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Encouraging hindsight in advance: Age progression in therapy – and life

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ABSTRACT

Each person forms a relationship to the dimension of time, called a “temporal orientation.” How that relationship is defined and prioritized, whether consciously or non-consciously, plays a huge role in the way people go about living their lives. In psychotherapy, the quality of one’s expectations plays a pivotal role in virtually every phase of treatment. As a class of hypnotic interventions, age progression treatment strategies are intricately connected to expectancy since they typically involve guiding the client experientially, i.e., subjectively, into the future. While absorbed in this suggested projection, clients may have the opportunity to imagine and experience the consequences of current or new choices, integrate suggestions at deeper levels for eventual activation, rehearse new patterns of thought, feeling or behavior, and, in general, obtain a greater overview of his or her life than a narrower focus on day-to-day living typically affords. To paraphrase Milton Erickson, *one can think of it as encouraging hindsight while it is still foresight.*

KEYWORDS

Age progression; Expectancy

People don’t come to therapy to change the past. They come to therapy to change the future.

Milton H. Erickson, M.D.

For tomorrow belongs to the people who prepare for it today.

African proverb

Optimism, expectancy and age progression

It has been said that there are two types of mystics – the “*opti-mystics*” and the “*pessi-mystics*.” Both optimism and pessimism reflect an orientation to future possibilities despite the inherent ambiguities as to what the future might actually hold in store for us. It has become clear, though, that optimism and pessimism are not equal in the consequences they generate for one’s quality of life: Optimists tend to suffer fewer mental health problems, enjoy better social relationships, suffer fewer serious illnesses, perform better on the job, and have a longer lifespan (Dunn, 2017; Lench et al., 2021; Maruta, Colligan, Malinchoc, & Offord, 2000). The benefits of optimism – a positive and hopeful future orientation – are definable and measurable (Lopez, Pedrotti, & Snyder, 2014; Seligman, 2007, 2011, 2018, 2021).

In the clinical context, health professionals have long recognized the power of optimism and pessimism as placebos or nocebos that can either heighten or diminish treatment responses. The placebo effect is a relatively concrete symbol of a positive future orientation;

it's the product of an *expectation* of a benefit to be derived from an inert substance that becomes actualized when it generates a positive physical and/or psychological response (Carvalho et al., 2016; Frisaldi, Piedimonte, & Benedetti, 2015; Kern, Kramm, Witt, & Barth, 2020; Kirsch, 2017). In psychotherapy, the quality of one's expectations plays a pivotal role in virtually every phase of treatment as will be described in a later section of this article.

As a class of hypnotic interventions, age progression treatment strategies are intricately connected to expectancy since they typically involve guiding the client experientially, i.e., subjectively, into the future. While absorbed in this suggested projection, clients may have the opportunity to imagine and experience the positive consequences of current or new choices, integrate suggestions at deeper levels for eventual activation, rehearse new patterns of thought, feeling or behavior, and, in general, obtain a greater overview of his or her life than a narrower focus on day-to-day living typically affords (Bonshtein & Torem, 2017; Torem, 1992, 2006, 2017, 2019). To paraphrase Milton Erickson, *one can think of it as encouraging hindsight while it is still foresight*. Any suggestive communication strategy that orients the client experientially to future events is an age progression pattern (Yapko, 2019).

Thus, it is essential that we expand our consideration of age progression, defined here as an experiential orientation to the future, as not only a technique of hypnosis but as an essential ingredient of *any* meaningful therapeutic intervention. On an even greater scale than just therapy, a future orientation reflects an orientation to life itself (Boyd & Zimbardo, 2005).

Temporal orientation and lifestyle implications

Most people seem to have at least some sense of how today relates to tomorrow. Common remarks such as, "See you next week," "I'll read that report tomorrow and get back to you with my impressions by Friday," "I'd like to enroll in that new training program next year," and, "When I retire, I'd like to spend my time traveling," are all statements of intent regarding future experience. To make such statements realistically, which is obviously a key consideration, the person must project a portion of themselves into that experience and imagine in some degree of detail what it will be like. Such statements can be quite unrealistic when they are global wishes rather than detailed plans. This is most likely to be the case when people are oblivious to, minimize, or simply disregard potential hurdles that would make their plans unlikely to succeed (Strathman & Joireman, 2005). It's trite but generally true: people don't plan to fail. They fail to plan.

Each person forms a relationship to the dimension of time, called a "temporal orientation." How that relationship is defined and prioritized, whether consciously or non-consciously, plays a huge role in the way people go about living their lives (Zimbardo, 2008). Consider, for example, what defines one person as ambitious while striving to climb the career ladder with a clear vision of what their goals are, while someone else apparently lacks ambition altogether and is perfectly content to live in their parents' basement and play video games all day. They have two very different relationships to the construct of time, one ambitiously future-oriented, the other passively tied to this moment's entertainment.

