

The Discriminating Therapist: Teaching Discrimination Strategies Through Hypnosis as a Foundation for Good Decision Making

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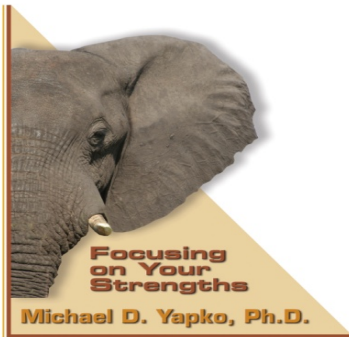
Michael D. Yapko, Ph.D.

December 13, 2017

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Today's Agenda

Part 1: Contradictory philosophies, global cognition, ambiguity, interview clips about “how”

Part 2: Controllability discrimination; Hypnosis exercise for teaching a discrimination

Goals for This Workshop

- To deepen our understanding of *cognitive* and *attentional* styles and their impact on experience in general and symptomatic experience in particular
- To enhance the process of identifying experiential deficits in the client's ability to make key distinctions that regulate decision-making related to presenting problems
- To strengthen the use of goal-oriented hypnosis as a vehicle for teaching discrimination strategies

The Discriminating Therapist:

Asking “How” Questions,
Making Distinctions,
and Finding Direction in Therapy



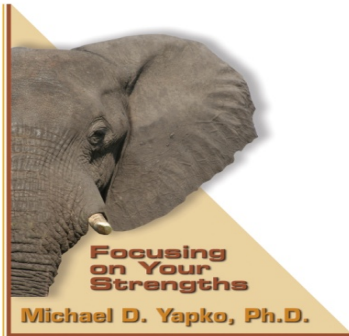
by

Michael D. Yapko, PhD

With a Foreword by Diane Yapko, MA

Part 1:

Goals, overview, contradictory philosophies,
global cognition, ambiguity, interview clips about
“how”



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Discrimination Strategy Defined

A discrimination strategy is an ability to *reliably* and *skillfully* distinguish between two or more available stimuli or options in a specific context

Think of the Many Places You Rely on Making Meaningful Distinctions in Therapy

- **Differential diagnosis** (e.g., is it dementia or depression in this elderly patient?)
- **Hypnotic responsiveness** (HH, moderate, or LH?)
- Is this a **true or false** memory?
- Is this a **better therapy** approach than that one?
- Are these **research data** valid to inform me or not?
- Can you **effectively treat or should you refer** this case?

Think of the Many Places You Rely on Making Meaningful Distinctions in Therapy

- Should you **recommend medication** or not?
- Should you **support or direct** the client?
- Should you or shouldn't you **include others** (e.g., spouse, kids) in the therapy?
- Should you use a **direct or indirect** approach?
- Should you or shouldn't you use **formal hypnosis**?

Think of the Places You Rely on Making Meaningful Distinctions in *Life*

- Is this love or lust?
- Is this person showing genuine or merely polite interest?
- Is it better to live here or somewhere else?
- Is it better to eat this or that?
- Is this a better use of my money or is that better?
- Is this really true or merely what I prefer to believe?

Don't Confuse Me with the Facts...

- We assume that evidence will convince people to change their unfounded attitude
- But, people develop an attitude, and are motivated to search for evidence to support the attitude
- “In this process of motivated reasoning, evidence is sampled and critiqued selectively in order to reinforce what one wants to believe:

Don't Confuse Me with the Facts...

- Strong anti-attitudinal arguments are ignored or dismissed, whereas weak pro-attitudinal arguments are treated as definitive.” (p.460)
- When confronted with contrary information, ideologically motivated respondents sometimes simply dig in further on the initial, incorrect view of a fact.

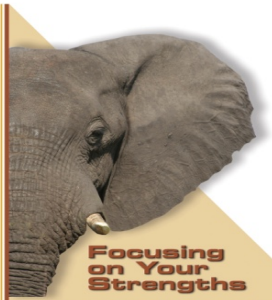
Hornsey, M. & Fielding, K. (July-August, 2017). “Attitude roots and Jiu-Jitsu persuasion: Understanding and overcoming the motivated rejection of science.” *American Psychologist*, 72, 5,459-473.

