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Clinical Hypnosis is Changing Our Minds
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Clinical Hypnosis is Changing Our Minds
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Teaching Objectives
We will do our best to help participants learn:
1. What we mean by conversational hypnosis and hypnosis as a skill set.
2. What it means to be person- not problem/diagnosis-centered.
3. How to become comfortable with uncertainty, change, and being non-directive.
4. Use something from this workshop with your clients.

Table 1. Basic Skills for Conversational Hypnosis from Sugarman, Schafer, Alter & Reid, 2018.

<table>
<thead>
<tr>
<th>Basic Skills</th>
<th>Description</th>
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<tbody>
<tr>
<td>Kneading</td>
<td>Driving embodiment by responding to the non-verbal content of the client’s communication: gestures, posture, facial expression, eye-movements, sighing and prosody, e.g. “That was a deep breath, wasn’t it?”</td>
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<tr>
<td>Wondering</td>
<td>Introducing and modeling uncertainty by expressing curiosity, awe and ignorance of how the client experiences and understands a problem or condition, e.g. “How do you do that?”</td>
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<td>Wandering</td>
<td>Contingent “Wondering” in which the curiosity, awe and ignorance is based upon a revelation or new understanding, progressing the plasticity of trance to more epiphanies, e.g. “Then what do you do?”</td>
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<tr>
<td>Pro/Regression †</td>
<td>Referencing a period or condition in the client’s personal history during which she or he experiences more plasticity, intensive learning, change and growth. Generally, from mid-adolescence on, this means accessing an earlier period in life, i.e. re-gression. Often, for children who feel disadvantaged by adult-imposed restrictions, this means going toward their future, empowered selves, i.e. pro-gression. This can be accomplished implicitly as the clinician adopts an attitude, prosody and word choice representing as adult speaking to a younger (in regression) or older (progression) client.</td>
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† This awkward term, in part derived from the Latin, *gresari,* “go,” could best be simplified to the noun form, “gregation” or “congregation” meaning “with” or “together going.”
Exercises to play with:
1. Practice mentioning embodied change (gestures, breaths, facial expression, posture) in your verbal responses to clients from the beginning of the encounter.
2. When the client describes a symptom or resolution in the course of a clinical encounter, (e.g., Then my stomach started hurting; Then it went away.”) be very curious and wonder out loud “How did you do that?” Be prepared for, “I don’t know.”
3. When the client is focused in the past or anticipating an imagined future, practice orienting them into the present the moment.
4. When the client is focused on a present worry or concern, use pro/regressive skills to source future or past abilities.
5. During your next clinical encounter, imagine all of the brain-body pathways that are “lighting up” with activation in both you and your client as you express your wonder and curiosity about their abilities to change.

References


RBUP Child & Adolescent Hypnosis Workshop 2017
Experiential Exercise 2: Basic Skills

KEY:
O = Operator. The person identified in the role of the clinician, director of the experience.
S = Subject. The person identified in the role of the client/patient, receiver of the experience.
V = Viewer. The person who observes both of the others, keeping notes and time.

In all experiential exercises, be yourselves. Do not role-play. Do not waste time pretending to introduce each other as if you are in a clinical setting. Just assign starting roles and do the exercises. You need not be self-conscious, just conscious. Have fun!

For this exercise, the triad switches roles after each episode as long as time allows. The goal is to have the largest variety of individual experiences.

1. S states a problem in 1-2 sentences, e.g., “On one hand I need to _____ and on the other I wish I could ____.”
2. Each O uses one basic skill per episode to respond, starting with kneading, then wondering, wandering, and finally pro- or regression. In other words, the first O uses kneading, then the second O, then the third. Next all use wondering, etc. Opening language for this example may include:
   a. Kneading “Those hands certainly have a something to do…”
   b. Wondering “I wonder how they’re going to handle…”
   c. Wandering “…So now that you have this situation in hand, what’s next?”
   d. Progression “…Those are big hands, I bet you could really do a lot with them…”
   e. Regression “…Do you remember when you first learned which hand was which?…”
3. When either S indicates resolution or V indicates time is up, O asks a continuing question: e.g., “Will you let this [learning/changing/discovery] continue after this exercise in a satisfying way?”
4. V notes verbal and nonverbal skills for feedback.
5. Limit each interaction to 3-4 mins, then discuss it for 5 minutes before changing roles.

