

Being Hypnotic In Couple
Therapy.
A Collaborative Exploration
Applying Michael
Yapko's Ideas in Our Work With
Couples.

Roadmap for Today's Workshop

- How might it make sense to apply a hypnotic framework to our work with couples?
- What key features from a variety of models of couples therapy might be useful in guiding our efforts?
- What does it mean to *be hypnotic* as a couples therapist?
- How can we utilize formal trance experiences to help partners reach their goals?
- Building on June's workshop, how might we apply Michael Yapko's ideas and tools to the "micromoments" of a couple session?

Yapko Review

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

Yapko Review

- Think in these terms: What *frame of mind* does someone need to be in order to achieve the goal?
- Hypnosis is about building frames of mind.

Yapko Review

- Hypnosis isn't a good thing....or bad.
- Hypnosis is neutral, capable of generating either therapeutic or symptomatic experience.

Yapko Review

- Lesson #1: What you focus on you amplify in your awareness.
- So often, the foundation of peoples' (including couples) problems is found in their focusing on aspects of experience that work against them.

Partner Co-Induced Trance:

Partners are not victims of each other's hypnosis but co-creators of the process.

("Did you remember to pay the Visa bill?")

Partner Co-Induced Trance

Carol Kershaw identifies five kinds of Cue Inductions that occur between partners:

- Visual Experiences (“The look.”)
- Power words
- Auditory Experiences (“The tone.”)
- Kinesthetic Experiences
- Use of Interspersion Suggestions (“So, are you going to be mad all day?”)

Couples Symptoms As Mutually Induced, Mutually Reinforced Negative Trance States

Systemic perspectives:

- Causality is circular.
- Behavior needs to be considered in context.
- All behavior has a communicative aspect.
- Elements of a system have predictable and patterned relationships with each other; these patterns take on a life of their own and tend to remain stable.

Trance states can be distinguished from non-trance states along a continuum of factors:

Non-Trance

- Association of thinking, feeling & doing
- Voluntary Behavior
- Low Suggestibility
- Broadly-focused Attention

- Less Vivid Imagination
- Memory as about the past

Trance

- Dissociation of thinking, feeling and doing
- Involuntary Behavior
- High Suggestibility
- Narrowly-focused Attention

- Vivid Imagination
- Memory as revivification of the past in the present

Presence of Trance Phenomena

- Amnesia
- Hallucination
- Time Distortion
- Hypermnesia
- Analgesia/Anaesthesia
- Ideodynamism: the problem is out of the partners' control
- Age Regression/Progression

Using Hypnosis In Therapy Involves

- DE-FRAME → REFRAME
- PATTERN IDENTIFICATION →
PATTERN INTERRUPTION →
PATTERN SHIFTING.
- DETAILS DRIVE SUCCESS.
 - What are the sequences by which each partner generates their contribution to the symptomatic pattern? (Yapko's Elephant Training experience)

Some of My Ideas About What Makes for Effective Couples Therapy

Information Can Be Helpful

- Appreciating the power of the unconscious;
- Understanding what the research tells us about successful couples;
- Non-pathologizing ways to view differences;
- Social psychological research on bias.
- Understanding the brain, the role of the limbic system, emotional hijackings;

Some of My Ideas About What Makes for Effective Couples Therapy-2

- Information Helps....But Only a Little
- Emotion is key: Information + motivation, Pathway to the Heart of the Matter:
- Ask: Does therapy help each partner experience him/herself differently? Does it help him/her experience their partner differently?
- Process, process, process: what and how in the here and now
- Habits are hard to change: how can we help our clients practice?
- Early change is important, as therapy has to rekindle HOPE
 - Goals
 - Pathways
 - Agency (belief it can be accomplished)
- Soliciting regular feedback can be crucial

The Challenge All Therapists Working With Couples Face

- Gottman: “Clients come to couples therapy only to have their flaws pointed out to them. Their dysfunctional thought and behavior patterns are illuminated by the brilliant, insightful therapist. They are each exhorted to change, to stop being so narcissistic and to become more giving, more empathic, and less defensive. The very basis of their own legitimate complaints about their spouse and their own versions of their own blamelessness are attacked by the therapist:

Our Challenge

- ...”you think it is not your fault, that you are perfect; but this is an illusion. You are mistaken. You are a big part of the problem. Your worst nightmare is true. What your partner has been saying about you all along is partly true. I the therapist, am as much on your partner’s side as on yours, so don’t think you have an ally here against your partner.”So most clients wind up getting nailed by the therapist...Is it any wonder that (premature) termination rates for couples therapy in actual clinics runs close to 80 percent?”
- How can we stay aligned with the couple’s desire to make their relationship more characteristically positive, to keep couples therapy as a positive experience?

Therapeutic Goals

“What people are generally looking for in couples’ relationships: experiences that help consolidate and maintain a positive, cohesive sense of self. More simply, people want a partner who makes them feel better, not worse....

Therapeutic Goals

...This generally means someone understanding, positive, and affirming; someone they can look up to, admire, and lean on in times of stress, who helps with the experience, modulation and integration of affect; and someone with whom they feel a sense of essential likeness and belonging...Troubled, conflictual couples are not reliably able to provide these experiences for each other.”

-Carla Leone, Ph.D.

Yapko's Four Basic Questions

- What are the couple's goals, specifically, concretely?
- What specific abilities will they need to succeed?
- Does each partner have the resources?
- Can each partner perform the desired response within the appropriate context?

Therapeutic Goals: Gottman

- Replace the Four Horsemen with their Antidotes:
 - Soft Start Up
 - Avoid a judgmental attitude
 - **Criticism** → Complain without Blame
 - Stand up for yourself without putting your partner down
 - Accept Influence
 - **Defensiveness** → Take Responsibility, Look for the Understandable Part, Give Equal Regard
 - **Stonewalling** → Build Ability to Self Soothe
 - Distinction between strong emotion and flooding (DPA) is key; we need the emotion in the room for effective rewiring, state dependent learning.

Therapeutic Goals: Gottman

- Make Effective Repair
 - Offer Assurances
- Respect Your Partner's Dreams, Hold on to Your Own
 - Understand and Explain What is At Stake: Be Able to Move from Gridlock to Dialog on Perpetual Problems

Therapeutic Goals: Gottman

- Dissolve **Contempt** by Developing the 5:1 Ratio, Five Positives for Every Negative
 - Make and Respond to Bids For Connection (Turning Toward vs. Turning Away/Against)
 - Cultivate and Express Curiosity About Each Other's Worlds
 - Notice and Acknowledge the Positive, (Important That These Actions are Fueled By Activation of Internal States From Which Tenderness, Fondness, Longing, Interest Naturally Emerge.)
 - Pursue Shared Meaning and Purpose

Therapeutic Goals:

Brent Atkinson/PET-C

- Increase Attitudes & Behaviors Predictive of Relationship Success, Decrease Those Predictive of Failure (Gottman)
- Address the automatic conditioned internal states that perpetuate unhelpful thinking & action, & block needed thinking and action.
Defensive → Receptive Internal State.
- Help each partner develop the belief that they can powerfully influence the way each treats the other. How do you respond when your partner is at his/her worst?

Therapeutic Goals: Atkinson/PET-C

- Help each partner Develop the Ability to Shift Internal States in the needed situation; echoes Yapko's emphasis on contextualization.
- Help Partners Connect with Internal States that Naturally Produce Intimacy

Therapeutic Goals: Leone/ Self Psychological

- What are each partners **self capacities**? Does each partner have a **positive, cohesive sense of self**? Does each partner have the **ability to articulate, regulate and integrate affect**?
 - If not, they may be more dependent on the other for affirmation/soothing and more reactive to hurts/disappointments, either overwhelmed by or deadened to their own and the other's feelings. They have higher needs for responsiveness from the other while less capacity to offer needed responsiveness.