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Conventional wisdom is often contradictory



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Consider this recent news story:

Teen Ahmed Mohamed brings clock to school, gets arrested

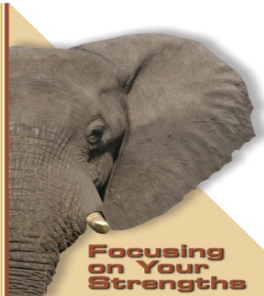
Sep 16, 2015: Freshman Ahmed Mohamed, 14, loves robotics and inventing, but when he brought a clock he made to his Irving, Texas, high school, he was arrested. Critics blame Islamophobia.

So, which is it?

Practice tolerance?

or

“If you see something,
say something?”



Focusing
on Your
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So, Which is it?

- Look before you leap... BUT,
He who hesitates is lost.
- If at first you don't succeed try, try again... BUT
Don't beat your head against a stone wall.
- Absence makes the heart grow fonder...BUT
Out of sight, out of mind.

So, Which is it?

- You're never too old to learn...BUT
You can't teach an old dog new tricks.
- It's better to be safe than sorry... BUT
Nothing ventured, nothing gained.
- Do unto others as you would have others do unto you...
BUT
Nice guys finish last.

So, Which is it?

- The squeaky wheel gets the grease... BUT Silence is golden.
- Birds of a feather flock together... BUT Opposites attract.
- Winners never quit... BUT Better to quit while you're ahead.

So, which is it? In every instance, the only reasonable answer is, “*It depends on the circumstances...*”

What happens when someone doesn't know that, though, and stays *reflexively* loyal to a philosophy or belief that causes them pain when it works against them in some context?

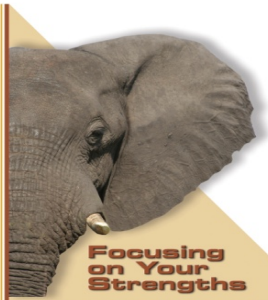
The goal is to help the client identify ***personal*** and ***situational factors*** that suggest doing ***this*** not ***that*** in some situation, and then help that awareness become reflexive for the person, perhaps using hypnosis for this reason

Criteria of Distinction

Your criteria of distinction determine what, out of a wide range of possibilities, you will focus on and respond to

Most of the problems we treat come about directly as a result of the client ***employing criteria that are ineffective*** and thereby give rise to their problems