When thinking about different people's lifestyles and how the element of time features within them, it is generally easy to see who is living in a way that more heavily favors one sphere of time over another (Zimbardo & Sword, 2017). Even a client's symptoms are likely to reflect a temporal orientation: Depression is largely past-oriented as individuals typically hash and re-hash life's hurts and failures and use their past hurts to predict future hurts as

well. Impulse disorders are, by definition, a self-destructive “live for this moment” approach to making choices. Anxiety is generally future-oriented, anticipating harms of one sort or another as though they are inevitable and imminent. These are obviously generalizations, but they have considerably more than a kernel of truth in them.

Psychologists Alan Strathman and Jeff Joireman edited an excellent volume called *Understanding Behavior in the Context of Time* (Strathman & Joireman, 2005). It includes an illuminating chapter by researcher John Boyd and social psychologist Philip Zimbardo that clinicians would do well to read (Boyd & Zimbardo, 2005). It features a review of their research on the *Zimbardo Time Perspective Inventory (ZTPI)*, an instrument which was designed to assess individual differences in temporal orientation (Zimbardo & Boyd, 1999). (The *ZPTI* and supportive research data are available at www.thetimeparadox.com.)

In their review, Boyd and Zimbardo highlight the value of a future orientation in the form of foresight and describe future oriented people as tending to be more successful, better at saving money, and better at making healthy lifestyle choices. Foresight leads to greater career planning, encourages saving money for a “rainy day,” (i.e., if you were to become ill or lose your job) and leads to better choices about how you treat the body you’re going to be living in for a while (Torem, 2017; Yapko, 2021). Zimbardo has paid considerable attention to the effects of one’s temporal orientation on life experience, and with his coauthors has even detailed a recovery program for treating PTSD that relies heavily on building a future orientation (Zimbardo, Sword, & Sword, 2012). The data documenting the program’s success give a compelling glimpse into the therapeutic merits of shifting peoples’ attention to the future. However, the formal use of hypnotic age progression is given cursory attention at best in their consideration. It’s a question worth asking: How much more might such interventions be enhanced by the utilization of hypnosis to amplify the therapeutic associations?

It is obvious that the lack of foresight – a vitally important facet of a future orientation – exerts a powerful influence on one’s quality of life. Engaging in behaviors that are risky that don’t seem risky until something goes wrong can land someone in a hospital – or the morgue. A lack of impulse control speaks to the lack of foresight in a different way, but the two are obviously related (Yapko, 2016, 2021). Yielding to a dangerous impulse in a moment can generate consequences that will echo throughout the rest of one’s life. The regret that comes with hindsight can be life consuming and the subsequent shame can be emotionally devastating.

Further evidence for the benefits of a future-oriented lifestyle comes from Walter Mischel’s famous research from the 1960s and 70s on what is commonly called “the marshmallow test” (Mischel, 1964, 1972). In his experiments with young children ages four and five, it became very clear how strong a role a future orientation plays in delaying immediate gratification for a greater future reward. The children were given a marshmallow as a treat and then were told the experimenter would be leaving the room for a few minutes. The child could eat the marshmallow right away if they liked, but if they waited for the experimenter to return “in just a little while” they would be given the reward of a second marshmallow. Some kids popped that marshmallow into their mouth as soon as he left the room, but others sat looking longingly at the marshmallow and somehow managed not to eat it, thereby earning the extra one as promised on his return.

Mischel followed the kids who participated in the experiment over the course of their lives. Four decades later, he wrote about the long-term higher-level successes of those children who were best able to delay gratification in his book, *The Marshmallow Test: Why Self-Control is the Engine of Success* (2014). Delayed gratification requires a future

orientation as a key component, i.e., the promise of a greater reward in the future that makes it easier to set aside the desire in-the-moment. Thus, it seems clear that a future orientation is vital to attaining a variety of life successes.

Impulse control or self-control requires the use of an essential skill that can be taught in therapy, especially when utilizing age progression in hypnosis. That skill is called dissociation. Dissociation features an ability to detach from the immediacy of one's experience, whether it's one's physical experience as in pain relief or one's cognitive experience as in thought-distancing strategies. Dissociation allows people to "step out of the moment" and think ahead, perhaps long enough to consider other people's feelings or the likely consequences of some contemplated action. Hypnosis is by its very nature a dissociative experience and has a much broader clinical relevance when it's structured to help people go *beyond* the moment. This is the essence of any effective age progression strategy (Torem, 1992, 2006, 2019; Yapko, 2019).

The influence of temporal orientation on treatment response, especially in depression

The COVID-19 pandemic exerted a huge influence on people's mental health. 20 months into the pandemic, it was found that the rates of anxiety and depression in America had *tripled* (Ettman et al., 2021). The sharp rise in the rates of depression and anxiety now lend even stronger support to the social/contextual view of depression as people struggle with social isolation, job losses, illness and death. The evidence continues to grow that the problem for most depressed individuals isn't in their biology, rather it's in their circumstances (Yapko, 2009, 2021).

Using depression, a leading cause of human suffering and disability according to the World Health Organization (2017) as an example, how does one's perspective about the etiology of depression influence one's orientation to the future? Does the perspective that one holds about the cause of depression influence one's expectations for treatment success? These critically important questions about beliefs and expectations were addressed in two recent studies. Both explored the effects on people's recovery from depression when adopting the widely disseminated but largely disproven view of depression as a direct consequence of a "biochemical imbalance."

