Higher Thought Institute presents Being General Deliberately to Produce Specific Results

with Michael D. Yapko, Ph.D. September 16, 2022

Hypnosis Provides a Context of Self-Discovery

- How would the woman I described in the earlier presentation suffering with debilitating pain, who has gotten no relief from so many different treatment approaches, ever know that she was capable of meaningful hypnotic responses had she not volunteered for the clinical demonstration?
- Milton Erickson: a therapist is "the weather"
- Self-discovery is a process, not an event; through your clinical training, what have you discovered in yourself? What resources did you find in yourself that you hadn't previously either recognized or used effectively?
- Beyond discovering the Self, what about *creating* the Self?

Distinguishing Content From Process

The client presents a story, including a description of symptoms. This represents *what* has happened or is happening—the *content* (issues). The therapist's task is to identify *how* the client generates symptomatic experience– the *process* (patterns). Treating only the content of a problem is a reliable path to relapse.

Why Evolve a Process-Oriented Hypnosis?

- To recognize and utilize the repetitive nature of peoples' problems and the predictable sequences or *processes* that give rise to them
- To counter the state-specificity of hypnotic experience
- To amplify the merits of post-hypnotic suggestions for promoting the contextualization of resources
- To address the role of cognitive style in shaping hypnotic responsiveness and limiting generalizability of suggested skills
- To address the larger context of the person's life and not just focusing on their symptom(s)

Definition of "processes": A series of actions or events performed to make something or achieve a particular result, or a series of changes that happen naturally.

Cambridge English Dictionary

"You're unique... ... just like everyone else."

Although each person is unique as an individual, the problems that individuals present for therapy are not all that unique. Each individual has their own reasons for and ways of suffering, but the paths of human suffering that people follow are well worn and plainly visible.

We psychotherapists all wrestle with this practical dilemma: how can we acknowledge the uniqueness of each person without having to act as if we've never

heard their story before or haven't had to intervene in other cases that were structurally identical?

The Essence of a Process-Oriented Approach

When people follow sequences, identifiable steps that lead down a symptom-producing path of experience, anyone following those same steps will end up in the same psychological place.

It no longer matters how many degrees they might have, or where they went to school, or what they like to do on their days off.

For as long as they continue to do what they do (cognitively, behaviorally, emotionally, interpersonally, etc.) in the same way, the unfortunate outcome can be quite predictable.

The problem is in their *process*.

Consider an Airplane Phobia as an Example

CONTENT APPROACH

Focus on "what" the specific fear is (the client's narrative, the specific details of the fear, and its consequences)

Addresses the specific issues of the client's narrative and provides any number of seemingly relevant techniques intended to, hopefully, counter the anxiety (such as mindful breathing, deliberate distraction, systematic desensitization, providing factual information such as flying being statistically safer than driving, etc.).

PROCESS APPROACH

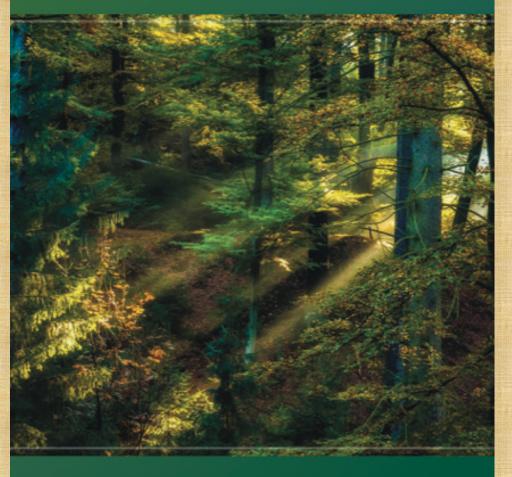
Focus on "how" the fear is generated.

Although names and faces of clients who present an airplane phobia differ markedly, the *process* by which they generate an airplane phobia is amazingly similar.

Addresses the processes of "how" the fear is generated by:

- 1. Distinguishing between real vs. imagined threats.
- 2. Managing realistic risk assessment in general (anxious people overestimate the risk and underestimate their ability to manage it).





PROCESS-ORIENTED

Focusing on the Forestk Not the Trees www.yapko.com Given the Arthur Shapiro Award from **SCEH** as the "Best Book on Hypnosis in 2021"

"If you completely ignored your goals and focused only on your system, would you still succeed?...I think you would...You do not rise to the level of your goals. You fall to the level of your systems." James Clear Author of Atomic Habits

Global Cognitive Style is a Key Factor

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

A global cognitive style has a strong influence on mental health, including disorders such as PTSD and depression, as well as one's coping and problem-

solving styles

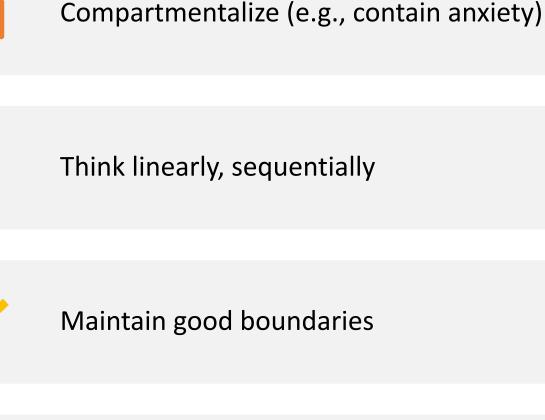
Focusing on Your Strengths

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Global Thinking *in the* Symptom Context Virtually Precludes the Ability to:







Make key discriminations

Examples of ineffective processes

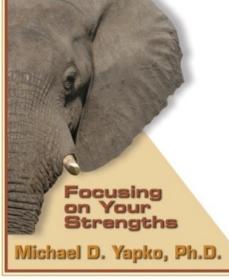
The "How" Question

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")

Rigidity is the target



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Forms of Rigidity

- **Cognitive rigidity** (tenaciously held beliefs despite contrary evidence and reflexive thoughts containing obvious cognitive distortions)
- Behavioral rigidity (persisting in behavior despite it being ineffective)
- Emotional rigidity (awareness and decisions made only according to feelings)
- Perceptual rigidity (reflexive patterns for interpreting the meaning of events)
- Identity rigidity (a self-definition that precludes the possibility of change)
- Relational rigidity (a fixed and ineffective style of relating to others)
- Contextual rigidity (an automatic response to a type of situation)

People can get lost in whatever level of analysis seems meaningful to them

How do you know when to take a micro (smaller) view versus a macro (larger) view?



