

Higher Thought Institute

presents

Re-discovering Hypnosis Again for the First  
Time: The Utilization of Attentional Processes  
in Short-Term Psychotherapies

with

Michael D. Yapko, Ph.D.

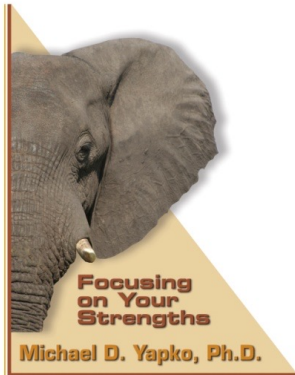
September 16, 2022

The goal of this short webinar is to introduce you to the rich and complex world of clinical hypnosis

I hope to give you an appreciation for the relationship between suggestions offered in the clinical context and the maximization of therapeutic responsiveness

Setting the stage...

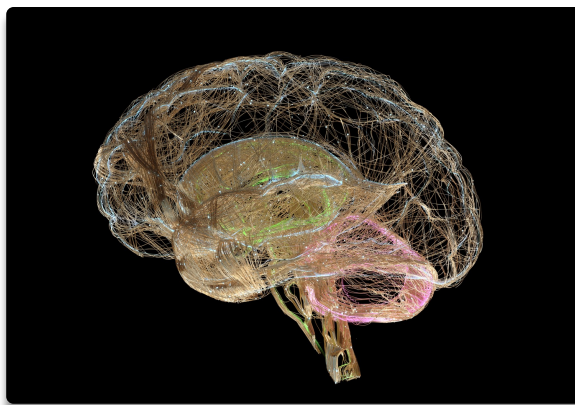
My fascination began as an undergrad when I was only 19... and it has only grown over time



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Modern clinical hypnosis employs attentional focusing strategies to elicit healing resources the patient may not even know he or she has, empowering him or her in the process

Hypnosis, the study of how people generate experience, especially in response to suggestions from others has a great deal to offer in terms of relevant insights into the therapeutic process



The starting point for this webinar:

Recognizing that **people in hypnosis process information differently** and are able to access abilities they may not even know they have, much less how to elicit and apply them in their own behalf

# The Key Questions Any Curious Clinician Might Ask:

- How does the process of paying attention – focusing – translate into non-volitional (i.e., “automatic”) yet therapeutically meaningful responses?
- Why do some people respond so dramatically to experiential processes (such as hypnosis or mindfulness), finding them “transformative” while others’ responses are less so?
- What general factors determine one’s capacity to respond?
- What role do specific factors (such as personal history, cognitive style, expectations, dissociative capacity, and relational style) play in client responsiveness?
- Can an individual’s quality of responsiveness be increased?

# Hypnosis in Modern Cognitive Neuroscience: The *Instrumental* Focus

*Instrumentally* focused studies investigate aspects of normal and abnormal psychological functioning... such as the nature and neural basis of consciousness, brain mechanisms underlying visual perception or pain and the presumed cognitive origins of clinical symptoms.

Oakley, D. & Halligan, P. (August, 2013). Hypnotic suggestion: opportunities for cognitive neuroscience. *Neuroscience*, 14, 565- 576.



# Hypnosis in Modern Cognitive Neuroscience: The *Intrinsic* Focus

The “intrinsic” focus 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.

Oakley, D. & Halligan, P. (August, 2013). Hypnotic suggestion: opportunities for cognitive neuroscience. *Neuroscience*, 14, 565- 576.

