

ASCH

2026

**ANNUAL SCIENTIFIC
MEETINGS & WORKSHOPS**

New Frontiers in Hypnosis:
Human Ingenuity, AI Innovation,
and Ethical Boundaries

 VIRTUAL

March 20–22, 2026

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ASCH and ASCH-ERF jointly provided this program.

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Huaiyu Zhang has no significant financial relationships or conflicts of interest to disclose.

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Harnessing Utilization, Metaphor, and Visualization Techniques for Trauma Recovery

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Huaiyu Zhang, PhD, is a clinical psychologist within the Cardiovascular Medicine Division of the Department of Medicine at Stanford University School of Medicine. She specializes in treating cardiac patients who have experienced medical and/or interpersonal trauma. To help her patients achieve their trauma recovery goals, Dr. Zhang employs clinical hypnosis along with various therapeutic techniques, including Eye Movement Desensitization and Reprocessing (EMDR) and Acceptance and Commitment Therapy (ACT).

危 机
Wei Ji
Crisis Opportunity

MY PROFESSIONAL MISSION

INTEGRITY, CRITICAL
THINKING, & PRACTICE
PSYCHOLOGY AT ITS
BEST

HEALING, GROWTH, &
INNER FREEDOM

Learning Objectives

At the conclusion of this session, participants will be able to:

- **Recognize the common psychological and physiological disturbances associated with post-traumatic stress that can be alleviated through the application of clinical hypnosis.**
- **Acquire skills to implement specific clinical hypnosis techniques aimed at enhancing the psychological and physiological well-being of trauma survivors.**
- **Explore how to effectively integrate hypnosis with other therapeutic modalities, such as Eye Movement Desensitization and Reprocessing (EMDR) and Acceptance and Commitment Therapy (ACT), to support the recovery and post-traumatic growth of trauma survivors.**

Workshop Outline

- Case example
- Human behavior, trauma, and the power of narratives
- Clinical hypnosis and trauma recovery
- Utilization
- Metaphor
- Visualization
- Integrative case presentation on utilization, metaphor, and guided visualization

Case Example One

“Emily”, a 45-year-old, divorced, African American female patient with a history of atrial fibrillation s/p ablation. She has an extensive history of interpersonal trauma, including childhood neglect, 8 years of intimate partner violence, and recent sexual assault by a service delivery person. She has moved around recently for her safety and does not feel comfortable disclosing her address to her family members and friends. She had poor sleep quality and significant posttraumatic stress and depression at the time of intake.

Goals:

- "Wanting to experience better day-to-day experience. More tools, such trauma processing tools."
- "Anything that could be helpful to me, I am up for it. Such as foundational things, such as sleep and food."

Note: The case example presented here is a composite case for protection of patient confidentiality.

Case Example One (contd.)

My approaches:

- CBT-I for sleep quality improvement.
- EMDR for trauma processing: creating a safe/calm state, target assessment, and re-processing

Question:

What would you do to support her goals if you were me?

Note: The case example presented here is a composite case for protection of patient confidentiality.

Human Behavior, Trauma, and the Power of Narratives

Human Behavior

“I am a human, and I consider nothing that is human alien to me.”

- Terrence



Terrence 195 BC – 159? BC

Human Behavior

“There is no such thing as a wholly illogical behavior. It is always logical, that is, *psycho*-logical – if we can discern the affective state out of which it has come (p.21).”

- James Hollies, 1998



James Hollies

Understanding of Human Differences

“I think the fork that comes up the most is: Do you want to use a **pathological metaphor**, or do you want to use a **more celebratory metaphor**? Because the mainstream, whether it’s biological, psychoanalytic, cognitive behavioral..., there is something pathological, there is something broken that needs to be fixed. But in a more celebratory model, more affirmative model, more generative model, then the difference from norm is more like a gift than a dysfunction. And that gift is usually organized around sensitivity or learning.”

- Bradley Lewis, interview with Mad in America

<https://www.madinamerica.com/2023/10/bradley-lewis/>



Bradley Lewis

Pros and Cons of Prevailing Narratives



**Anxiety: Is it the symptom
manifestation of a mental
disorder or is it the
expression of a gift?**



Make a mountain out of a molehill.

