-hypnosis therapy of Systematic Desensitisation (SD) where fears, phobias relating to public speaking, social anxiety, and panic disorders can be overcome through a careful analysis and application of appropriate techniques. This involves incorporation of an In Vivo experience within a hypnotic trance. However, Golden also goes on to explain the use of SUDS (Subjective Units of Disturbance Scale) can help identify the ranking of disturbance so the application of systematic desensitisation can be applied.



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Relatively, Cognitive Hypnotherapy, also known as CBH is utilised towards the treatment of anxiety disorders. W Golden (2012) claims within the research paper that CBH seems to be at least as effective as BT and CBT through the use of applying imagery and relaxation techniques. It is highlighted within the paper that more research is required due to lack of research comparing CBH with BT and CBT, while offering suggestions for further studies. CBT and Hypnosis have some commonalities that lead to a natural joining of techniques (Golden, 1983, 1985; Golden, Dowd, and Friedberg, 1987; Golden and Friedberg, 1986).

Reflectively, CBT and Hypnosis, Wolpe (1958) created SD which is an imagery-based technique designed for treatment towards fears and phobias. Wolpe (1958) used hypnosis originally for anxiety issues during SD but switched to Jacobson's (1929) progressive relaxation technique due to some of his patients objecting to becoming hypnotised, although Wolpe and Lazarus (1966) was stated to have used hypnosis for about one-third of their cases. Goldfried and Meichenbaum (Goldfried, 1971; Meichenbaum, 1972) highlighted that through applying coping skills within SD, the efficacy was improved through empowering the individuals to use relaxation and coping techniques for reducing their anxiety.

Araoz (1985) and Alladin (2007), believed negative self-hypnosis (NSH) is a negative type of self-hypnosis that involves self-suggestions that cause emotional disturbance to work with maladaptive thoughts. Beck and Emery (1985), refer NSH as automatic thoughts while Nolen-Hoeksema (1991), refer to rumination or brooding, and Ellis (1962), refer's to NSH as a form of irrational self-talk. Within CBT, a way of altering maladaptive thoughts is applied through cognitive restructuring techniques, with similar methods traced back to another hypnotherapist (Bernheim, 1895; Prince and Coriat, 1907).

When treating anxiety disorders, there are a number of clinical applications that can be applied using CBH. Researcher journals highlight the efficacy when involved with job interview anxiety (Golden et al., 1987), test anxiety (Boutin, 1978), public speaking anxiety (Schoenberger, 1996), panic disorder (Golden, 1986b), post-traumatic stress disorder (PTSD). Other researchers like Alladin, (2008) and Cardena (2000) have traditionally explored for a range of options. The research highlighting the efficacy of Hypnosis being applied for anxiety disorders was documented in the research Chambles and Ollendick (2001). They identified SD to be an empirically supported therapy (EST) in treating phobias and fears, which also included such things as public speaking, social anxiety/phobias, and various other phobias. Chambles and Ollendick also identify CBT as an EST in the treatment area of agoraphobia, panic disorder, and PTSD

when used in conjunction with exposure therapy. However, critically it is important to identify that within this research Chambles and Ollendick did not include hypnosis as an EST for the treatment of anxiety or phobias. Further research may bring a more in-depth comparable between the efficacy of CBT and hypnosis when treating certain aspects of anxiety/phobias.

However, other studies explore whether hypnosis can enhance the effectiveness of BT or CBT. While this article is not geared to provide a full review of these studies, McGuinness (1984) concluded himself that the success of the treatment of phobias could be largely a result of enhanced imagery and relaxation, the motivation of an individual and the hypnotisability of an individual. Unfortunately, there also seem to be a lack of conclusive evidence to support these findings, with more research required to establish the efficacy of applying hypnosis with CBT.