The Invisible Gorilla



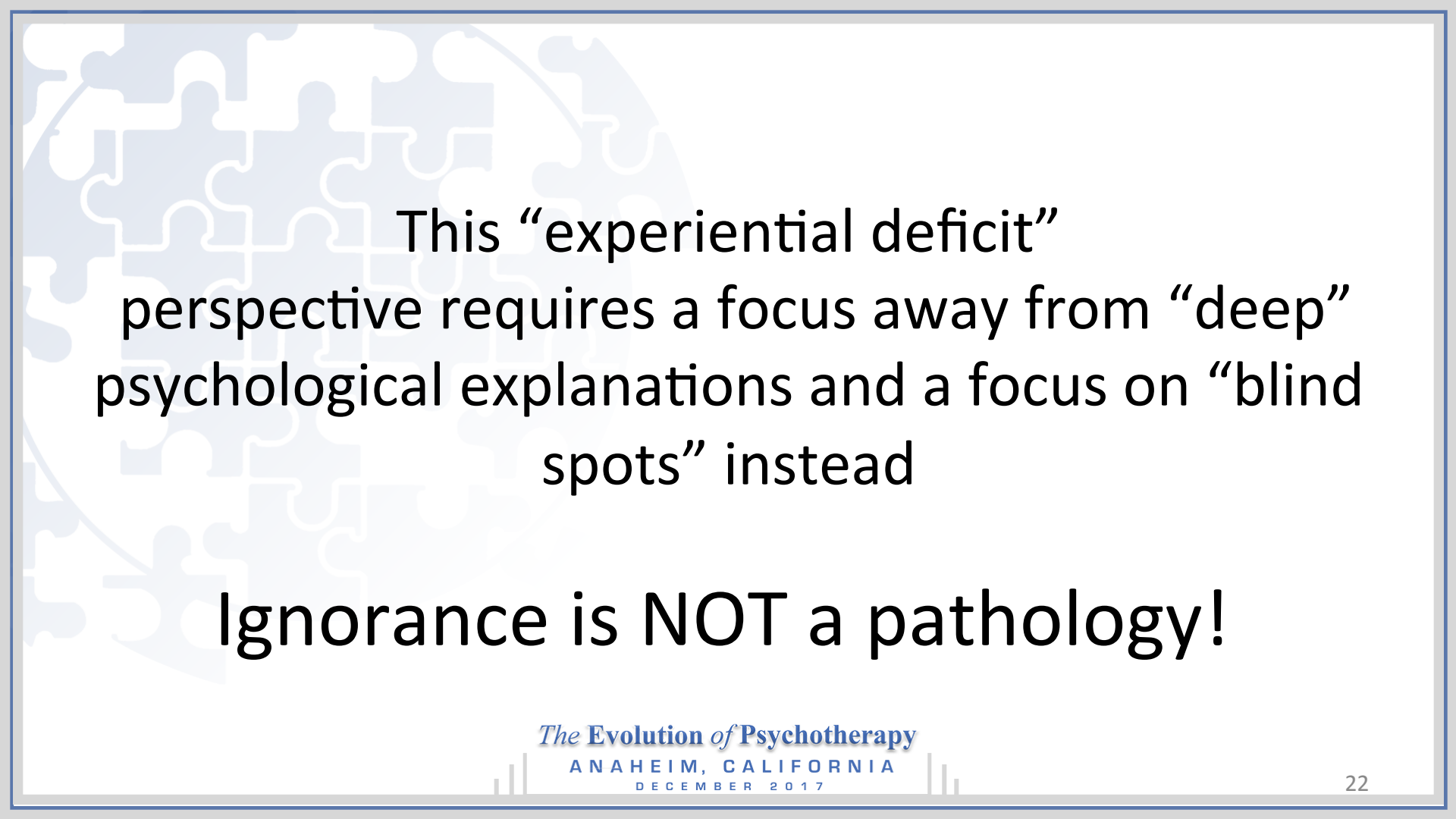
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This “experiential deficit”
perspective requires a focus away from “deep”
psychological explanations and a focus on “blind
spots” instead

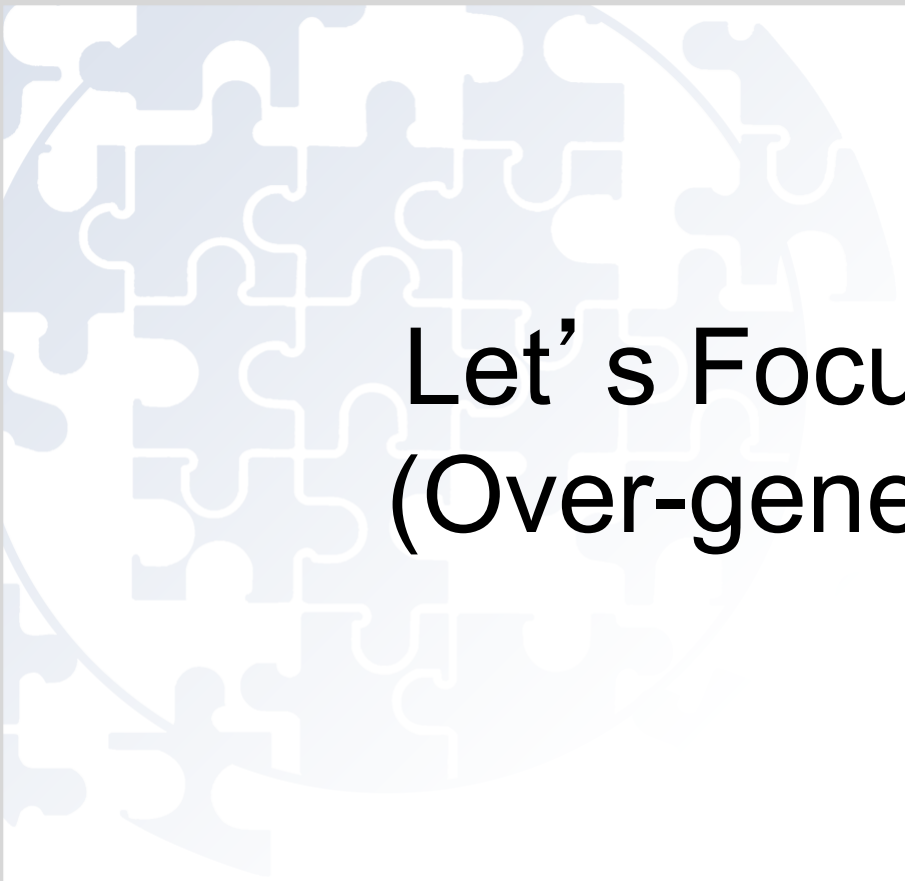
Ignorance is NOT a pathology!



