Utilizing Clinical Hypnosis To Enhance Treatment: Make Your (Inevitable) Suggestions Count

with

Michael D. Yapko, Ph.D.

December 12, 2017
The primary goal of this one day workshop is to acquaint you with some of the key principles of hypnosis and ways it can be used to deliver meaningful therapeutic interventions.
Today’s Agenda

• Part 1 (8:30 – 10:30) Overview of the field, what makes hypnosis effective, the structure of hypnosis sessions, group hypnosis experience

• Part 2 (10:45– 12:30) Watching it work: The Case of Mike – Hypnosis in Treating Comorbid Depression and PTSD; metaphor and meaning

• Lunch

• Part 3 (2:00 – 4:00) Age regression and empowering people; Exercise in accessing and contextualizing personal resources; Summary and closure
Part 1:
Overview of the field, what makes hypnosis effective, the structure of hypnosis sessions, group hypnosis experience
People in hypnosis process information differently, and they are able to access abilities they otherwise don’t know how to elicit.
Hypnosis in Modern Cognitive Neuroscience

Hypnotic suggestion has been increasingly used as an investigative tool in a range of cognitive and social neuroscience research areas, such as hearing, vision, synesthesia, volition, pain, and attention and attentional conflict, including the ability to exert substantial control over automatic processes.
Hypnosis in Modern Cognitive Neuroscience: The *Intrinsic* Focus

The “intrinsic” focus as one area of research strives to acquire “a better understanding of the nature of hypnosis and hypnotically suggested phenomena. Intrinsic studies are largely concerned with what makes some people more responsive to hypnotic suggestions than others, the nature of hypnotic suggestibility, whether suggested hypnotic phenomena are ‘real’ or are simply ‘imagined’ and whether hypnosis involves a special state of consciousness.” (p.565)

Hypnosis in Modern Cognitive Neuroscience: The *Instrumental* Focus

Instrumentally focused studies involve the selective use of experimentally and, increasingly, clinically informed suggestions to investigate aspects of normal and abnormal psychological functioning.

“This more instrumental approach probes challenging issues such as the nature and neural basis of consciousness, brain mechanisms underlying visual perception or pain and the putative cognitive origins of clinical symptoms such as medically unexplained paralysis seen in some patients with conversion disorder (hysteria), hallucinations, delusions and alterations in control over thought and action in schizophrenia.” p.565

Why Learn Hypnosis?

- Empirical evidence it works, i.e., hypnosis objectively enhances treatment outcomes
- All therapy involves the use of suggestion
- Provides insights into subjective experience
- Highlights the malleability of experience
- Enhances one’s sense of personal control
- Multi-dimensional applications
- Enhances cognitive, behavioral and emotional flexibility
Lesson #1:
What You Focus on, You *Amplify* in Your Awareness

The salient clinical questions are, “What do we want the client to focus on, and why?”
So often, the foundation of peoples’ problems is found in their focusing on aspects of experience that work against them.

Focus on past hurts rather than future possibilities.
Focus on what’s wrong rather than what’s right.
Focus internally and miss external cues.
Think in these terms: What frame of mind does someone need to be in in order to achieve the goal? Hypnosis is about building frames of mind.
Hypnosis Isn’t A Good Thing...Or Bad

Hypnosis is *neutral*, capable of generating either therapeutic or symptomatic experience. We’re here to study the therapeutic applications, of course.
Does Hypnosis Cure People?

NO! It’s what happens **DURING** hypnosis - the new and beneficial associations the client forms – that can be therapeutic.
Is NOT, “Does hypnosis cure problem X?” Rather, the salient question is, “If one applies therapy approach Y without hypnosis and applies therapy approach Y with hypnosis, will the addition of hypnosis to the process likely enhance the treatment outcome?”

The evidence suggests the answer is yes.
How do people generally regard hypnosis?

It’s a mixed reaction from both professionals and the general public; a curiosity about hypnosis mixed with skepticism and misapprehension based on commonly held misconceptions.
A person’s ability to experience hypnosis meaningfully can be impaired by fears or concerns arising from common misconceptions.
Some Common Myths About Hypnosis

- Hypnosis is caused by the power of the hypnotist
- You’ll say or do things against your will
- Hypnosis fosters dependency
- You can get “stuck” in hypnosis
- You’re unconscious in hypnosis
- Hypnosis is simply relaxation
- Hypnosis bypasses critical thinking
- Hypnosis increases accurate recall
There are many different models of hypnosis, ways of thinking about both the process of doing hypnosis and the subjective nature of the experience. One simplistic, yet meaningful, way to divide them is as follows:

- Traditional
- Standardized (scripted)
- Utilization (Ericksonian)
The best ways, in my opinion, to distinguish models is by whether the model:
1) imposes or elicits experience, and
2) is intrapersonal and/or interpersonal in nature
Whenever you do hypnosis, there’s a reason— a goal you have in mind. And there’s a *structure* in striving to achieve that goal.