Make a molehill out of a mountain.

What is trauma?

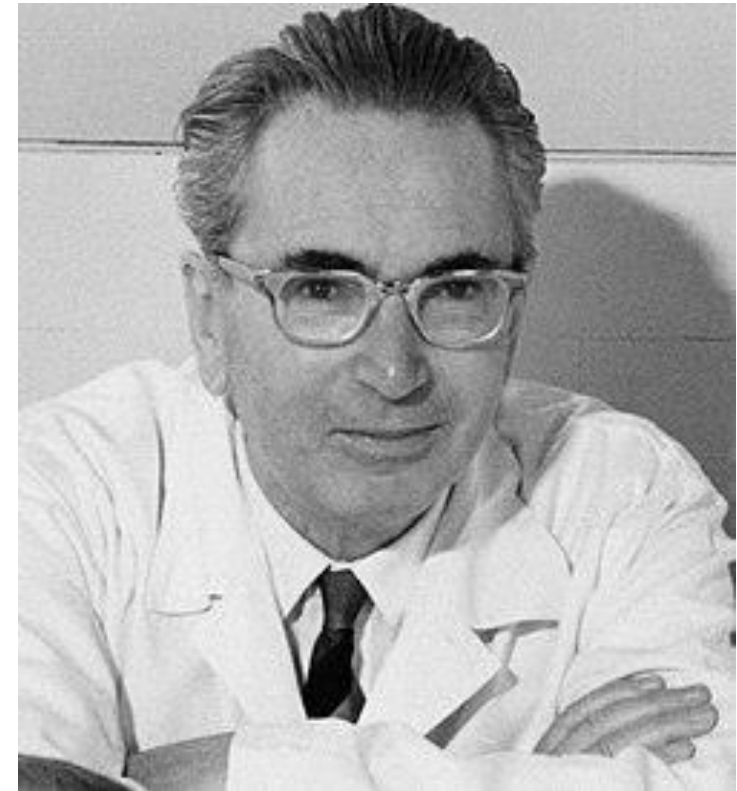
What are the ways that we humans cope with trauma?

What can be some de-pathologizing or celebratory approaches of understanding posttraumatic experiences?

Reframing Normality

“An abnormal reaction to an abnormal situation is normal behavior.”

- Viktor Frankl



Viktor Frankl 1905 - 1997

Trauma-Informed Perspective

“I argue that physiological and psychological trauma is always rational...normal...natural... proportionate...explainable (p.15-17).”

- Jessica Taylor, 2022



Jessica Taylor

Traumatic Stress as a Form of Grief

“Grief is love's souvenir. It's our proof that we once loved. Grief is the receipt we wave in the air that says to the world: Look! Love was once mine. I love well. Here is my proof that I paid the price.”

- Glennon Doyle



Glennon Doyle

**Empirical Evidence for the Following
Metaphor:**

The Gifts that Come with Costs

Diathesis – Stress Model

VS.

Differential Susceptibility Model

An Example of Diathesis – Stress Model

Review Manuscript

The Relationship Between Temperament Traits and Post-Traumatic Stress Disorder Symptoms and Its Moderators: Meta-Analysis and Meta-Regression

Maria Cyniak-Cieciura¹ and Bogdan Zawadzki²

TRAUMA, VIOLENCE, & ABUSE
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Table 5. A Summary Table.

General Findings

- All six temperament traits, defined according to Regulative Theory of Temperament, are significantly related to PTSD symptoms.
- The traits responsible for high arousal level (emotional reactivity and perseveration) show positive relation to PTSD symptoms.
- The traits responsible for the low arousal level (endurance, briskness, sensory sensitivity, and activity) show negative relation to PTSD symptoms.
- Most temperament traits (apart from sensory sensitivity) are related to PTSD symptoms when measured in a pretraumatic period, which suggests their predictive role in determining the vulnerability to PTSD development following a traumatic event.
- Among different moderators a previously unrecognized effect of gender is revealed as it explains a significant amount of the variance in the case of emotional reactivity, endurance, and perseveration—the relation is significantly stronger among men than women.