Therapeutic Goals: Leone/ Self Psychological

- What are each partner's unconscious **organizing frameworks**? (Those templates which influence what partners expect and fear in relationships, what they notice and attend to, the meaning they attach to particular interactions, and their emotional/ behavioral responses. (“a core emotional conviction...”) (Young's Schemas, Attachment Style)
- Self capacities and organizing frameworks influence/shape the particularities of the couple's pattern of relating.

Therapeutic Goals: Leone/ Self Psychological

- Forward Edge/Trailing Edge:
 - Defensiveness and resistance are viewed as “obligatory measures of self-protection.” The emphasis becomes understanding how such behaviors protect a vulnerable self.

Therapeutic Goals: Leone/ Self Psychological

- Forward Edge/Trailing Edge:
 - Aggressive behaviors, including verbal aggression, are viewed as efforts to do one or more of the following:
 - Communicate the experience of injury or threat and put a stop to the injurious behavior
 - Demand or otherwise elicit desperately needed responses from the partner
 - Restore or shore up the self, tapping the energizing and protective qualities of anger.

Therapeutic Goals: Leone/ Self Psychological

- Can Each Partner:
 - Communicate his/her needs clearly?
 - Grasp the other's needs and accurately read their cues?
 - Understand each other's experience and behaviors?
 - Tolerate occasional empathic failures without feeling threatened?
 - Repair empathic ruptures quickly?

Therapeutic Goals: Sue Johnson/EFT

- Therapy is organized around Attachment Theory
 - Seeking/maintaining contact is prime human motivation
 - Accessibility and Responsiveness → Safe Haven and Secure Base
 - Fear and Uncertainty Activate Attachment Needs
 - Separation Distress follows predictable trajectory: Protest → Cling and Seek → Depression and Despair → Detachment
 - Predictable attachment strategies: Secure, Anxious, Avoidant, Chaotic/Disorganized

Therapeutic Goals: Sue Johnson/EFT

- Emotion Drives The Dance
 - Focuses attention to one's own needs and to relevant environmental/social cues
 - Colors perception and interpretation, activates state dependent memory
 - Primes and organizes responses
 - Activates core beliefs concerning self, other and the nature of relationships
 - Communicates with others and pulls for particular responses from others

Therapeutic Goals: Sue Johnson/EFT

- Therapy follows a stage model
- Stage One:
 - Problem Cycle Identified;
 - Implicit Secondary Emotions Made Explicit and Placed in Context,
 - Underlying Primary Attachment Emotions Accessed
 - The Problem Cycle/Pattern is Reframed/Externalized as the Common Enemy and Source of the Partners Deprivation and Distress

Therapeutic Goals: Sue Johnson/EFT

- Stage Two:
 - Each Partner Deepens Connection to Implicit Needs, Fears, Models of Self and Other
 - Promote Each Partner's Understanding/ Acceptance of The Other
 - Orchestrate Enactments, Direct Expression of Needs and Wants
 - Withdrawer Re-engagement
 - Blamer Softening

Therapeutic Goals: Sue Johnson/EFT

- Stage Three
 - Facilitate New Solutions to Old Relationship Problems
 - Consolidate New Positions, New Cycles of Attachment Behaviors

Therapeutic Goals: Sue Johnson/EFT

- So much of the therapist's role is tracking, accessing, reflecting, deepening and validating emotion and emotion's connection to attachment needs (the within work)
- Then inviting partners to share their reactions (the between work)
- Framing each person's behavior within the Cycle in the context of Attachment Needs

Therapeutic Goals: Dan Wile's Collaborative Couple Therapy

- Sees the heart of the problem couples face is loss of voice:
 - “People feel alone in their experience. They are unable to express what they think and feel or know exactly what it is; they lose their voice.”

Therapeutic Goals: Dan Wile's Collaborative Couple Therapy

- “If you lack the self-compassion and are unable to confide your leading-edge feeling (i.e. what's most alive for you in that moment) which could turn your partner into an ally, you are stuck in a fallback measure making the avoidant shift which turns your partner into a stranger or making the adversarial shift which turns your partner into an enemy.”

Therapeutic Goals: Dan Wile's Collaborative Couple Therapy

“Psychopathological behavior is fall-back behavior-what are stuck doing as a result of their inability to pin down and confide their leading edge feelings. Our task is to help them pin down these feelings... helping them express what they need to say...working collaboratively with them.”