The results of the first study, which included a sample of 279 persons attending an intensive behavioral health program in the United States, found that the endorsement of the chemical imbalance theory of depression was associated with poorer expectations of treatment and lower perceived credibility (Schroder, Duda, Christensen, Beard, & Björgvinsson, 2020). Additionally, the researchers found that a belief in biological causes for depression was predictive of a greater presence of depressive symptoms at the end of treatment.

A second study provides further evidence that adopting the prevailing biological perspective that "depression is caused by a biochemical imbalance" and "educating" the client to this misleading notion leads to demonstrably poorer treatment outcomes (Lebowitz, Dolev-Amit, & Zilcha-Mano, 2021). Thus, it seems that telling depressed individuals they have a "brain disease" that needs biological intervention is not only misleading but can actually demotivate people to learn the cognitive and social skills known to not only reduce but even *prevent* depression. After all, why should someone bother to try to get better if the expectation is that effort will be futile?

Hopelessness is obviously a statement of negative expectancy for the future. In the therapy context, it is a powerful factor that quite literally influences every phase of treatment response. To be specific about how expectancy affects the process of therapy, let's consider each component of treatment.

The first stage is the client *making contact* to request help. It is well known that the majority of people in general and depressed people in particular who need mental health treatment don't receive it (WHO, 2017). There are several possible reasons why people don't seek out the help they need: some are afraid of the stigma of being "mentally ill," some have too little understanding of their problems and believe "that's just the way I am" or "that's just the way life goes," and others – perhaps most – feel hopeless that anyone can say or do anything that would make any meaningful difference. It's a straightforward question: *Why would I seek help from someone if I don't believe help is possible?* Furthermore, if someone does seek help, their expectations shape their willingness to continue in treatment. Too many clients will drop out of treatment after just one or two sessions because their sense of hopelessness was never sufficiently challenged or altered by the therapist. Thus, how a therapist conducts the first therapy session or two can make a great difference in whether the client continues in treatment. This is a powerful argument in favor of introducing hypnosis in general and age progression in particular into the therapy as early as the very first session.

Many clinicians are reluctant to or even refuse to use hypnosis in a first or second session until they feel they have established a sufficient therapeutic alliance. I would argue that hypnosis, particularly age progression to build positive expectancy, can be used skillfully at the earliest stages of treatment as a vehicle for building that alliance and thereby increasing the likelihood of success of the subsequent stages of treatment. The building expectancy process described in detail in previous writings speaks to this critically important issue and provides a structure for conducting such sessions (Yapko, 1992, 2001, 2019, 2021).

The next consideration is how hopelessness affects the *rate* of treatment. If someone goes ahead and seeks treatment despite their misgivings, *how can they possibly progress quickly if they believe progress isn't really possible?* The negative expectation that positive change is unlikely creates a barrier that can partially or wholly block good therapeutic input, leading the client away from success and thereby confirming their negative expectations – a self-injurious self-fulfilling prophecy of a slow, torturous, and ultimately unsuccessful therapy experience.

Expectations influence not only the rate of recovery, but also the degree of recovery. In the clinical literature, therapies can be considered successful by researchers if a client moves just a couple of points on some symptom measurement scale. For the client who continues to have symptoms despite their being fewer or less severe than before, will the therapy be considered a success? Perhaps, but the expectation that "this problem will never go away" serves as a predictor of whether the treatment's success will be partial or complete.

The next consideration is the issue of *treatment cooperation* ("compliance") which is directly affected by the client's expectations as well. Most therapists encourage clients to make use of reading materials, typically self-help books (i.e., bibliotherapy) and/or structured homework assignments intended to facilitate the acquisition of ideas and skills taught in therapy. It is a constant cause of frustration to therapists how often the client does not do the suggested readings or assignments. To the hopeless client, though, the prevailing

perspective is “what’s the point of doing the reading or homework assignment when nothing useful is going to come of it?” Expectations help determine whether the client will cooperate with the treatment plan.

Finally, the client’s hopeless expectations that “this problem will never go away” or “even if the problem goes away it will just come back again” help predict the client’s vulnerability to relapses. No treatment can be considered complete without addressing the issue of relapse prevention, and clearly expectations about the permanence of a symptom in one’s life or the sense of “it’s gone forever” will be a major determinant of what the future brings.

When expectations play such a pivotal role in the therapy process at every stage, it seems imperative that therapists become adept at creating a context early on in therapy to help the client develop positive expectations for treatment. The process-oriented hypnosis session provided in an abbreviated form later in this article is an experiential means for helping to serve this purpose.

Hopelessness is a likely feature of most people’s problems. People can feel hopeless about *anything* going on in their lives and/or anything that’s going on in the world at a given time. When someone presents for therapy and conveys their sense of hopelessness, the first things a clinician might assess are how *pervasive* and *personal* the sense of hopelessness is for the client. As a general guideline, I would suggest that the greater the degree of client hopelessness, the more immediate the use of age progression should be in order to orient the client experientially to positive possibilities that can evolve as the client develops the specific skills salient to their recovery.