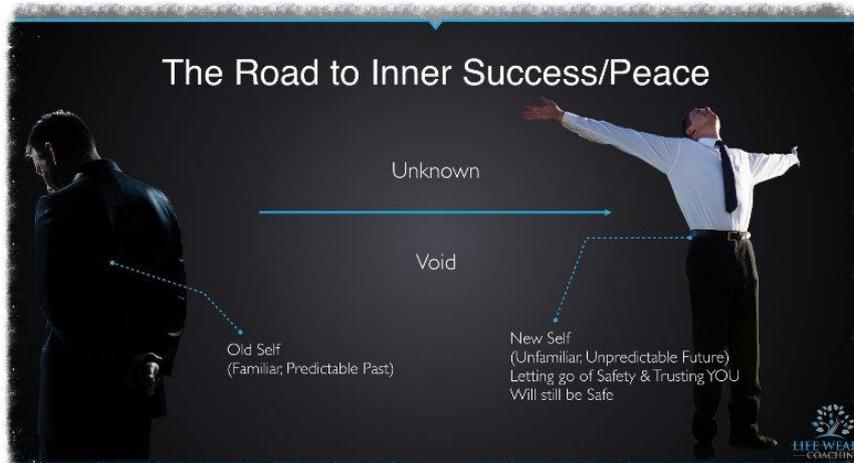
In one study, it has been found that CBH treatment was more effective than an equal CBT treatment for anxiety (Schoenberger, Kirsch, Gearan, Montgomery, and Pastyrnak, 1997), whilst Schoenberger et al. (1997), claim CBT and CBH are the same. The only difference was in the labelling of hypnosis. It is important to identify that the relative effectiveness of SD with hypnosis has been compared to SD with relaxation in the treatment of animal phobias (Forbes, 2007). When the SD with Hypnosis was applied, it

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included a hypnotic induction and suggestions involving coping imagery, whereas, the SD without hypnosis included progressive relaxation instead of a hypnotic induction and excluded coping imagery. It was found that the individuals receiving treatment through SD with hypnosis were found to experience greater levels of reduction in anxiety compared to people receiving SD with progressive relaxation.

Spanos and Barber (1976), conclude that the aspect of a hypnotic induction that increases the efficacy of CBT, but the addition of fear-reducing suggestions, or coping imagery could be the reason for increased effectiveness of SD with hypnosis. They also went on to explain their conclusion relating to why ideas enhance the effectiveness of CBT techniques such as SD could provide the patient with a cognitive strategy. Fear reducing ideas alongside with cognitive self-statements are classed as cognitive strategies that patients can use to reduce levels of anxiety, and Boutin and Tosi (1983) found rational stage directed hypnotherapy is combining hypnosis and CBT strategies was more effective than just hypnosis applied on its own for the treatment of anxiety. This is a clear example of how working pluralistically from an eclectic mix of therapies with a patient can bring a more practical outcome. This was also identified (Alladin, 2007; Alladin and Amundson, 2011). Lazarus 1973; and Shoenberger et al., (1997), evidenced a patient's positive expectations and beliefs about hypnosis demonstrating increased efficacy when undergoing labelled treatments know as hypnosis. Could this be a clear example of the power of an individual's mind?



Golden (2012) explains the immense benefits of applying the practice of Subjective Units of Disturbance Scale (SUDS) when establishing the anxiety hierarchy with a patient. This is shown to be a very practical example to enable the use of Ego Strengthening and positive suggestions with a hypnotic trance/session. It also enables a patient to understand how their NSH and painful experiences produce anxiety. Being taught on how to monitor and manage these cognitive behaviours will support the efficacy of reducing stress/anxiety.

An example of NSH could be someone having a fear of carrying out a presentation in front of an audience, with an individual having such a thought leading to thinking, maybe the audience will know I am a fraud, and I do not know have sufficient information. This case can lead to levels of anxiety at varying levels. An alternative approach that could be applied during a hypnotic session may involve ego strengthening to include a more confident thought process for example - I have always received great feedback when