Before time for this session is over, summarize what lessons you have learned together, what you would like to improve in this exercise, and prepare to share this with the entire group.

Examples of opening phrases for:

**Kneading**
“That was a deep/long/slow breath…”
“What happens when you shift position like that?”
“That was a slow blink…”
“That [hand] gesture said something.”
“That’s right…”
“Yes…”

**Wondering**
“I wonder…”
“…how you do that?”
“…wonderful!”
“imagine…”

**Wandering**
“What’s going to happen…?”
“…and then what?”
“What’s your next move…?”

**Pro/regression**
Primarily nonverbal—prosody, tempo, facial expression, gestures, posture—oriented towards an older or younger person than the subject. Practice with both progression (older orientation) and regression (younger orientation).
RBUP Child & Adolescent Hypnosis Workshop 2017
Experiential Exercise 7: Find the Trance in the Encounter

This is a large group “live” interaction in which the presenter role-plays the patient and the entire participant group collaborates as clinicians, as they are inspired. The clinician-group’s role is to notice, respond to, and encourage manifestations of trance (psychobiological plasticity) in the patient. It is best to indicate readiness to contribute by standing up, rather than raising hands, to make full use of non-verbal communication.

For this exercise, the clinician-group need not attempt to develop a comprehensive history, diagnose, or create a treatment plan. Your only responsibility to ask questions, build rapport and take advantage of behavioral manifestations of trance to learn what will happen next. The goal is to get past patient’s defenses and “stuck” behavior by utilizing their moments of plasticity to help them change.

1. Presenter briefly provides a context for this encounter, then assume the role of the patient.
2. Participants then address the presenter in the role of a patient by asking questions about the problem, using basic skills, or otherwise exploring the context of the encounter.
3. When, in response to a question, the patient manifests behavior that might indicate trance, the clinician-group needs to say or do something that cultivates it or the patient will close that opportunity.
4. The patient will only respond to questions and comments directed to him in character. He will not react to third-party references (e.g., “I would ask him...” “He seems to be...”).
5. A maximum of three “time-outs” can be called by the participants if they need to discuss and collaborate. The presenter can call an “official time-out” if he feels he needs to give direction, out of character.
6. The session ends when the patient has successfully been helped to change or 20 minutes has elapsed, whichever comes first.
7. If time allows, clinician-group can compose “continuing questions,” “souvenirs,” or “anchors” for the patient.
8. After the session, the group reviews the “play” for 10 minutes.

Examples of potential Clinical Scenarios:

Evan is an 18-year-old first year college student whose mother made an appointment to see his doctor on the third Friday of October. She is concerned about his reports of recurrent abdominal pain, decreased appetite and weight loss since starting college. He has made the three-hour drive home, his first trip back since started college two months ago, for this appointment. You are covering for his regular physician.

Thirteen-year-old Wendy “can’t fall asleep at all” because her “brain is really busy” and then she begins to worry that she will not get enough sleep and fail all of her classes. When she does sleep she is aware that she is not sleeping well. Sometimes she has very scary dreams that awaken her. Her doctor has told her parents to give her diphenhydramine and melatonin but she refuses because “they aren’t natural” and she “doesn’t want to become addicted.” She feels tired all the time and has some mild stomach aches. She has recently decided to become a vegan.

Timothy is six and has been diagnosed with acute lymphoblastic leukemia. He has “always” been afraid of needles and procedures. His mother says that immunizations at the general practitioner’s office and dental visits have been “nightmares.” He once kicked a nurse and broke her nose. His oncology team’s use of sedation for procedures has resulted in anticipatory panic. They would like you to help him.