Note. PTSD = posttraumatic stress disorder.

Orchids and Dandelions (Boyce 2020)



The Differential Susceptibility Model of Individual Difference

Psychological Bulletin
2016, Vol. 142, No. 10, 1068–1110

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0033-2909/16/\$12.00 <http://dx.doi.org/10.1037/bul0000061>

Differences in Sensitivity to Parenting Depending on Child Temperament: A Meta-Analysis

Meike Slagt, Judith Semon Dubas, Maja Deković, and Marcel A. G. van Aken
Utrecht University

Several models of individual differences in environmental sensitivity postulate increased sensitivity of some individuals to either stressful (diathesis-stress), supportive (vantage sensitivity), or both environments (differential susceptibility). In this meta-analysis we examine whether children vary in sensitivity to parenting depending on their temperament, and if so, which model can best be used to describe this sensitivity pattern. We tested whether associations between negative parenting and negative or positive child adjustment as well as between positive parenting and positive or negative child adjustment would be stronger among children higher on putative sensitivity markers (difficult temperament, negative emotionality, surgency, and effortful control). Longitudinal studies with children up to 18 years ($k = 105$ samples from 84 studies, $N_{\text{mean}} = 6,153$) that reported on a parenting-by-temperament interaction predicting child adjustment were included. We found 235 independent effect sizes for associations between parenting and child adjustment. Results showed that children with a more difficult temperament

...children with a more difficult temperament (compared with those with a more easy temperament) were more vulnerable to negative parenting, but also profited more from positive parenting, supporting the differential susceptibility model.

vulnerable to negative parenting, but differential susceptibility model. Differences in adjustment problems and in social and cognitive functioning was, however, only present for effortful control did not consistently moderate the support for differential susceptibility. In summary, parenting-by-temperament interactions were more pronounced using observations compared to questionnaires.

Keywords: differential susceptibility, person-by-environment interactions, temperament, parenting, meta-analysis

The Differential Susceptibility Model of Individual Difference (contd.)

“Thus, the very quality that appears to be a frailty in children may also be their strength, given a supportive parenting context (Slagt et al 2016, p.1100).”

What about dissociation, trauma, and hypnosis?

The Autohypnotic Model of Dissociative Symptoms

“The essential point of the autohypnotic model is that ***the dissociative symptoms of a person with a dissociative disorder are motivated acts of autohypnotic, mental distancing from intolerable circumstances – and nothing else (Dell 2018, p.6).***”

The Autohypnotic Model of Dissociative Symptoms (contd.)

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Review article

Hypnotic suggestibility in dissociative and related disorders: A meta-analysis

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ARTICLE INFO

Keywords:
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Hypnotizability
Post-traumatic stress disorder
Suggestion

ABSTRACT

Elevated responsiveness to verbal suggestions is hypothesized to represent a predisposing factor for the dissociative disorders (DDs) and related conditions. However, the magnitude of this effect has not been estimated in these populations nor has the potential moderating influence of methodological limitations on effect size variability across studies. This study assessed whether patients with DDs, trauma- and stressor-related disorders (TSDs), and functional neurological disorder (FND) display elevated hypnotic suggestibility. A systematic literature search identified 12 studies. A random-effects meta-analysis revealed that patients displayed greater hypnotic suggestibility than controls, Hedges's $g = 0.92$ [0.66, 1.18]. This effect was observed in all subgroups of patients with DDs. Although there was some evidence for publication bias, a bias-corrected meta-analysis remained significant, $g = 0.57$ [0.30, 0.85]. Moderation analyses did not yield significant results. These results demonstrate that DDs and related conditions are characterized by elevated hypnotic suggestibility and have implications for the mechanism of dissociative psychopathology.

A random-effects meta-analysis revealed that patients displayed greater hypnotic suggestibility than controls, Hedges's $g = 0.92$ [0.66, 1.18]. This effect was observed in all subgroups but was most pronounced in the DDs.

Clinical Hypnosis and Trauma Recovery

Clinical Hypnosis: My Understanding

良言一句三冬暖，

Kind words warm up those on a freezingly cold day,

恶语伤人六月寒。

while hurtful words send a chill to those on a hot summer's day.