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delivering presentations and clients often tell me they feel I am knowledgeable. The application of In Vivo Desensitisation follows the practical completion of a hypnotic desensitisation session, to then empowering the patient to face their fears within a self-hypnotic trance before the individual meets the real life situation. It is important to realise that In Vivo exposure alone is not sufficient for stress reduction. Whereas within CBH, where possible, graded exposure to a stressful situation is preferred where there is enough time. When time is limited, flooding, which is a BT treatment similar to desensitisation can often be adequate to support a patient managing their phobia. This may be suitable for when an individual is flying the next day and does not include a graded hierarchy, relaxation or coping strategy. This is often achieved by way of encouraging the patient to undergo high levels of anxiety during the flooding process and thus empowering the patient to be able to manage their stress levels. It is documented that a CBT version of flooding can be used to keep the anxiety levels manageable, where if relaxation and coping strategies were included within a flooding experience, it was found that this could be more effective, Golden, Geller, and Hendricks (1981).

For some patients, flooding may cause fear. If this is established with a patient, a consideration to applying realistic images are more likely to achieve a reduction in the levels of anxiety, Golden (1994) CBH version of flooding is called Rational Emotive Imagery (Maultsby, 1975) through a patient imagining through visualisation or mental rehearsal when presenting the technique. In the study Golden (2012), Golden felt the efficacy of hypnotherapy should be considered for patients who have a moderate to high degree of artistic skills and for those who have positive expectations and beliefs about hypnosis.

Within the role of core self-evaluations in the copying process (CSE), long term effects of anxiety can tend to lead to a long-term tendency to remain in a negative emotional state, known as Neuroticism (A state of being neurotic). Explanations have been provided why for some people they are more able to adapt to a stressful situation. Other organisational behavioural researchers have tended to focus on self-esteem, locus of control, and emotional stability in coping (Cohen and Edwards, 1989; Gnaster and Schaubroeck, 1995; Spector, Zapf, Chen, and Frese, 2000). Cozzarelli (1993, p, 1224) explains that an individual's beliefs about their ability to self-control, and outcomes can reflect an individual's perception of the world alongside his or her ability to adapt and function successfully in the world they live in. The article then goes on to discuss how a quantitative review of the correlations among self-esteem, locus of control and emotional stability including multiple aspects of coping. Results can be specific to avoidance, emotional focus and problem solving, concluding that relationships between traits and strain varied with a need for integrative meta-analyses (Cohen and Edwards, 1989). It was documented that individuals with high levels of CSE select activities that increase their control over their work environments (Judge, Bono, and Locke, 2000). While other researchers go on to explain that individuals prone to negative emotions have less hope that they can solve problems efficiently, and this lack of faith may reduce efforts to combat any stressors (Bolger, 1990; Bolger and Schilling, 1991).

Someone with a lack of confidence may inhibit their ability to implement relevant coping strategies, as Bolger and Zuckerman (1995) found the relationship between coping and alleviation of depression was far stronger with individuals at a higher emotional level of stability. Neuroticism is a reverse coding of emotional stability, a long-term tendency to be in a negative emotional state. When dealing with a patient, it is important to understand their appraisal of one's agency regarding problem-solving, emotional stability, self-esteem and locus control, as this could affect the efficacy of treatment applied should the clinician not support a patient in strengthening their ego. Bonnano (2004) explored the importance of learning more about an individual's capacity to maintain a positive outlook.

Mindfulness seems to play an integral and important role in supporting an individual to become calm and find a relaxed state within their mind. If a relaxed and strengthened mind can be encouraged to become more positive, this can hopefully empower emotional stability within an individual.



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Selection implications of CSE (e.g., Judge et al., 2003) are favoured in organisational recruitment, but unfortunately not always applied due to time and money. If an organisation has a stressful assignment, selecting an individual with a higher level CSE and emotional stability may handle the job more efficiently.

Thank you for reading.

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Conclusion

Based on the evidence presented, one could easily agree that there are a number of common models that have their level of effectiveness. However, a clinician with an established eclectic mix of therapies, when applying therapy in a pluralistic manner during a session of treatment to the said patient, can only be described as a competent therapist to enhance the efficacy of the desired outcome. It is important to realise that no one therapy is in itself the most efficient, but the ability of the clinician to apply an eclectic mix of therapies to a patient ultimately enhances the outcome, with more research required to establish the actual efficacy of therapeutic models used in modern day treatment.