Therapist temporal orientation influences the focus of treatment

Some therapies are clearly past oriented in their structure, placing a heavy emphasis on childhood developmental processes, attachment histories, and significant past events as presumed determinants of current problems in a person’s life. Other therapies are more structurally oriented to the present, paying much less attention to historical causes of client problems and much more attention to the “here-and-now” life circumstances and their consequences as experienced in-the-moment. And, some therapies are structurally oriented to the future, focusing on variations of this key question: what can I do or say *now* to interrupt the rigidity of this person’s symptomatic patterns in order to introduce flexibility and thereby facilitate a therapeutic outcome, i.e., a new and better response *tomorrow*?

How one thinks about hypnosis (and people, and therapy, and life, and . . .) will naturally determine how one applies hypnosis (Yapko, 2019, 2021). The first lesson anyone studying hypnosis is likely to learn is this: *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?” Given the hundreds of therapies currently in practice, each with different assumptions and different focal points, how one answers these questions is clearly a primary distinguishing characteristic between therapists.

Therapists lead the way into a sphere of time, a temporal orientation, with the type of therapy they choose to practice and what they encourage the client to focus upon. Given the power of expectancy to shape the quality of therapy and life, it would seem that therapists encouraging the development of foresight, i.e., the ability to anticipate realistically, should be considered a basic part of clinical practice. Why isn’t it?

Many therapists are genuinely ambivalent about having a future focus. They often express their beliefs that “the past is what makes us who we are,” or their concerns that “the past won’t be honored,” or the “traumas will be skimmed over,” or the “past won’t be sufficiently learned from thereby assuring unfortunate repeats,” and so on. Furthermore, given the history of psychotherapy and its psychoanalytic origins demanding an in-depth focus on history, therapists’ beliefs that not focusing on the past is an evasion of responsibility and a necessarily superficial approach to treatment.

Even hypnosis practitioners can adopt such beliefs and then build clinical practice around them, employing such arbitrary past-oriented approaches as hypnoanalysis and ideomotor questioning to find the hypothetical “root cause” of someone’s problems. Challenging these subjective viewpoints is demonstrably easier when incorporating process-oriented, rather than content-oriented, approaches (Yapko, 2019, 2021).

The justifications for maintaining a focus on the past are seemingly endless in the world of psychotherapy. But as the therapy field continues to evolve and as the world conditions become increasingly threatening and anxiety-provoking, it’s important that we question whether the past orientation is truly the most effective focus for enhancing people’s lives. It seems important to “think again” and re-assess what we think we know to be true in order not to fall into “the knowledge illusion” (Grant, 2021; Sloman & Fernbach, 2017).

Just as a past orientation can be unnecessarily limiting, the same can be said for therapists promoting too heavily a “now” orientation. When *therapists* are the ones to say, “the past is gone and the future hasn’t happened yet so all there is is this moment,” are they really doing their clients a favor? Some of the most destructive things that humans do are clearly in the name of *right now*. While it’s also true that some of the most valuable experiences human beings can have directly arise from being “present in the moment,” this certainly isn’t a helpful focus if the goal is to help the client evolve greater foresight and impulse control. It seems important to state that temporal orientations are not right or wrong. They are perspectives that affect the quality of one’s experience. Thus, they require a greater consideration by therapists to appreciate their impact on the therapy and therapeutic goals of a particular client.

Perhaps most important of all in utilizing age progression is the ability to experience some of the benefits of implementing the changes encouraged in the client through the therapy. To “jump ahead” and preview and even feel the positive consequences of making important changes helps motivate the client to go ahead and actually do so. It takes the changes out of the realm of theory and ambiguity and gives them some life, some substance, in the mind of the client (Yapko, 2010). Many other therapies, such as cognitive therapy’s use of a “success imagery” strategy in which the client mentally rehearses the desired behavior leading to successful results, also recognize the value of lifting the client out of the moment and orienting him or her to future benefits, but hypnosis can make this process more intense and multi-dimensional (Bonshtein & Torem, 2017; Greenberger & Padesky, 2016; Lankton, 2008; Lankton & Lankton, 1986; Torem, 1992, 2006, 2017, 2019; Yapko, 1992, 2010, 2019, 2021).

Age progression and “affective forecasting”

One of the most interesting aspects when considering a future orientation as it relates to evolving foresight is found in the domain of research called “affective forecasting” (Ellis et al., 2018; Gilbert, Gill, & Wilson, 2002; Lench et al., 2019; Wilson & Gilbert, 2005).

When people look ahead to the future, they not only predict what events will take place, they also predict how they will feel at that time. This process is known as affective forecasting, and both research and real-life examples show us it is terribly error prone. Some examples:

- Why do people say, “I will love you forever until death do us part” only to divorce soon after?
- Why do so many people think they’ll be happy if only they could make more money or go to Tahiti only to discover that when they do, they’re not?
- Why do so many people think “I’ll diet and exercise starting tomorrow” and then do neither?