So, what interferes with or even prevents the development of an efficient discrimination strategy?

Barriers to Developing Effective Discriminations

- Global (over-general) thinking
- Low tolerance for ambiguity (jump to conclusions)
- A personal value system that precludes considering alternatives
- Rigidity (tenacious holding on to a perspective even when self-limiting)
- Narrow, limited range of experience
- Gullibility, naiveté



Let's Focus on Global (Over-general) Thinking

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“Overgenerality Bias” and the Global Cognitive Style in Depression

Depressed individuals suffer from an overgenerality bias in retrieving personal memories of past emotional experiences as well as in imagining possible future experiences. For instance, when asked to recall experiences of anger, depressed individuals tend to report overgeneral events (e.g., “When I am with my girlfriend”) rather than a specific event (e.g., “last Sunday, I had an argument with my neighbor whose dog was endlessly barking”). (p. 560)

Philippot, P., Baeyens, C., & Douilliez, C. (Nov., 2006). Specifying emotional information: Regulation of emotional intensity via executive processes. *Emotion*, Vol. 6, No. 4, 560-571.

Overgeneral Memory Bias and PTSD


Findings suggest that “people with PTSD may have an overgeneral memory bias (OGM), similar to people with depression. When asked to retrieve a specific memory from their lives in response to a cue word (e.g., “happy”) in an Autobiographical Memory Test (AMT), people with OGM will reply with descriptions that summarize several different events (“always when I visit my friend”) instead of retrieving a single, circumscribed event (e.g., “going to my friend’s place last Saturday afternoon”).” (p. 461)

Schönfeld & Ehlers, *Emotion*, November, 2006, Vol. 6, No. 4, 611-621.

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Global Cognitive Style is a Key Factor

**When you can't see the
trees for the forest...**

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Examples of Global Style in Client Self-Reports

- “I just want to be happy”
- “I just want to feel normal”
- “I ***am*** my depression” (anxiety, history, or diagnosis)
- “I’ m just so overwhelmed”
- “I get so bad I just can’ t think”
- “The symptom just happens to me”

Emotional Differentiation

“Individuals differ from each other in the extent to which they differentiate between their emotional experiences, something which has been labeled emotion differentiation or emotional granularity. While some experience and label their emotions in a highly differentiated manner (e.g., I feel angry, but not scared or sad), others tend to report more undifferentiated states (e.g., I feel bad)...

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Emotional Differentiation

...The level of emotion differentiation is generally assessed by looking at how people describe how they feel in response to different emotion-eliciting events... the ability to differentiate between emotions is considered to be a potentially important individual difference variable in the context of psychological well-being...*emotion differentiation appears to be lower in individuals with affective problems, such as major depressive disorder...*” (p.373) (italics mine)

Erbas, Y., Ceulemans, E., Koval, P. & Kuppens, P. (June, 2015). The role of valence focus and appraisal overlap in emotion differentiation. *Emotion*, 15, 3, 373-382.

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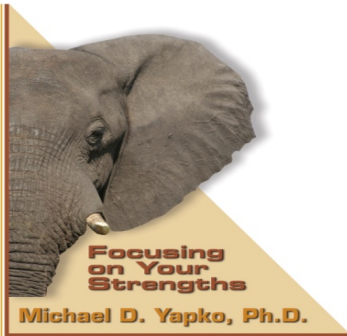
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Examples of Global Therapeutic Truisms

- “Trust your guts” (inner sage, unconscious)
- “Life is what happens to you when you had other plans”
- “Just let go...no need to try to control it”
- “Be fully present in the moment”
- “It’s a disease...it’s not your fault”
- “Everyone is entitled to good self-esteem”

Video clips, identifying patterns, building discrimination skills



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The “How” Question

- May reveal the structure of the person’s **decision making strategy** (e.g., “I follow my gut feelings”)
- May reveal **misinformation** (e.g., “I know that if I only smoke two cigarettes a day I won’t suffer any health problems”)
- May reveal **missing information** (e.g., “I just assumed he wouldn’t mind if I told people what he did...Did I actually ask him? Uh, no.”)