# Some of the Many Key Domains of Hypnotic Inquiry

- Neuroscience, neural mechanisms, and morphological differences across individuals
- Hypnotic responsiveness (hypnotizability) as a general phenomenon
- Differences in hypnotizability across individuals and groups, including the social and cognitive factors that underlie responsiveness
- The relationship between attentional processes, capacity for dissociation, and perceptual malleability

# Some of the Many Key Domains of Hypnotic Inquiry

- The capacity to influence experience non-consciously and generate non-volitional responses (e.g., priming, automaticity)
- Efficacy of clinical applications across diagnostic categories in mental health and behavioral medicine
- The limits of capacities to transform human experience

# The Complexities of Hypnosis

Hypnosis utilizes a broad base of knowledge spanning a variety of fields, including:

- Social psychology, especially interpersonal influence
- Neuroscience
- Dynamics of effective clinical interaction
- Communication skills and making meaning
- Cognitive neuroscience, especially memory, priming, and information processing
- Phenomenology

## An Opportunity for Some Introspection:

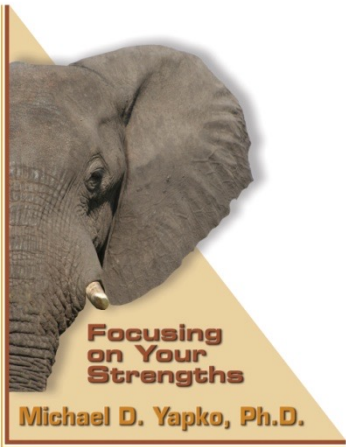
- Is the goal of treatment to diminish pathology? Or expand wellness?
- Do you believe people have more innate resources than they consciously realize?
- If so, how can they effectively access them?
- And what role do we play in facilitating the possibilities?

# How *you* think about hypnosis determines how *you* will use hypnosis

This is why hypnosis can be used by *anyone*, easily integrated with their preferred style of treatment; it's also why individual practitioners can differ so dramatically in how they apply hypnosis. Each of us has very different ways of viewing:

- The formative basis of client problems;
  - How the goals of therapy should be defined;
  - The nature of hypnosis and hypnotic phenomena;
  - The nature of human potential;
  - How to articulate what matters in life;
- and many other such personally defining influences on one's approaches

# Some foundational perspectives about hypnosis



# 2014 APA Division 30 Definition of Hypnosis

“A state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion.” (p. 6)

Elkins, G., Barabasz, A., Council, J., & Spiegel, D. (Jan-Mar 2015). Advancing research and practice: The revised APA Division 30 definition of hypnosis. *International Journal of Clinical and Experimental Hypnosis*, 63 (1), 1-9.