Affective forecasting, the ability to predict how you’re going to feel, is obviously important in lots of ways. After all, people base their life decisions on their predictions, ranging from who they’re going to marry, to what career they’re going to pursue, to which house to buy, to where to go on vacation. As clinicians, can we teach people to make better predictions and, hopefully, prevent regrets? I believe we can – but it will require a greater orientation to the future empowered with a better read of current circumstances, shifting trends, and ability to adapt.

When people don’t really grasp the relationship between cause and effect, it’s hard to develop a sense of agency. “Things just seem to happen to me” is the explanation you settle on when you don’t see the role you play in what happens. Without a sense of agency, a sense of responsibility to take action in your own behalf with a clearly defined goal in mind, foresight remains an undeveloped human capacity.

What good hypnosis sessions utilizing age progression strategies can do is help people learn to extrapolate; the session can teach them to get a better (i.e., more detailed and realistic) read on where a particular trend or pattern in their life is headed. This is how foresight creates an avenue of *prevention*, not just treatment.

The building of foresight through age progression in or out of hypnosis is, of course, a multi-step process. As a starting point, it helps to define the client’s role in the process in two important ways: first, to declare they have the necessary internal resources to make it possible, and second, that their actions today will be a driving force in shaping tomorrow’s consequences. We want the client to feel resourceful and develop a sense of agency across their experiences as well.

Consistent with these messages is encouraging the recognition in clients that the future is filled with possibilities and that their quality of life will be determined in large part by the decisions they make and enact. This starts to build the awareness for agency as well as a more personal appreciation of cause and effect. Tied to these is the offering of two meaningful rewards for learning to think ahead: greater personal successes and the chance to prevent regrets.

It isn’t easy to learn to think ahead and often what foresight would lead to is having to do things that are unpleasant. It’s more fun to spend money than save it, it’s more gratifying to have the ice cream than follow a restrictive diet, and it’s more exciting to take the risk than it is to play it safe. So much of human misery could be prevented but thinking in preventive terms doesn’t come easily. Many people could have prevented a lot of their problems but missed the opportunity to do so simply because prevention came disguised . . . as inconvenience.

Process vs. content in utilizing age progression

When people are limited in their ability to anticipate or perhaps even care much about the consequences of their actions, it reveals a lack of foresight. Foresight is generally defined as the ability to predict what will happen or to anticipate what actions or materials might be needed in the future. It is obviously an orientation to the future and clearly helps shape one's expectations. Given the powerful role of expectancy across the phases of treatment described earlier, having a deliberate strategy for building positive expectancy can be crucial. I have described such a strategy in detail previously (Yapko, 1992, 2001, 2021).

What specifically someone feels optimistic or pessimistic about, what specifically someone feels hopeless about, or what specifically someone is impulsive about, represents the content of the problem. Aiming a well-considered age progression session at the process underlying the content is the primary way to also change the content itself. In other words, instead of focusing on the symptom, or *what* the person is presenting, a process-oriented approach focuses on *how* they generate that symptom. For example, whether and how the person first establishes their expectations, whether and how they evaluate how realistic or unrealistic their expectations are, and whether and how they define cause-effect relationships are the processes that govern their responses. These are discriminations, or distinctions, to be made, helping one determine with insight and foresight whether to make this choice or that one. Helping clients develop efficient discrimination strategies is a vital part of the treatment process (Grant, 2021; Sloman & Fernbach, 2017; Yapko, 2016). These can help the client orient to the future with greater realism in their perspective.

Post-hypnotic suggestion necessarily involves age progression

A core structural element of any and every hypnosis session is the post-hypnotic suggestion, defined as a suggestion given during hypnosis about some shift to take place after, or post, the hypnosis session terminates. The generic structure for a post-hypnotic suggestion is, "Later, when you're in situation X, you can experience Y or do Z" (Yapko, 2019). The primary function of the post-hypnotic suggestion is to associate some new perspective and/or skill to a specific context or specific type of context where it would be beneficial. Post-hypnotic suggestions help make clinical hypnosis both meaningful and practical. It should be apparent that in order for a post-hypnotic suggestion to be effective, the client would need to orient during the session to a future context where a desired, suggested response can activate.

There are many factors that help determine the value derived from a post-hypnotic suggestion such as how directly or indirectly it is structured, when during the course of the session it is delivered, and how general or specific it is in its content. Primary, though, is the degree of age progression utilized at other points in the session when suggesting possibilities for change and how well the client is able to engage with such suggestions.

Process-oriented hypnosis: A session transcript for promoting foresight

The following session transcript can provide an example of hypnosis being utilized to orient the client to the future experientially. It provides key therapeutic messages regarding the merits of evolving greater foresight, greater self-regulation, greater

willingness to experiment with new behaviors and perceptions, better self-esteem, greater insight into cause-effect relationships, and the potential for preventing regrets.

The transcript is edited into a succinct form for space considerations that clinicians would do well to further elaborate. It is not a full transcript to be used verbatim. (A more detailed version can be found in Yapko, 2021.) The transcript begins following the hypnotic induction.

