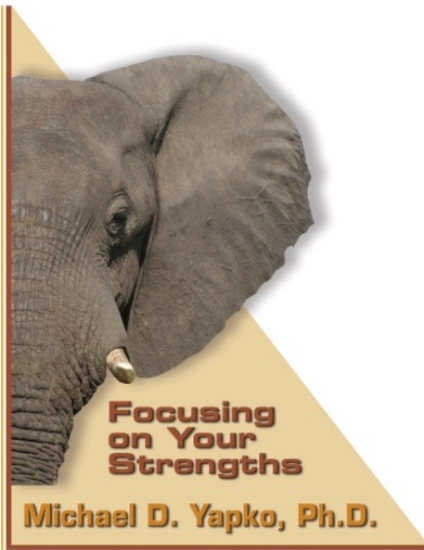


Higher Thought Institute presents The Power of Words to Change Lives

with

Michael D. Yapko, Ph.D.

November 11, 2023

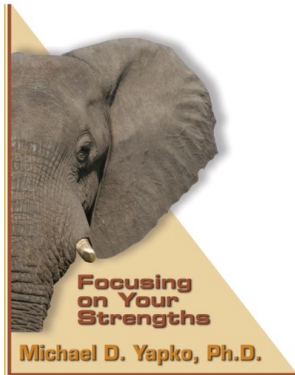


The goal of this short webinar is to introduce you to the rich and complex world of clinical hypnosis and a specific approach called
“Process-Oriented Hypnosis”

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



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

Hypnosis Provides a Context of Self-Discovery

- How would the woman I just described 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? It changed my life...but more importantly, it changed *hers*
- 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?



The Case of Morgan:
A Brief Demonstration of Hypnosis for Recovery of Hand
Functions Following a Pediatric Stroke in a Teen

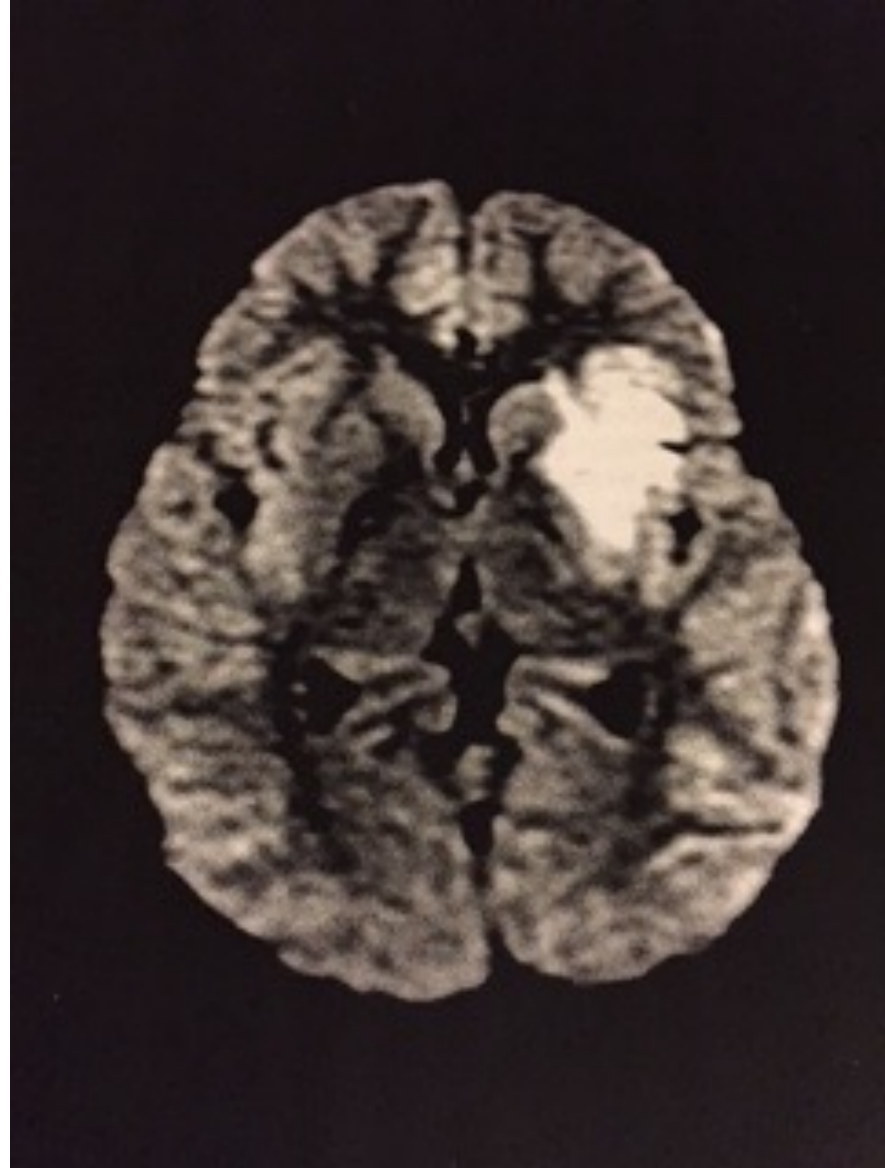
The following demonstration, recorded simply on a smart phone during a session, is by my highly skilled student and colleague, psychotherapist **Ron Bishop, MFT**