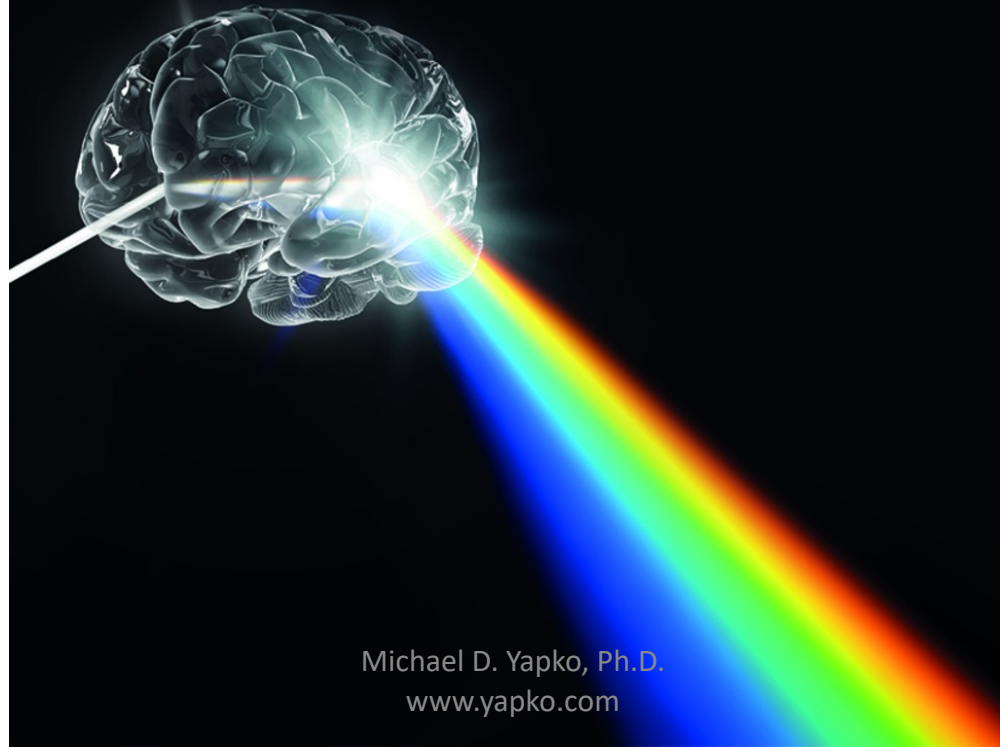
FIFTH EDITION



# TRANCEWORK

An Introduction to the Practice of Clinical Hypnosis

Michael Yapko



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“Hypnosis is a focused experience of attentional absorption that invites people to respond experientially on multiple levels in order to amplify and utilize their personal resources in a goal-directed fashion. When employed in the clinical context, hypnosis involves paying greater attention to the essential skills of using words and gestures in particular ways to achieve specific therapeutic outcomes, acknowledging and utilizing the many complex personal, interpersonal, and contextual factors that combine in varying degrees to influence client responsiveness.”

Michael D. Yapko, Ph.D.

In ***Trancework***, 5<sup>th</sup> edition, 2019, p. 8

# What Does Hypnosis Do?

It ***amplifies and/or de-amplifies*** specific elements of experience.

It generates associations and dissociations.

# Hypnosis Isn't a Good Thing... Or a Bad Thing.

Hypnosis is *neutral*, capable of generating either therapeutic or symptomatic experience.

We're here to study the therapeutic applications.  
But it is important to appreciate the role of hypnosis in symptom formation and its implications for hypnotic treatment.

# Key Lesson #1:

## What You Focus on, You Amplify in Your Awareness



So often, the foundation of people's problems is found in their focusing on aspects of experience that work against them:

They focus on what's wrong instead of what's right, or they focus on the past hurts instead of the future possibilities, or they focus on irrelevant details and miss the bigger picture, and so on

Hypnosis is about ***securing and guiding focus*** in ways that enhance experience



# During Hypnosis, People Can Experience Marked Shifts in:

- **Physiology** (breathing slows, muscles relax, etc.)
- **Sensory perception** (temp, weight, distance, etc.)
- **Cognition** (thoughts clearer, slower, detached, etc.)
- **Affect** (happier, sadder, curious, etc.)
- **Behavior** (self-help, new behavior, proactive, etc.)
- **Temporal orientation** (past, present, future focus)
- **Self-definition** (more resourceful, competent, etc.)