Advantages of Conducting Research on Clinical Hypnosis

- Demystify clinical hypnosis
- Test for its effectiveness, applicability and duplicability
- Promote, broaden, and specify the applicability of clinical hypnosis

My Reflections on Challenges Associated with Research on Clinical Hypnosis

- Multiple factors that impact psychological intervention outcomes (Timimi 2021)
- Variety in the techniques of clinical hypnosis and combination of techniques
- The dilemma between flexibility in clinical practice and fidelity/duplicability in research

Clinical Hypnosis for Trauma Recovery: Suitability

- Hinton and Kirmayer (2017) proposed a model of healing that serves as a common mechanism across various modalities: “*The flexibility hypnosis suggests that cognitive and emotional flexibility is represented, elicited, and enacted through multiple modalities in healing rituals* (p. 3).” Given the psychological and behavioral rigidity commonly seen among trauma survivors, Alter (2025) suggested hypnotic suggestions with visualization and metaphors serving as a suitable tool to help promote flexibility.
- Tanev and Daitch (2025) examined the applicability of hypnosis for the 4 clusters of PTSD (revisiting of traumatic experiences, avoidance, negative internal experiences, hyperarousal) and proposed that hypnosis can augment treatment effects when used in combination with established treatments.

Clinical Hypnosis for PTSD: Two Meta-analyses

- O'Toole, Solomon, and Bergdahl (2016) conducted a meta-analysis of 6 studies (3 RCTs, 3 pre/post) with 391 participants, and the results supported the efficacy of hypnotherapy in alleviating traumatic stress with large effect size, including reduction of intrusion and avoidance symptoms.
- Rotaru and Rusu (2016) conducted a meta-analysis of 6 studies (5 RCTs, 1 pre/post) with 419 participants, and the results suggested the positive impact of hypnotherapy for reduction of PTSD symptoms with large effect size. **Abreactive ego state therapy** is particularly promising.
- **Limitations:**
 - Small number of studies with mixed designs
 - Heterogeneity in forms of hypnotherapy
 - Heterogeneity in age, number of sessions, and treatment duration

Hypnosis and Trauma Recovery: Case Studies

- Moss (2020) proposed using biofeedback to enhance hypnosis-assisted autonomic regulation and shared a case example of using **hypnotic induction with deep relaxation suggestions** with EEG monitoring to support a client's trauma recovery.
- **Age progression and telescope metaphor** for PTSD in 2 children with complicated bereavement with results of alleviation of somatized symptoms (Iglesias & Iglesias 2005).
- Integrating hypnosis (**e.g., safe place visualization, split screen technique, age progression**) with other therapeutic approaches (e.g., CBT, EFT, and mindfulness) was found to aid treatment of 4 women with complex trauma (Poon 2009).
- An integrated hypnotherapy model (**i.e., Ericksonian approaches, ego state therapy, and a strength-based perspective**) helped a woman with childhood sexual trauma improve her psychological well-being (Fourie & Guse 2011).
- Several articles have explored integrating hypnosis (**e.g., ego stage therapy, metaphors, calming visualizations**) with EMDR and illustrated with case examples (Beere, Simon, & Welch 2001; Hollander & Sheila 2001; Wade & Wade 2001).

Utilization

Utilization

“These methods are based upon the **utilization** of the subject’s own attitudes, thinking, feeling, and behavior, and aspects of the reality situation, variously employed, as the essential components of the trance induction procedure (1959, p.20).”

- Milton Erickson

Utilization for Trauma: Case Studies

- Erickson (1965) proposed utilizing patient symptoms as tools for therapy and presented 3 case examples, including a patient who had experienced sexual trauma in marriage.
- In a case study, Handler (1989) used age regression-based utilization and visualization techniques to help a patient overcome hospital phobia.
- Phillips (1993) presented 3 case examples on utilizing posttraumatic symptoms as positive resources to help patients with making breakthroughs in trauma recovery.
- Phillips (1997) reported 4 case examples, including two patients with posttraumatic stress, on utilizing various therapeutic transferences as helpful resources to enhance therapeutic alliance and to aid patients' ego strengthening.