Let’s consider a generic structure
Multiple Functions of Hypnosis

• To explore consciousness
• To explore spirituality
• To delineate individual differences
• To help people change
• To heal disease or mask pain
• To promote creativity
Suggestion Structures

• Positive suggestions
• Negative suggestions
• Direct suggestions
• Indirect suggestions
• Process suggestions
• Content suggestions
• Post-hypnotic suggestions (PHS)
Suggestion Styles

• Permissive style
• Authoritarian style
Examples of Permissive Style Suggestions

• And you can wonder if...
• I wonder if it will surprise you that...
• You already know how to...
• You might enjoy discovering that...
• I wonder whether you realize...
• Perhaps sooner than you might expect...
It is a well-established fact that people differ in their degree of hypnotic responsiveness.

What are the characteristics of those who are termed “highly hypnotizable” (HH) relative to those who are termed “low hypnotizables” (LH)?
Domains Affecting Responsiveness

- Personal
- Interpersonal
- Contextual
Levels of Hypnotic Responsiveness

- Objective
- Subjective
- Involuntary
The induction is the vehicle for facilitating dissociation, the defining characteristic of hypnosis.

Anything can serve as an induction process as long as it serves to absorb and elicit meaningful responses.
Introducing Hypnosis to the Client Formally

“I’d like to begin our hypnosis session by having you place both feet on the floor, let your hands rest on your thighs... and when you’re ready you can close your eyes so you can focus your attention on the ideas and images I’m going to describe to you...”
Introducing Hypnosis to the Client Naturalistically

“You’ve been so absorbed in feelings of distress, it would be helpful to start to get absorbed in a different and more comfortable way of experiencing yourself... and to help yourself get absorbed in new possibilities you can let your eyes close and why not take in a few deep, relaxing breaths...”
Suggestions Common to Initiating Hypnosis

• Orient to the idea of experiencing hypnosis
• Sit comfortably
• Take in a few deep, relaxing breaths
• Allow your eyes to close
• Focus your attention
• Allow yourself to relax
Hypnosis as a Vehicle of Positive Psychology

• Hypnosis as a means of facilitating “flow” states
• Focus on what’s right and amplify it
• Help people discover hidden resources and apply them in their own behalf
• Reinforce peoples’ ability to transcend self-limiting perceptions
Group hypnosis process
The Experience of Hypnosis

• Experiential, selective absorption of focus
• Non-rational involvement ("Trance logic")
• Willingness to experiment
• Alterations of perceptions
• Fluctuations in degrees of involvement
• Symbolic processing (metaphor, injunctions, implications)
Classical Hypnotic Phenomena

- Age regression
- Age progression
- Amnesia
- Analgesia
- Anesthesia
- Catalepsy
Classical Hypnotic Phenomena (cont’d)

• Dissociation
• Hallucinations (Positive, Negative)
• Ideodynamic responses
• Sensory alterations
• Time distortion

• Value as building blocks: NEUTRAL
A Generic Structure for a Hypnosis Session

- Orient the client to hypnosis
- Induction procedure
- Build a response set
- Introduce therapeutic Theme #1
- Introduce metaphors on the theme, generally moving from less to more direct
- Interaction regarding derived meanings
Generic Hypnosis Structure (cont’d)

- Introduce therapeutic Theme(s) #2 (3...etc.)
- Introduce additional metaphors per theme
- Interaction regarding derived meanings
- Post-hypnotic suggestions (contextualize relevant learnings)
- Closure
- Permissive disengagement
Ending the Hypnosis Session

- Post-hypnotic suggestions for contextualization of resources
- Encourage a sense of comfortable completion
- **Authoritarian** style: “Come out on the count of three”
- **Permissive** style: “Come out when you’re ready”
What Does “Utilization” Mean?

- Using client interests
- Using client values
- Using client history
- Using client expectations
- Using client responses
- Using environmental stimuli
Part 2:
Watching it work: The Case of Mike – Hypnosis in Treating Comorbid Depression and PTSD; metaphor and meaning
THE CASE OF MIKE

DEPRESSION’S POWER TO ISOLATE
Treating Depression With Hypnosis
Integrating Cognitive-Behavioral and Strategic Approaches

Michael D. Yapko, PhD
The Inner Critic

Having an inner critic is normal. Believing it is negotiable.
Any time you employ hypnosis, it’s for a clinically sound reason

There’s a specific type of association you are trying to establish, a specific skill you’re trying to facilitate the client attaining.
All the things one would say to be helpful to someone can, of course, be said without hypnosis...

But hypnosis makes for a focused experience of multi-dimensional experiential learning
Goals for My Session with Mike

1. Establish rapport and a *therapeutic alliance*
2. *Deframe* his viewpoint (“It’s my past”) and *reframe* the salient issue (“It’s the need for an effective strategy to deal with negativity”)
3. Encourage the development of a *discrimination strategy* (“What is worth listening to?”)
4. At times of uncertainty, help Mike shift his focus to *future possibilities* rather than past abuse to guide his choices.
5. Re-associate Mike to his family, relating to them positively and with an absorption in them as a source of optimism and pride.

6. Introduce hypnosis/focusing techniques and encourage their development as skills for symptom management and empowerment.