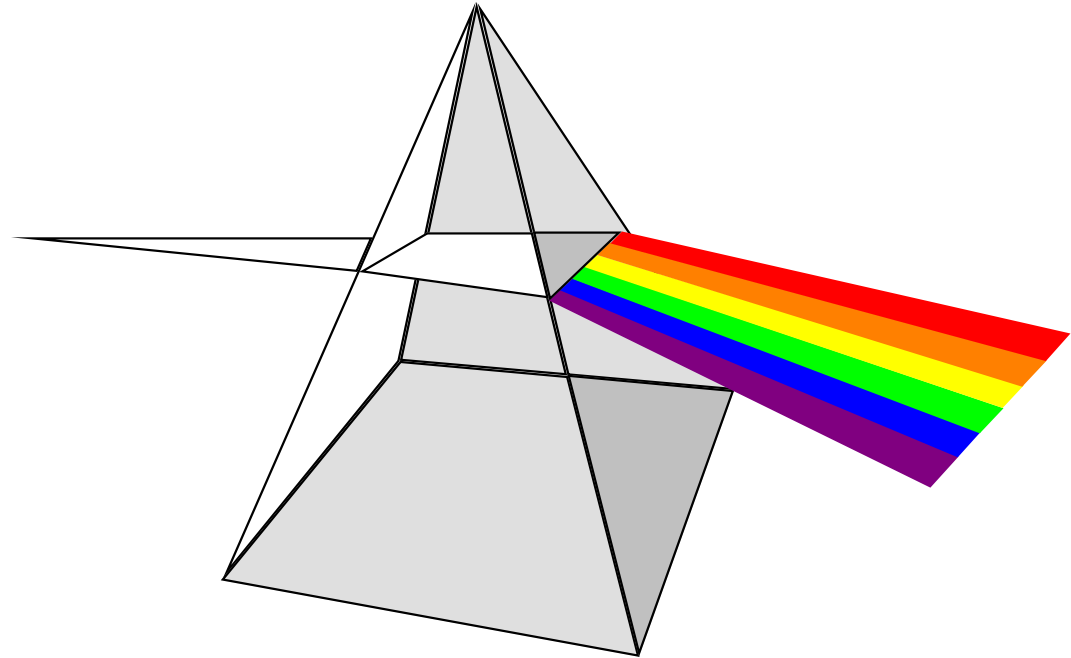
The induction is the vehicle for facilitating dissociation, a defining characteristic of hypnosis

*Virtually anything* can serve as an induction process as long as it serves to ***absorb the client's attention*** and ***gradually elicit*** meaningful responses



# 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**

# Individual Capacities for Such Experiences Differ Markedly

Hypnosis as a field of inquiry has paid substantial attention to the issue of focusing, especially in relation to the question of individual differences in responsiveness to such methods (termed “hypnotizability” or “hypnotic responsiveness”)

## Key Lesson #2:



The power is NOT in the suggestion itself.  
Rather, the power is in the client's  
ability to actualize the suggestion.

Thus, a meaningful or therapeutic response involves the **interactional** product of *many* factors, not just how good the suggestion might be or how well it's delivered.

# Does Hypnosis Cure People?

NO! Hypnosis cures *nothing*!

It's what happens ***DURING*** hypnosis - the new and beneficial associations the client forms- that have the ***potential*** to be therapeutic

# Domains Affecting Responsiveness

- Personal
- Interpersonal
- Contextual



Each model operates on different views of the nature of hypnosis and the hypnotic relationship

# *Imposing* Techniques vs. *Eliciting* Responses

A key difference between traditional approaches versus a conversational, naturalistic (often referred to as an “Ericksonian”) approach:



# Examples of Direct Suggestions for Symptom Reduction

**Example #1** – A hypnotist suggests to a patient undergoing a painful medical procedure (e.g., surgery, a lumbar puncture, spinal tap) that the affected body part (i.e., the back) is numb and insensitive to pain.

**Example #2** – A hypnotist suggests to an anxious person that they stop, close their eyes, and focus on taking in 10 slow, deep breaths and feel their anxiety “melt away”

These are classic uses of direct suggestions for hypnosis.

# Ernest Hilgard, Ph.D., in the Stanford lab

Hypnotic anesthesia generated through direct  
suggestions during a “cold pressor” experiment

# Suggesting Seeing in Color vs. Black and White

- Researchers suggested that the Ss visualize each image shown them as either color or black and white while the PET scan measured brain activity.
- When Ss were hypnotized, the color areas of the brain were less active when told to see color as only gray; likewise, the color areas were more active when told to see (i.e., hallucinate) the gray stimulus as colorful.
- Brain areas used to perceive color were activated in both brain hemispheres, despite exposure to only gray, just as they would activate when genuinely exposed to a color stimulus. This did not occur when not in hypnosis.
- Kosslyn et al., *Am J of Psychiatry*, 2000, 157, 1279-1284

# The Eye Pupil Adjusts to Imaginary Light: A Recent Study from University of Oslo

- **Summary:** In response to *imagined light*, Ss pupils constricted 87 percent as much as they did during actual viewing, on average. In response to *imagined darkness*, Ss pupils dilated to 56 percent of their size during real perception\*
- **Implications:** Mental imagery activates some of the same automatic (i.e., unconscious) neural pathways involved in the actual experience.
- Erickson recovering from polio (instruction: “imagine movement”)
- Me recovering from hip replacement surgery (same)

\* Laeng, B. & Sulutevdt (2014). The eye pupil adjusts to imaginary light. *Psychological Science*, 25, 1, 188-197.

