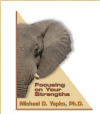


Foundations for Integrating Hypnosis into Your Therapies for Treating Anxiety, Depression, and Pain

with

Michael D. Yapko, Ph.D.
Webinar Section 1 of 12



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1

This is an **educational** program designed to teach you some foundational principles and methods for applying hypnosis in clinical contexts. It is the viewer's responsibility to check on licensing and credentialing requirements where they practice and to be conscientious about not going beyond the ethical boundaries of your scope of knowledge and practice.

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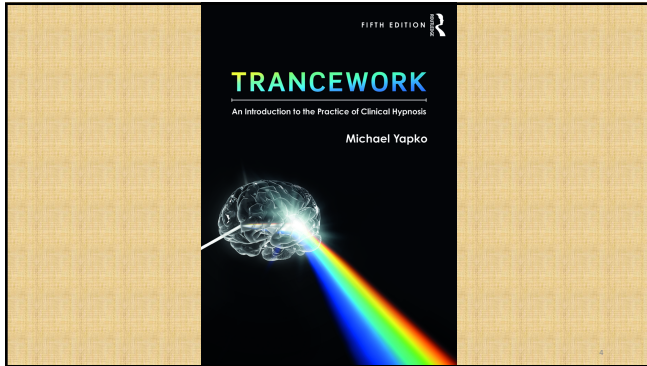
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Overview and Foundational Concepts



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3



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 subjective experience
- Highlights the malleability of experience
- Enhances one's sense of personal control
- Multi-dimensional applications
- Enhances cognitive, behavioral and emotional flexibility

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5

So, Why Do Hypnosis?

- 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

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6

People in hypnosis process
information differently, and they are
able to access abilities they otherwise
don't know how to elicit



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Thus, you have to ask yourself
what you believe about people
and their innate abilities

Do you believe people have more resources than
they consciously realize?

If so, how can they effectively access them?

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8

What Does Hypnosis Do?

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

It generates associations and dissociations.

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9

Lesson #1:

What You Focus on, You Amplify in Your Awareness

The salient clinical questions are, "What do we want the client to focus on, and why?"

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10

The Complexity of Hypnosis

Hypnosis requires a broad base of knowledge across a variety of fields, including:

- Social psychology
- Neuroscience
- Dynamics of clinical interaction
- Communication
- Cognitive neuroscience
- Phenomenology

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11

People in the field often decry the lack of a good definition of hypnosis

That's understandable, but how do you define something so abstract with precision?

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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.

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13

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.

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In *Trancework* (5th edition), p.8

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Think in these terms: What *frame of mind* does someone need to be in in order to achieve the goal?

Hypnosis is about building frames of mind

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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

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15

Thus, the Salient Question...

Is **NOT**, "Does hypnosis cure problem X?" Rather, the salient question is, "If one applies therapy approach Y *without* hypnosis and applies therapy approach Y *with* hypnosis, will the addition of hypnosis to the process likely enhance the treatment outcome?"

The evidence strongly suggests the answer is **yes**.

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17

Hypnosis Isn't A Good Thing...Or Bad

Hypnosis is **neutral**, capable of generating either therapeutic or symptomatic experience. We're here to study the therapeutic applications, of course.



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18

How do people generally
regard hypnosis?

It's a mixed reaction from both professionals and the general public; a curiosity about hypnosis mixed with skepticism and misapprehension based on commonly held misconceptions

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19

Commonly Held Misconceptions About Hypnosis

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20

Some Common Myths About Hypnosis

- Hypnosis is caused by the power of the hypnotist
- You'll say or do things against your will
- Hypnosis fosters dependency
- You can get "stuck" in hypnosis
- You're unconscious in hypnosis
- Hypnosis is simply relaxation
- Hypnosis bypasses critical thinking
- Hypnosis increases accurate recall

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21

As you can tell, many of the most common misconceptions revolve around issues of power and control

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22

Hypnosis in Modern Cognitive Neuroscience

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

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Hypnosis in Modern Cognitive Neuroscience: The *Intrinsic* Focus

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

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

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24

Hypnosis in Modern Cognitive Neuroscience: The *Instrumental* Focus

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

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

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

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25

Questions About The Brain in Hypnosis

- Are there morphological differences between the brains of high and low hypnotizables?
- Are there cognitive differences that have a neuropsychophysiological basis?
- Are there physiological correlates of the hypnotic state that can be identified and measured?

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26

Questions About The Brain in Hypnosis

- Are neurophysiologically measurable state changes a cause or reflection of the hypnotic experience?
- To what extent do the neurophysiological data reflect the hypnotic induction process(es) used rather than the hypnotic state itself?
- How does a suggestion get converted into a (cognitive, behavioral, physical, etc.) response?

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27

Is there a specific biological signature for hypnosis?

No, at least none found yet. But there are *tendencies* in the form of shifts in cognitive processing.

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Suggesting Seeing in Color vs. Black and White

- Conducted at Harvard University by Stephen Kosslyn and colleagues, the study was designed to find out whether hypnosis could be used to modulate color perception. Ss were shown a series of patterns, some involving colors and some only shades of gray while in waking and hypnotized conditions.
- Color stimuli were shown to be processed in a separate brain region than the gray stimuli.

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29

Suggesting Seeing in Color vs. Black and White

- Researchers suggested that the Ss visualize each image shown them as either color or b&w 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

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30

Does the mind fool the brain in hypnosis?

“Hypnotic visual illusion alters color
processing in the brain.”

Kosslyn et al., *Am J of Psychiatry*, 2000, 157, 1279-1284

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31

The Eye Pupil Adjusts to Imaginary Light: A 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.

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32

The neurological bottom line: Hypnosis produces changes in the brain's arousal and attention systems, but these vary across individuals and even across experiences within individuals

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33

Major Models of Hypnosis

There are many different models of hypnosis, each advocating a way of thinking about the process of doing hypnosis as well as the subjective nature of the experience. One simplistic, yet meaningful, way to characterize the differing models is as follows:

- Traditional
- Standardized
- Utilization (Ericksonian)

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34

The Possible Power Distributions in Any Human Relationship

- **A > B**; Traditional/Authoritarian hypnosis where the hypnotist is the expert to be *obeyed*
- **A < B**; Standardized hypnosis where the client must find a way to respond meaningfully to scripted approaches
- **A = B**; Utilization/conversational (Ericksonian) approaches which rely on mutual responsiveness within a collaborative framework

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35

The best way, in my opinion, to distinguish models is by whether the model is *intrapersonal* and/or *interpersonal* in nature

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36

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

This is why different people can differ so dramatically in how they apply hypnosis; each has very different ways of viewing client problems, the goals of therapy, the nature of hypnosis, what it means to be human, what matters in life, and many other such personally defining influences on one's approaches

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37

Thanks for your kind attention!

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38