Response set regarding thinking ahead

... You know ... it's very easy ... to get caught up in day-to-day living ... there is always so much to do ... so many obligations to attend to ... that can keep you occupied in the moment ... it's too easy to miss how being in the moment ... is a lead-in to the next moment ... a stepping stone from now to later ... and how valuable to have the ability to focus on being in the moment at times ... and how valuable it is to be able to think *beyond* the moment at times ...

Theme: you can use your resources as your actions take you forward

... and with each hypnosis session you experience ... and learn from ... you acquire new insights and new possibilities begin to emerge ... you discover and make better use of your strengths and resources ... and you evolve more helpful strategies for managing your life well ... you absorb ideas and get new perspectives ... and develop ways to respond to the challenges you face that you can feel good about ... And you're also learning that you can take steps that help you move forward into the future ... you're learning a lot about how to think ... in terms of what you *want* to have happen ... and what the steps are ... that you can courageously take to bring your goals to fruition ... taking *sensible* action ... action with *foresight* ... knowing that it's what you do in this moment that helps determine what will happen in the next moment ...

Theme: the future isn't just more of the past

... and for you to be able to look ahead ... *beyond* the moment and *beyond* the familiar ... is an opportunity you can grab with both hands ... as you keep your focus on what's possible ... because the future isn't just more of the past ... and the future is where you're going to be living ... and the decisions you make in the moment will shape your future ... you can find it so much more automatic to ... recognize an opportunity to experiment with how you do things and try something new ... you can continue to train yourself to think more clearly in terms of what is possible ... and what is realistic ...

Theme: Thinking ahead can prevent regrets

... Gathering good information and thinking well ahead are two of the most important skills that you need to live life well ... and these are the skills necessary to prevent many problems from arising ... and you're learning them and gradually mastering them ... and you can feel good about that ... What you've been learning through these hypnosis

sessions . . . are skills in thinking . . . skills that are important for relating to others . . . skills in knowing yourself . . . your strengths as well as your vulnerabilities . . . and appreciating them and knowing how to manage them with insight and foresight . . .

Theme: Thinking ahead means taking preventive action even if it's inconvenient

. . . You're made up of so many different parts . . . and what you're now in a comfortable position to appreciate . . . is that each part of you . . . can be valuable *somewhere* . . . but isn't necessarily going to be valuable *everywhere* . . . And knowing which parts of yourself to express and which to purposely contain at any given time is one of the keys to preventing problems from arising . . . it's what makes it possible to go outside yourself and your feelings in the moment just long enough to read a situation carefully . . . so you can choose *whether* to say or do something and, if so, then *what* to say or do that will be helpful . . . the examples of bad decisions that people didn't have to make are endless . . . small and large tragedies that could have been prevented . . . but that would have required thinking instead of reacting . . . thinking *beyond* the moment and anticipating . . . and what happens when that is inconvenient? . . . or when it isn't fun to think preventively? . . . or when it isn't very easy? . . .

Theme: Make Prevention a Priority in Your Life

It brings into sharp focus now . . . what the role of prevention can be in *your* life . . . how well you develop your ability to think ahead . . . how important it becomes to you to see a step or two ahead on the path you're on . . . and, of course, not everything can be anticipated . . . not all problems can be prevented . . . but there is an important distinction to be made between the problems that find you through no fault of your own . . . and the problems you unintentionally create for yourself by missing the chance to think ahead and take the necessary preventive actions even when they're inconvenient . . .

Theme: Learn to think in "cause and effect" terms when making decisions

. . . There are many different ways to think, of course . . . and I'm drawing your attention to a linear style of thinking . . . a style that makes the relationship between "cause" and "effect" so much more obvious . . . and how well can you think in these terms . . . to be able to recognize that this action led to that outcome? Or that these words triggered that reaction? Or that thought gave rise to those feelings? Not everything is so obvious in terms of "cause" and "effect" . . . but more things are than people generally realize . . . And so what does it take to live well and happily? . . . I think it takes being able to move from . . . situation to situation . . . knowing your different parts . . . your strengths and resources . . . and using them skillfully . . .

Post-hypnotic suggestions for integration

. . . and to be able to think preventively . . . you can use your ability that is ever-growing in sophistication . . . of being able to think ahead . . . and to choose paths . . . that take you where you want to go in the long-run . . . and not just follow the path that is easy and

familiar to you but takes you to someplace you really don't want to go ... You have the ability to choose ... *you* get to choose ... so much of what happens in your life ... such as where you go and what you do that can serve you well ... and who you bring into your life ... that will enhance your life rather than make it harder ... And so, as you move into the future ... you can take great comfort in knowing ... that you carry with you ... many wonderful skills and resources ... the things that you've already learned and experienced ... and other things that are yet to come ... You can use these resources ... to your own best advantage ... You can use your power with insight and foresight ...

Closure and disengagement

... and now you can start to bring this experience to a comfortable close ... And then when you're ready ... you can begin the process of gradually reorienting yourself ... you can begin to refocus yourself now at a rate that is gradual and comfortable ... so that when you're ready ... you can reorient yourself fully ... and open your eyes ... fully alert and refreshed ... feeling good ... feeling *really* good ...