My own recent work has focused on a  
type of inattentional blindness related  
to cognitive style

The “invisible gorilla” experiment most of you are  
likely familiar with;

By focusing on one element of an experience, you  
can too easily miss the others

# **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

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# Dissociation in Normal Experience

- Self-hypnosis, meditation (“a part of... and apart from”)
- Fantasy proneness, fantasizing
- Daydreaming
- Out-of-body experiences (e.g., “I watched as if it were someone else”)
- Automatic responses (e.g., so-called “highway hypnosis”)
- Mixed feelings (e.g., “part of me feels *this* and part of me feels *that*”)

# Consider the Role of Detachment in Different Therapy Outcomes

Detach from:

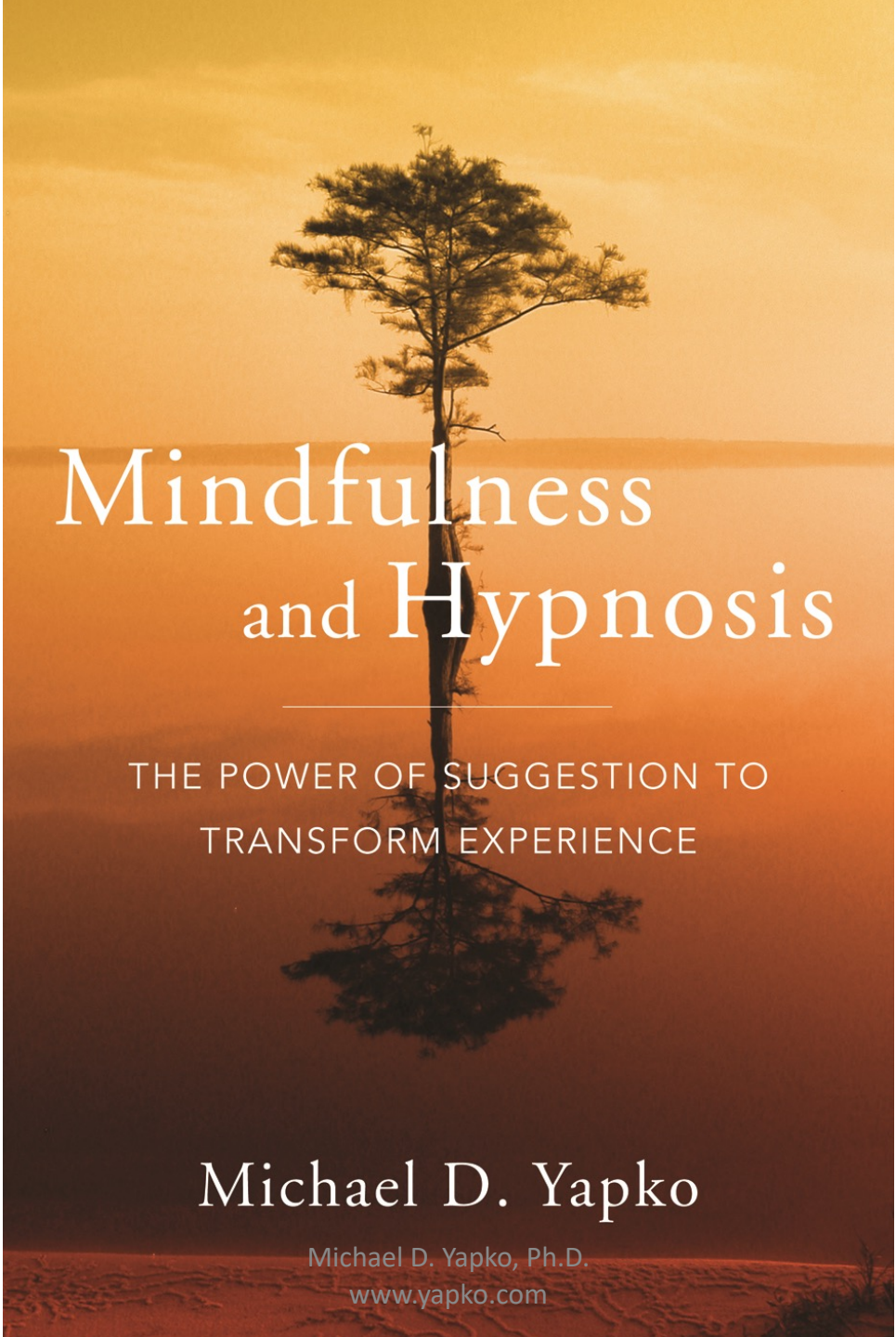
- the pain in order to manage it
- the emotion and be more rational
- the past and be more present
- the fear and do it anyways
- situational triggers and react differently
- the wish and be more accepting
- the inner critic and be more compassionate