Morgan's History

- Age 8 when stroke occurred, likely from a birth defect in an artery.
- She had exhausted traditional western medicine approaches, including surgeries, physical therapy, acupuncture, and Botox.
- She also had CBT for social anxiety when she re- entered school. She simply retreated. Recently she said the emotional pain was worse than the physical pain, which was relentless.

Morgan's initial MRI indicated a **left hemispheric stroke** and showed acute diffusion restriction of the left insular cortex, striatum and basal ganglia. She suffered an immediate **loss of her right arm and leg functions** as well as difficulties with a limited attention span and executive functioning.

Morgan's MRI



I think something wonderful happened
because Ron had the *courage to try* and
because he spoke the language of *possibility*

Modern clinical hypnosis employs attentional focusing strategies to elicit healing resources patients may not even know they have, empowering them in the process

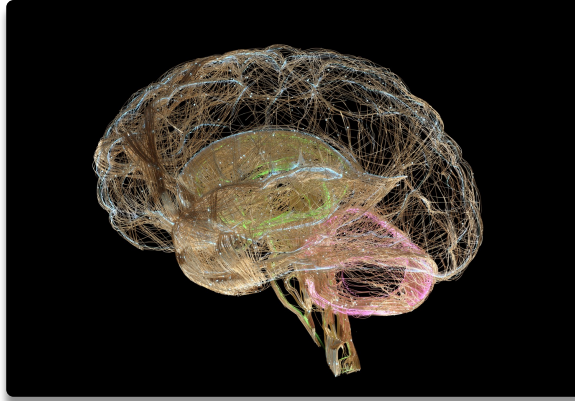
Hypnosis, the study of how people generate experience, especially in response to suggestions from others has a great deal to offer in terms of relevant insights into the therapeutic process



Think in these terms:

What *frame of mind* does someone need to be in in order to achieve their goal?

Hypnosis is about building frames of mind



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?

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?

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

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

Content vs. 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.

*“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?

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)

Michael D. Yapko, PhD



PROCESS-ORIENTED
HYPNOSIS

Focusing on the Forest, Not the Trees

www.yapko.com

Given the Arthur Shapiro Award from **SCEH** as the “Best Book on Hypnosis in 2021”

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*.



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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

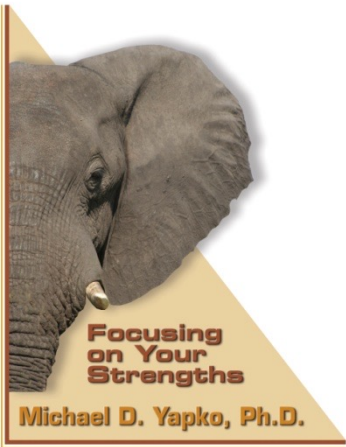
Focus on “how” the fear is generated.

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

Some foundational perspectives about hypnosis



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.

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.)

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)

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 process-oriented 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

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.

“You make general statements
that a person can apply to
specifics within his own life.”

Milton H. Erickson, M.D.