Case Example Two

“Carlos”, a 59-year-old, married, Mexican American male patient with coronary artery disease and arrhythmia. He initially lived with his family of origin which was a toxic environment for him. He experienced a heart attack on his 45th birthday. He, his wife, and their 4 children moved out of the neighborhood and moved to the area where his in-laws live following his heart attack. He had an implantable cardioverter defibrillator (ICD) placed at 51 and has experienced ICD shocks multiple times. Both the heart attack and ICD shock events have been traumatizing to him. He also reported poor sleep quality and frequent nightmares.

Goals:

- "Talking to someone about stuff in your brain that is nice. Bottomline is that I am just tired. Maybe I am tired mentally."

Note: The case example presented here is a composite case for protection of patient confidentiality.

Case Example Two (contd.)

My approaches:

- Exposure, Relaxation, and Rescription (ERRT) and CBT for Insomnia (CBT-I) for nightmare treatment and sleep quality improvement.
- EMDR for trauma processing.

An encounter:

During one earlier session, “Carlos” voiced his fear for having another heart event and said, *“My life is just like waiting on the Russian Roulette, just waiting for the next bullet to get to my head. What’s the point?”*

Question:

If you were me, how would you like to respond to “Carlos”?

Note: The case example presented here is a composite case for protection of patient confidentiality.

Utilization of the Self of the Therapist

- In Erickson's article on utilization (1959, Example 15 p.18-19), he gave an example of utilizing his own physical disability to help a 9-year-old girl build confidence in physical movement.
- **Considerations:**
 - Benefits may include promoting a sense of common humanity (e.g., flaws, resilience, self-corrective entity, growth-orientation).
 - Be mindful of whose interest such utilization technique is being served.
 - It might not be a desirable tool for a therapist who prefers to maintain personal privacy.

Case Example One Revisited: Utilization Techniques with “Emily”

“Emily”, a 45-year-old, divorced, African American female patient with a history of atrial fibrillation s/p ablation. She has an extensive history of interpersonal trauma, including childhood neglect, 8 years of intimate partner violence, and recent sexual assault by a delivery person. She has moved around recently for her safety and does not feel comfortable disclose her address to most family members and friends. She had poor sleep quality and significant posttraumatic stress and depression at the time of intake.

My approaches:

- CBT-I for sleep quality improvement.
- EMDR for trauma processing: creating a safe/calm state, target assessment, and re-processing

Utilization of the self of the therapist:

- I am a pain-in-the-ass too.
- Tears.
- Traumatic death of a friend.

Note: The case example presented here is a composite case for protection of patient confidentiality.

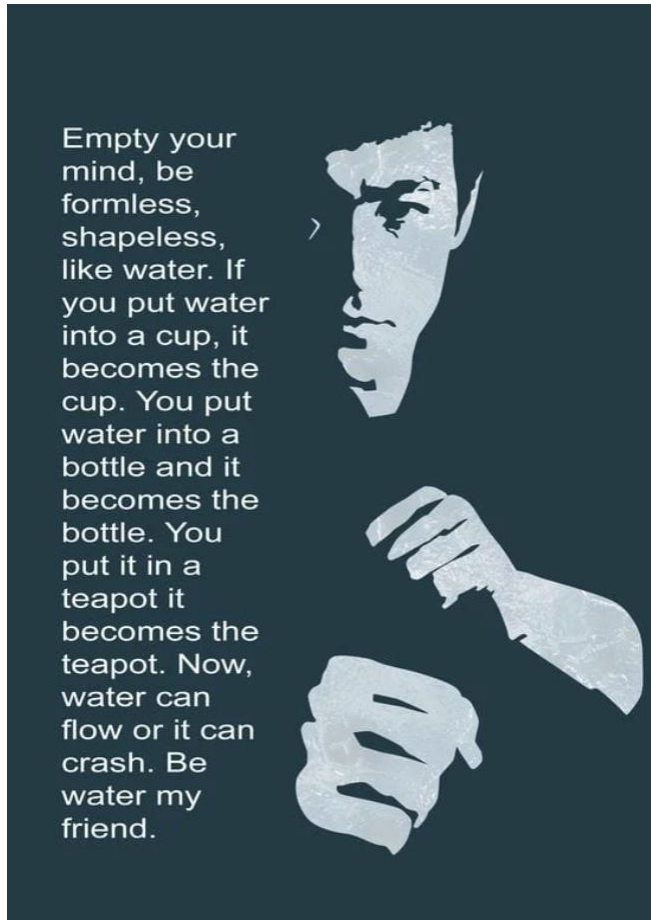


Alberto Rangel

(2.21.1974 – 12.6.2025)