Mindfulness makes use of guided meditations that are structurally identical to hypnosis sessions, but they are preceded by a very different statement of expectancy:

*“This is a process of cultivating generosity, compassion and openness toward yourself, an orientation of non-harming”*

(Jon Kabat-Zinn)

A vertical rectangular image serves as the background. It depicts a serene beach scene at sunset or sunrise. The sky is a gradient of warm colors, from a pale yellow at the top to a deep orange and red near the horizon. A single, dark silhouette of a tree stands on a sandy beach in the foreground. The tree's reflection is clearly visible in the calm water of the ocean, which occupies the middle ground. The overall mood is peaceful and contemplative.

# Mindfulness and Hypnosis

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THE POWER OF SUGGESTION TO  
TRANSFORM EXPERIENCE

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My Own Level of Analysis is on the *Language* of  
Mindfulness- the *Linguistic and Semantic*  
*Components* of the Things Clinicians *Actually Say*  
to Their Clients and The *Suggested* Effects

Many approaches to therapy emphasize the merits of rationality; hypnosis emphasizes the merits of *non*-rationality

Hypnosis emphasizes *experiential learning* over cognitive instruction

Hypnotic responses aren't necessarily logical and can't be demanded or forced  
Rather, they're subjectively experienced in the context of a collaborative relationship.

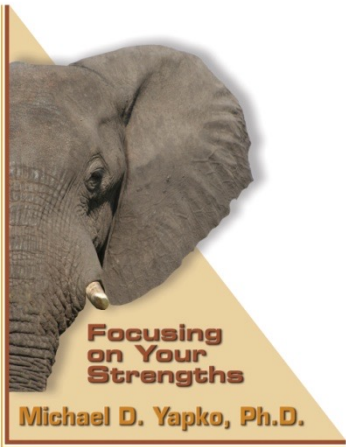
# Clear Indications for Using Hypnosis in Early Phase Treatment

- **Acuteness of symptoms**
- **Severity of symptoms**
- **Stable attributional style re: symptoms**
- **Rigidity; invariant nature of symptoms**
- **Situationally specific symptoms**

## Why Learn Hypnosis?

- Empirical evidence ***it helps people***, i.e., hypnosis objectively enhances treatment outcomes
- All therapy involves the use of suggestion
- Provides insights into qualities of subjective experience
- Highlights the malleability of subjective experience
- Enhances and re-defines one's sense of personal control and resourcefulness (“empowerment”)
- Multi-dimensional applications (physical, affective, spiritual, etc.)
- Enhances cognitive, behavioral and emotional flexibility
- Encourages thinking in terms of *possibilities*

Thank you for coming and  
for your kind attention



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