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

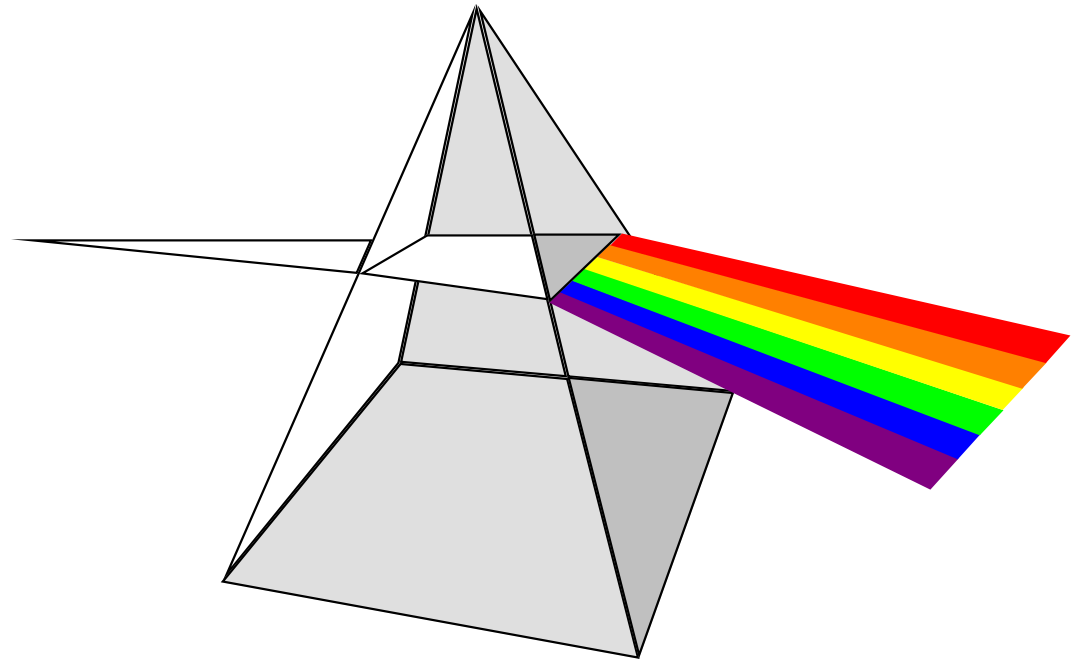
Hypnosis is about ***securing and guiding focus*** in ways that enhance experience

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.

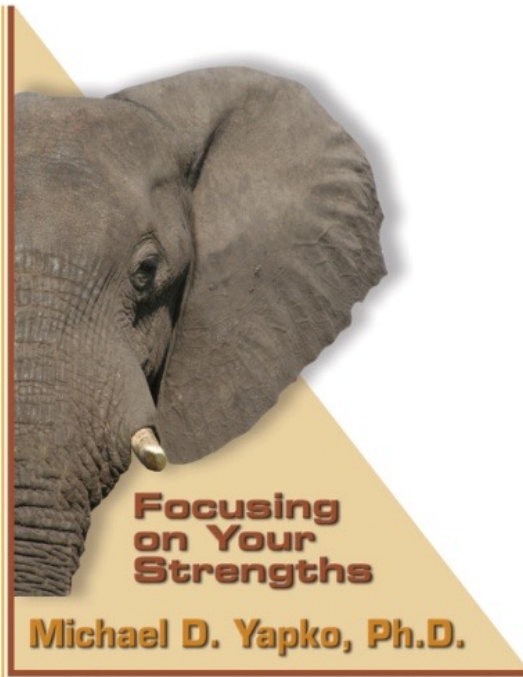
My own recent work has focused on a type of attentional blindness related to cognitive style

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

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

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

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*

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

Process How the person deals with things they're afraid of

Content Addressing the specific thing they're angry about

Process How the person deals with frustrations

Content Addressing a specific impulsive behavior

Process How the person deals with impulses

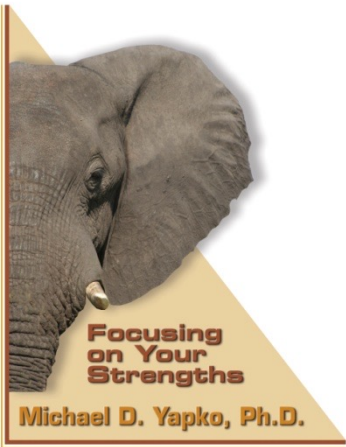
Content Addressing the specific (or global) issue for which they have negative expectations

Process How the person forms their expectations

Time for some Q & A



Thank you for coming and
for your kind attention



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