Asking HOW Questions

- The “experiential deficit” emerges through questioning when a person presents misinformation they sincerely believe, answers with irrelevant information, or when they simply don’t know how to answer the question
- **The “I don’t know” response highlights an area where they need help,** i.e., a structure that helps them approach the problem more realistically, skillfully, knowledgeably

“How” Questions

- How do you distinguish this from that?
- How do you know if it's A or B?
- How do you know when to do A or when to do B?
- How do you assess or evaluate whether it's A or B?
- How do you determine whether it's A or B?

Examples: Asking HOW Questions

Q: “How do you know he felt that way?”

A: “That’s how I’d feel if it were me.”

- (Internal orientation, presupposition, overgeneralization)

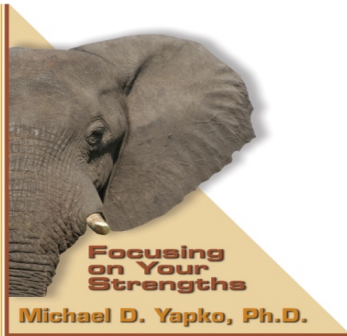
Q: “How did you decide that was the right thing to say?”

A: “It just felt right, it felt genuine to me.”

- (Internal orientation, emotional frame of reference, misses contextual cues)

Part 2:

Full group exercise; controllability;
Small group exercise in hypnotically
building discrimination criteria

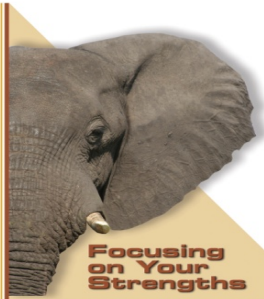


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Assessing controllability



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Extreme Perceptions Regarding Controllability

- ***Learned Helplessness***: Learned expectations that one's efforts will have *no* effect on the outcome
- ***Illusion of control***: Learned expectations that one's efforts are the *sole* determinant of the outcome

Making Discriminations; How do You Distinguish...