7. Reinforce critical thinking by addressing his global and dichotomous thinking and personalization of his parents’ limitations.
Key Therapeutic Messages Given to Mike During Hypnosis

• You can develop the skills to cope
• The past doesn’t predict the future
• You’re more than your history
• You’re more than your symptoms
• You have more resources than you realize and you can learn how to use them effectively
ANALOGIES AND METAPHORS

Language devices used to describe a complex, usually abstract reality in concrete, familiar terms borrowed from another, simpler reality
Metaphor allows interventions to be open-ended and ambiguous, allowing the client to explore new possibilities.
The Potential Applications of Metaphors in Hypnosis

- Diagnosis
- Reframing meaning
- Building rapport
- Encouraging an identification
- Encouraging flexibility
- Embedding solutions
- Contextualizing learnings
- Generativity
Metaphor encourages multi-dimensional cognitive flexibility, challenging the client’s one-dimensional cognitive rigidity in the symptom domain.
Generating Metaphors From Life Experience

The important lessons of life take place around us all the time. Be observant, considering the lesson(s) to be gleaned from the experience, and you’ll always have a ready supply of relevant teachings.
Part 3:
Age regression and empowering people; Exercise in accessing and contextualizing personal resources;
Summary and closure
Age regression is the most commonly applied process in the context of psychotherapy.

People routinely report that current problems are rooted in past experiences.
Possible Goals of Age Regression

- Simple review of experience
- Accessing specific resources
- Resolving critical incidents
- Rewriting personal history
- Amplifying differences between then, now and later
Age Regression Structures

- **Hypermnesia** (Dissociated regression-revising the past from the present)
- **Revivification** (Associated regression-reliving the past as if it is the present)
Hypnosis is not a reliable tool for uncovering presumably repressed memories.

That’s why hypnotically obtained testimony is generally excluded from court proceedings.
“I think I was abused but don’t have any memories. Will you hypnotize me to recover my memories?”

NO!!!!
Hypnosis Can Generate Strong Emotions Unexpectedly

“When you tiptoe through someone’s unconscious, you don’t know where the land mines are...”
Facilitating Verbalization

The goal is to make ongoing verbal interaction during hypnosis comfortable for the client.
Sequential Steps for Facilitating Verbalization

- Anticipation Signal
- Facilitation
- Deepening
1. ANTICIPATION SIGNAL

“In just a moment, I’m going to ask you to describe your experience out loud…”
2. FACILITATION

“... and you’ll find that you can speak quite easily...”
3. DEEPENING

“... and as you speak, each word that you say can serve to deepen your absorption in the experience...”
Neutral (Non-Leading) Questioning

- “Can you describe what you’re aware of right now?”
- “Can you tell me what you’re experiencing at this moment?”
- “Can you put into words what you’re involved with internally at this time?”
- “I wonder if you can verbalize what you’re noticing right now.”
General Ways to Use Hypnosis

• **Symptom management strategies** (e.g., enhancing sleep, reducing anxiety)
• **Skill-building/resource accessing** (e.g., enhancing cognitive flexibility, building problem-solving skills)
• **De-framing and reframing** (e.g., “It’s not you, it’s the way you go about it”)
• **Association and dissociation** (e.g., shifting focus away from feelings to action, shifting focus from past to future)
Clear Indications for Using Hypnosis in Early Phase Treatment

- Acuteness of symptoms
- Severity of symptoms
- Stable attributional style re: symptoms
- Rigidity; invariant nature of symptoms
- Situationally specific symptoms
Accessing And Contextualizing Resources

An empowering intervention strategy of empowerment by making dissociated resources available in desired contexts
Strategy Structure:
Accessing and Contextualizing Resources

• Induction procedure
• Build response set regarding memory (orient to general experience)
• Age regression to a specific context
• Ideomotor signal indicating context retrieved
• Suggestions to facilitate verbalization
Strategy Structure: Accessing and Contextualizing Resources

• Verbal interaction regarding memory
• Identify specific resources in past context
• Consolidate resources
• Orient to future and extend resources into desired context
• Post-hypnotic suggestions for integration
• Closure and disengagement
I hope you’ve started to discover the richness and merits of hypnosis
Suggested Homework

• Find and read a good social psychology text
• Observe everyday examples of hypnotic phenomena in diverse situations
• Become aware of and consider the suggestions evident in even your non-hypnotic work
• Consider creating self-help recordings you can use on your own behalf for relaxation, sleep, etc.
• See the “Things to Do” section at the end of each chapter in T-4 and do some of them
Suggested Homework

• Practice! Do as many sessions as you can with as many people as you can. Record and analyze.
• Read *at least 2 current* journal articles in major journals re: your area of interest and analyze the scripts included for their structure and merits
• Get on the Erickson Foundation Newsletter mail list ([www.erickson-foundation.org](http://www.erickson-foundation.org)) and my newsletter list ([www.yapko.com](http://www.yapko.com)); both are FREE
• Prepare utilizations for session interruptions
• Watch Vicki session with transcript
Michael D. Yapko, Ph.D.

E-mail: michael@yapko.com

Website: www.yapko.com

Mailing address: P.O. Box 487
Fallbrook, CA. 92088-0487, USA