Conclusion

The great American humorist Mark Twain was right when he said, "Life is one damn thing after another." The evidence has grown that those who are better problem solvers generally do better in life. As we face more and more serious challenges in our lives today, psychotherapists can play an especially important role in helping people be better problem solvers. To do so, we need to help people be clear-eyed about what they may choose to do now if they are to have better consequences later.

Metaphorically, we collectively face a planet-wide "marshmallow test" (i.e., a chance to make higher quality, forward-looking decisions yielding better consequences) that I hope we'll pass. With no exaggeration, the future of our planet and species depends on it. Age progression in hypnosis is a practical means of helping in this regard. Thus, it is timely to have this special issue of the journal made available to practitioners. I'd like to express my thanks to Moshe Torem, M.D., the guest editor of this special issue, for inviting me to contribute this article.

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References

- Bonshtein, U., & Torem, M. (2017). Forward affect bridge. *International Journal of Clinical and Experimental Hypnosis*, 65(1), 43–51. doi:10.1080/00207144.2017.1246870
- Boyd, J., & Zimbardo, P. (2005). Time perspective, health, and risk taking. In A. Strathman & J. Joireman (Eds.), *Understanding behavior in the context of time: Theory, research and application* (pp. 85–108). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Carvalho, C., Caetano, J., Cunha, L., Rebouta, P., Kaptchuk, T., & Kirsch, I. (2016, December). Open-label placebo treatment in chronic low back pain: A randomized controlled trial. *Pain*, 157(12), 2766–2772. doi:10.1097/j.pain.0000000000000700

- Dunn, D. (Ed.). (2017). *Positive Psychology: Established and Emerging Issues*. New York, NY: Routledge.
- Ellis, E., Elwyn, G., Nelson, W., Scalia, P., Kobrin, S., & Ferrer, R. (2018, February). Interventions to engage affective forecasting in health-related decision making: A meta-analysis. *Annals of Behavioral Medicine*, 2(2), 157–174. doi:10.1093/abm/kax024
- Ettman, C., Cohen, G., Abdalla, S., Sampson, L., Trinquart, L., & Castrucci, B. October 4 2021. *Persistent depressive symptoms during COVID-19: A national, population-representative, longitudinal study of U.S. adults*. The Lancet. Regional Health.
- Frisaldi, E., Piedimonte, A., & Benedetti, F. (2015). Placebo and nocebo effects: A complex interplay between psychological factors and neurochemical networks. *American Journal of Clinical Hypnosis*, 57(3), 267–284. doi:10.1080/00029157.2014.976785
- Gilbert, D., Gill, M., & Wilson, T. (2002, May). The future is now: Temporal correction in affective forecasting. *Organizational Behavior and Human Decision Processes*, 88(1), 430–444. doi:10.1006/obhd.2001.2982
- Grant, A. (2021). *Think again; The power of knowing what you don't know*. New York, NY: Viking.
- Greenberger, D., & Padesky, C. (2016). *Mind over mood: change how you feel by changing the way you think* (2nd ed.). New York, NY: Guilford.
- Kern, A., Kramm, C., Witt, C., & Barth, J. (2020, January). The influence of personality traits on the placebo/nocebo response: A systematic review. *Journal of Psychosomatic Research*, 128. doi:10.1016/j.jpsychores.2019.109866
- Kirsch, I. (2017). Placebo effects and hypnosis. In G. Elkins (Ed.), *Handbook of medical and psychological hypnosis: Foundations, applications, and professional issues* (pp. 679–686). New York, NY: Springer.
- Lankton, S. (2008). *Future creating emanated images, Tools of intention: Strategies that inspire change*. pp. 67–72. White Plains, NY: Crown House Publications.
- Lankton, S. & Lankton, C. (1986). *Using emanated imagery, Tales of enchantment: Goal-Oriented metaphors for adults*. 242–244. New York, NY: Brunner/Mazel.
- Lebowitz, M., Dolev-Amit, T., & Zilcha-Mano, S. (2021). Relationships of biomedical beliefs about depression to treatment-related expectancies in a treatment-seeking sample. Advance online publication *Psychotherapy*, 58(3), 366–371.
- Lench, H., Levine, L., Dang, V., Kaiser, K., Carpenter, Z., Carlson, S., . . . Winckler, B. (2021). Optimistic expectations have benefits for effort and emotion with little cost. *Emotion*, 21(6), 1213–1223. doi:10.1037/emo0000957
- Lench, H., Levine, L., Perez, K., Carpenter, Z., Carlson, S., Bench, S., & Wan, Y. (2019). When and why people misestimate future feelings: Identifying strengths and weaknesses in affective forecasting. *Journal of Personality and Social Psychology*, 116(5), 724–742. doi:10.1037/pspa0000143
- Lopez, S., Pedrotti, J., & Snyder, C. (2014). *Positive psychology: The scientific and practical explorations of human strengths* (3rd ed.). Los Angeles, CA: Sage.
- Maruta, T., Colligan, R., Malinchoc, M., & Offord, K. (2000). Optimists vs. pessimists: Survival rate among medical patients over a 30-year period. *Mayo Clinic Proceedings*, 75(2), 140–143.
- Mischel, W. (1964). Delay of gratification, motivation for the prohibited gratification, and Responses to temptation. *Journal of Abnormal and Social Psychology*, 69(4), 411. doi:10.1037/h0048918
- Mischel, W. (1972). Cognitive and attentional mechanisms in delay of gratification. *Journal of Personality and Social Psychology*, 21(2), 204. doi:10.1037/h0032198
- Mischel, W. (2014). *The marshmallow test: Why self-control is the engine of success*. New York, NY: Little, Brown and Co.
- Schroder, H., Duda, J., Christensen, K., Beard, C., & Björgvinsson, T. (2020, November). Stressors and chemical imbalances: Beliefs about the causes of depression in an acute psychiatric treatment sample. *Journal of Affective Disorders*, 276, 537–545. doi:10.1016/j.jad.2020.07.061
- Seligman, M. (2007). *The optimistic child: A proven program to safeguard children against depression and build lifelong resilience*. New York, NY: Houghton Mifflin.
- Seligman, M. (2011). *Flourish: A vision of new understanding of happiness and well being*. New York, NY: Free Press.