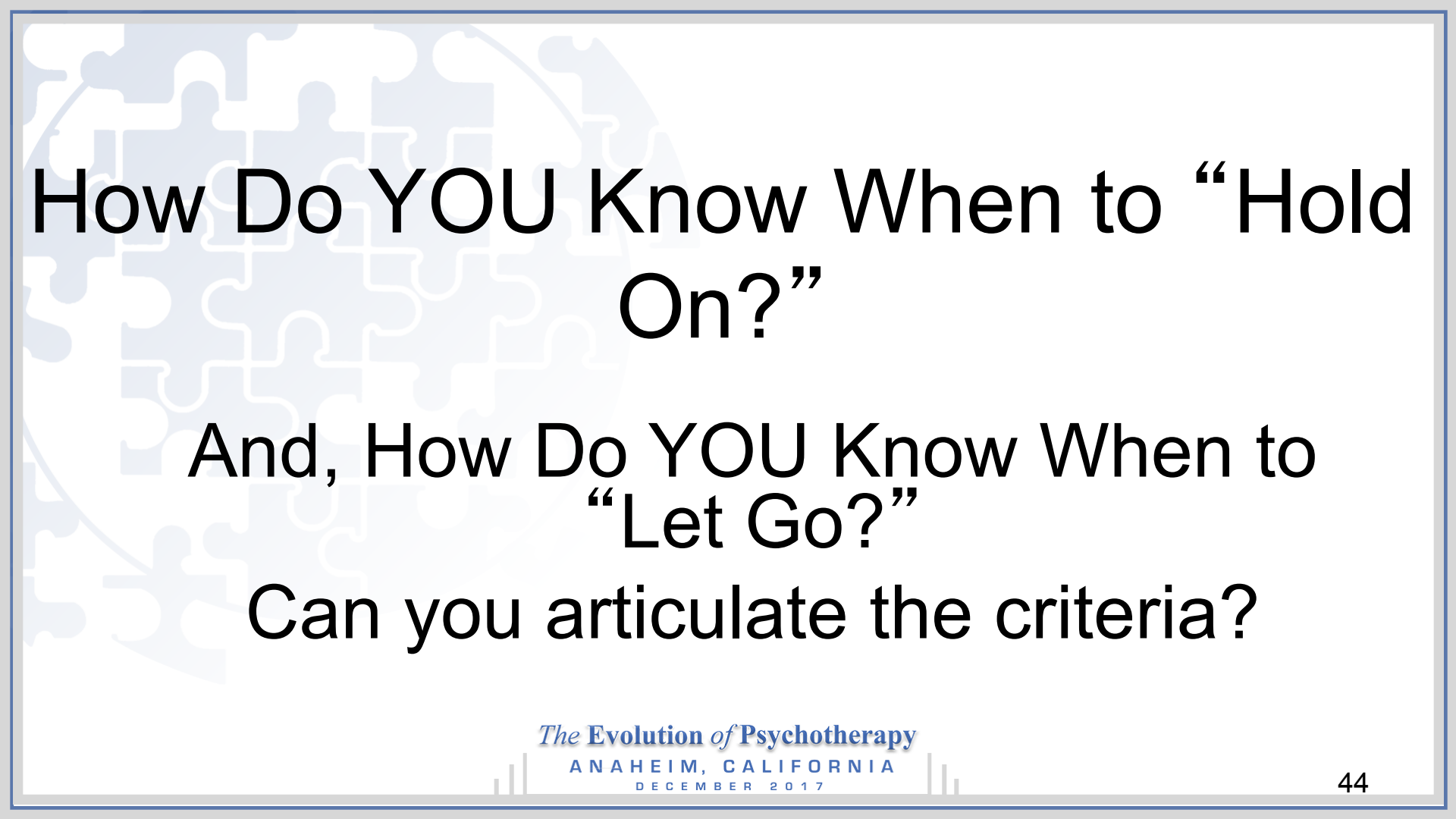
- When to “hold on” from when to “let go?”
- What you are and are not in control of?
- What you are and are not responsible for?
- When you can and cannot “trust your guts?”
- What is personal from what affects you personally?
- What you feel from what you think?
- What you are from what you’re not sure of?

Making Discriminations; How do You Distinguish...(continued)

- What you want from what you need?
- What has been from what can be?
- Someone who can from someone who can't meet your needs?
- Realistic from unrealistic expectations?
- What you know from what you believe?
- Realistic from unrealistic goals?

Problems in “Holding On” and “Letting Go” Might Be:

- **Staying in an abusive relationship**
- **Holding on to a bad investment**
- **Discouraging independence in a grown child**
- **Leaving another when things get tough**
- **Neglecting visitation with a child**
- **Difficulty being spontaneous**



How Do YOU Know When to “Hold On?”

And, How Do YOU Know When to “Let Go?”

Can you articulate the criteria?

Ten Common Discrimination Issues for Therapists

- When to “hold on” from when to “let go”
- What you are and are not in control of
- What you are and are not responsible for
- When you can and cannot “trust your guts”
- What is personal from what affects you personally
- Realistic from unrealistic expectations
- When to accept a personal limitation from when to strive to transcend it
- When to adhere rigidly to a boundary from when to compromise
- When you’re “taking care of self” from when you’re “being selfish”
- Which changes your client can make from ones he or she cannot

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A Generic Hypnosis Strategy for Encouraging Better Discriminations

- “Client” identifies a discrimination he or she would like help with. ***Offer no content!!***
- Induction
- Response set (truisms re: distinctions)
- Offer examples of where the current pattern is context-appropriate
- Offer examples where A’ s current pattern is context-inappropriate

A Generic Hypnosis Strategy for Encouraging Better Discriminations

- Offer specific guidelines for distinguishing contexts
- Offer a post-hypnotic suggestion for recognizing a decision point and integrating the guidelines for choosing
- Closure
- Disengagement



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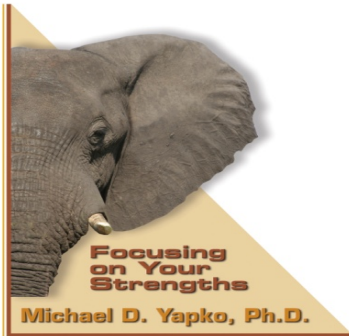
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