How Much Content Do You Need?

- How much content does a therapist need to listen to before they understand the process well enough to know where to intervene?
- How do you know how much time and space a client needs to feel heard and understood?
- How do you know when you have enough problem content and a strong enough therapeutic alliance with the client to move into the intervention phase with a well-defined therapeutic goal?
- How do you know which targets are salient to problem resolution?

The Case of Isabel

In this abbreviated clinical demonstration (length: 17 minutes) with a woman in Madrid, Spain, I'm conducting a processoriented hypnosis session through a translator.

I did NOT conduct an interview before the session; I'm focusing on the patterns that are innate to the experience of depression and speaking to the universals of human experience.

Obviously, I'm *not* advocating not doing an interview; rather, I'm simply showing what can be accomplished at a process level.

Watching it Work: Process-Oriented Hypnosis in Addressing Depression

Michael D. Yapko, Ph.D. www.yapko.com

Content and Process Suggestions

- Content suggestions provide specific details (e.g., "you can visualize being in a beautiful garden surrounded by bright and fragrant red roses in full bloom").
- Process suggestions carefully avoid the use of details (e.g., "you can think of a special place").
- The key difference is between *imposing* on someone what to do (or think or visualize) versus *eliciting from within* the person their own experience.
- A process-oriented use of hypnosis strives to *elicit* hypnotic responses rather than imposing on the client to comply. The style in which suggestions are delivered will be almost entirely permissive in nature, *suggesting possibilities* but demanding nothing.

Three Kinds of Experiences Associated with Hypnosis

The suggested hypnotic phenomenon (i.e., regression, analgesia, whatever)

The images, fantasies, internal dialogue, that are linked to the suggested effects (e.g., the pain dial, the time machine, the flowing colors)

The sense of the responses being **non-volitional** (a lack of sense of agency; e.g., the hand is levitating by itself)

Goals Need to Be Process-Oriented

- If the goal is success and it's measured by material gain strive to have a nice house and a cool car – what happens when you obtain those things?
- If the goal is recognition and professional status be the executive with the corner office – then what happens when you get laid off or retire?
- If the goal is approval be the person everyone likes then what happens when you recognize something in yourself others will disapprove of or anticipate rejection?
- If the goal is to assume personal responsibility for whatever happens in your life, then what happens when someone blames you for something you're not really to blame for (e.g., "gaslights" you)?

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 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?

Whether your expectations are or are not realistic?

What is a simple idiosyncrasy and what is a "fatal flaw?"

Making Discriminations: How Do You Distinguish...

Discriminations Related to the Use of Clinical Hypnosis

How do you know:

- When to use a direct or indirect approach?
- When to be authoritarian or permissive in style?
- When and when not to use formal hypnotizability testing?
- When to move from the induction to the therapy?
- Whether your client is deriving benefit *during* hypnosis?
- Whether you can "trust the unconscious" to absorb your intended meanings?
- When a hypnosis session is too long or not long enough?

These are procedural and philosophical issues people *still* argue about

Without an ability to make clear discriminations, people just *follow their instincts, listen to their gut, trust their unconscious,* try and figure out *what Erickson would do,* or utilize any other heuristic that satisfies their need

We routinely talk about people being resourceful...

If people have resources, then why don't they use them?

Because the resources are dissociated – there is no link, or trigger, to associate to them in some desired context

Clinically, the goal is to connect people to their resources and make them readily accessible in the relevant context(s)

| Examples of a |
|-------------------------|
| Content vs. Process |
| Orientation in Therapy: |

Speaking to the Larger Context of the Person's Life

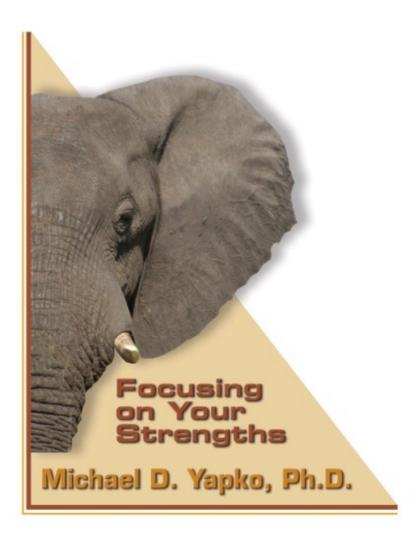
| Content | Addressing what specifically the person fears |
|---|---|
| rocess | How the person deals with things they're afraid of |
| ontent | Addressing the specific thing they're angry about |
| rocess | How the person deals with frustrations |
| ontent | Addressing a specific impulsive behavior |
| rocess | How the person deals with impulses |
| ontent | Addressing the specific (or global) issue for which they have negative expectations |
| FOCESS Aichael D. Yapko, F www.yapko.cor | |

Time for some Q & A

Thank you for your kind attention

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