- Seligman, M. (2018). *The hope circuit: A psychologist's journey from helplessness to optimism*. New York, NY: Hachette Book Group.
- Seligman, M. (December 4, 2021). Positive psychology in the post-covid world. Speech given at the 2021 *Virtual Evolution of Psychotherapy Conference*. Sponsored by the Milton H. Erickson Foundation. Available at www.evolutionofpsychotherapy.com.
- Sloman, S., & Fernbach, P. (2017). *The knowledge illusion: Why we never think alone*. New York, NY: Riverhead Books.
- Strathman, A., and Joireman, J. (Eds.), (2005). *Understanding behavior in the context of time: Theory, research and application*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Torem, M. (1992). "Back from the future": A powerful age-progression technique. *American Journal of Clinical Hypnosis*, 35(2), 81–88. doi:10.1080/00029157.1992.10402990
- Torem, M. (2006). Treating depression: A remedy from the future. In M. Yapko (Ed.), *Hypnosis and treating depression: Applications in clinical practice* (pp. 97–119). New York, NY: Routledge.
- Torem, M. (2017). Future-focused therapeutic strategies for integrative health. *International Journal of Clinical and Experimental Hypnosis*, 65(3), 353–378. doi:10.1080/00207144.2017.1314745
- Torem, M. (2019). Age progression as a therapeutic modality. In M. Jensen (Ed.), *Handbook of hypnotic techniques: Favorite methods of master clinicians* (Vol. 1, pp. 11–28). Kirkland, WA: Denny Creek Press.
- Wilson, T., & Gilbert, D. (2005). Affective forecasting: Knowing what to want. *Current Directions in Psychological Science*, 14(3), 131–134. doi:10.1111/j.0963-7214.2005.00355.x
- World Health Organization (WHO). 2017. January. 3. *Depression and other common mental disorders*. WHO Geneva.
- Yapko, M. (1992). *Hypnosis and the treatment of depressions: Strategies for change*. New York, NY: Brunner/Mazel.
- Yapko, M. (2001). *Treating depression with hypnosis: Integrating cognitive-behavioral and strategic approaches*. New York, NY: Brunner/Routledge.
- Yapko, M. (2009). *Depression is contagious*. New York, NY: The Free Press.
- Yapko, M. (2010, June). Hypnotically catalyzing experiential learning across treatments for depression: Actions can speak louder than moods. *International Journal of Clinical and Experimental Hypnosis*, 58(2), 186–200. doi:10.1080/00207140903523228
- Yapko, M. (2016). *The discriminating therapist: Asking "how" questions, making distinctions, and finding direction in therapy*. Fallbrook, CA: Yapko Publications.
- Yapko, M. (2019). *Trancework: An introduction to the practice of clinical hypnosis* (5th ed.). New York, NY: Routledge.
- Yapko, M. (2021). *Process-oriented hypnosis: Focusing on the forest, not the trees*. New York, NY: WW Norton.
- Zimbardo, P., & Boyd, J. (1999). Putting time in perspective: A valid, reliable individual-differences metric. *Journal of Personality and Social Psychology*, 77(6), 1271–1288. doi:10.1037/0022-3514.77.6.1271
- Zimbardo, P., & Boyd, J. (2008). *The time paradox: The new psychology of time that will change your life*. New York, NY: The Free Press.
- Zimbardo, P., & Sword, R. (2017). *Living and loving better with time perspective therapy: Healing from the past, embracing the present, creating an ideal future*. Jefferson, NC: Exposit.
- Zimbardo, P., Sword, R., & Sword, R. (2012). *The time cure: Overcoming PTSD with the new psychology of time perspective therapy*. San Francisco, CA: Jossey-Bass.