Therapeutic Goals: Dan Wile's Collaborative Couple Therapy

In his approach, everything is secondary to the central task of looking for the “elegant statement” which has two interrelated aspects:

- The leading edge, heartfelt feeling (the primary emotion)
- A “platform” (meta-level) statement, which conveys the personal or relationship dilemma he or she is in.

Therapeutic Targets: Yapko

- And Adding to the Complexity!
 - Each Partner brings their personal factors
 - Abstract vs Concrete
 - Global vs Linear
 - Internal vs External Locus of Control
 - Attributional Style
 - Response Style: Open vs Guarded
 - Tolerance for Ambiguity
 - Attentional Style
 - Temporal Orientation

One More Time: Our Task

- DE-FRAME → REFRAME
- PATTERN IDENTIFICATION →
PATTERN INTERRUPTION →
PATTERN SHIFTING.
- DETAILS DRIVE SUCCESS.
 - What are the sequences by which each partner generates their contribution to the symptomatic pattern? (Yapko's Elephant Training experience)

How Does Each Partner Self Organize?

- Perception
- Interpretation/Attribution
- Emotion
- Beliefs/Internal Working Models
 - Of Self
 - Of Emotions
 - Of Partner
 - Of Relationships
- Behavioral Tendencies

Being Hypnotic vs. Doing Hypnosis

- “Being hypnotic means engaging purposefully with people,
- accepting the responsibility for being an agent of influence and change,
- and striving to use the capacity for influence intelligently and sensitively.”

Being Hypnotic vs. Doing Hypnosis

- “Being hypnotic means knowing that the capacity for being absorbing, engaging, and influential doesn’t only happen when formal induction takes place. Being hypnotic simply means incorporating hypnotic principles into one’s very way of being, and is revealed through each interaction.” (Yapko, 2001, p. 26)

Hypnotic Tool Box

- Tools Using Formal Trance
 - Affect Regulation Tool Box - Carolyn Daitch
 - Scripts and Ideas for Self-Soothing, Internal Focus/ Mindfulness, Emotion Regulation and Impulse Control, Changing Cognitions, Developing a Dual Perspective, Behavioral Rehearsal, Amplifying Positive Feelings
 - Brent Atkinson's PET-C "re-wiring practice"
 - Practice to recondition interfering internal states.

Hypnotic Tool Box

- Indirect/Alert Trance Interventions
 - Pacing and Leading: EFT's RISSSC is one lovely example
 - Repet key words and phrases for emphasis
 - Images
 - Simple and Concise
 - Slow Pace
 - Soft Voice
 - Client's Words and Phrases

Hypnotic Tool Box

Hypnotic Language: Evoking/

Eliciting a Response (vs. conveying information)

- Re-Framing
- Utilization
- Implication (“There’s a part of you that doesn’t want to listen to me...”)
- Parts Language
- Truisms
- Metaphor, Symbol, Imagery
- Contingent suggestions (“While you_____, you can_____.” “As you feel_____, you recognize_____”.)
- Implied Directive: “As soon as (implied suggestion of internal response) then (behavioral response that signals the suggestion has been accomplished.)
- Illusion of choice
- Single Word Suggestions

Lets Put These In the Tool Box Too

Principles of “Sticky Ideas:”

- Simple
- Unexpected/Incongruous/Can Involve Humor
- Concrete
- Credible/Inspire Confidence
- Address Perceived Self-Interest
- Harness Emotion/Convey Empathy
- Stories
 - » From Made To Stick Why Some Ideas Survive and Others Die by Chip and Dan Heath
 - » And Split Second Persuasion The Ancient Art and New Science of Changing Minds by Kevin Dutton

Possible Template for Indirect/On the Fly Hypnotic Intervention

- Fully Engage Partner's Attention
- Build A Response Set, Induction via Pacing, Language, Tone
- Introduce Therapeutic theme/direction
- Introduce metaphor
- Then Interact with Partner regarding the meaning they derive