Metaphor

Metaphor



From: <https://fit2thrive.co.uk/2022/09/bruce-lee-shares-how-to-find-inner-peace-be-water-my-friend/>

78

Nothing in the world
is as soft and yielding as water.
Yet for dissolving the hard and inflexible,
nothing can surpass it.

The soft overcomes the hard;
the gentle overcomes the rigid.
Everyone knows this is true,
but few can put it into practice.

Therefore the Master remains
serene in the midst of sorrow.
Evil cannot enter his heart.
Because he has given up helping,
he is people's greatest help.

True words seem paradoxical.

Tao Te Ching, Verse 78
Translated by Stephen Mitchell, 1988

Metaphor

- Origin of the word “Metaphor”: Greek *μεταφορά*, meta = “beyond”, phéro = “transfer” (Casula 2022).
- “In literature, metaphor refers to carrying one image or concept across to another...In therapy, metaphors or therapeutic stories are ones that a therapist may deliver or develop in collaboration with the client for the specific purpose of assisting the client to explore and attain their therapeutic goals in the most effective and efficient way (Burns 2024, p.50).”
- Kingsbury (1994) named 3 kinds of metaphors in psychotherapy: Metaphors created by the patient and used by the therapist; metaphors created by the therapist as anecdotes; and metaphors and guided imagery created by the therapist with the patient placed in the setting.

Metaphor and Trauma Recovery

- The topic of metaphor and trauma has been widely studied in various disciplines, including anthropology (Solomon 2004), coaching and mentoring (Manahan-Vaughan 2024), medicine (Efferth, Banerjee, and Paul 2017; Stanley et al. 2021), literature (Rossi, Maercker, and Heim 2023), poetry (Bullock 2021), and mental health (Qiu, Tay, and Watson 2024; Seng and CasCAid Group 2019; Way 2006).
- The research on using metaphors for trauma recovery is explorative.
 - Meili and colleagues (2019, 2020) studied culturally-specific, trauma-related metaphors used within an indigenous Brazilian community and suggested their implications for developing suitable interventions to support healing and posttraumatic growth.
 - Sheridan and Lith (2025) highlighted recent investigations of using metaphorical paintings in art therapy.

Case Example Three

“Rosa”, a 62-year-old, divorced White American female patient with bicuspid aortic valve. She had three long-term intimate relationships in the past, including two marriages. All of these intimate relationships were emotionally abusive, and the first marital relationship was physically abusive. She expressed interest in starting a new relationship and also shared her anxiety about getting into another abusive relationship.

Goals:

- “Be more assertive.”
- “Explore my interest in future relationships.”

Note: The case example presented here is a composite case for protection of patient confidentiality.

Question for “Rosa”:

What have the past problematic relationships gifted you?

Response by “Rosa”:

“I’m learning to see all these issues as opportunities to learn more about myself and hard as it is, to find a way to negotiate around these obstacles.”



The Uses Of Sorrow

(In my sleep I dreamed this poem)

Someone I loved once gave me
a box full of darkness.

It took me years to understand
that this, too, was a gift.

“It's like trying to teach a cat to bark. The cat won't ever cooperate. 'No, no,' you may tell it, 'you don't understand. You should bark. It would be so much better for you if you barked. Besides, I really need you to bark.' And many years later, after all your sacrifice and devotion, the cat looks up at you and says, 'Meow' (2017, p.101).”

- Byron Katie

Reflections by “Rosa”

“I used to believe in fairy tales and chose to be with a beast and hoped to save him and turn him into a prince. Now I want attend to both red flags and green flags, and I just want to find a prince.”

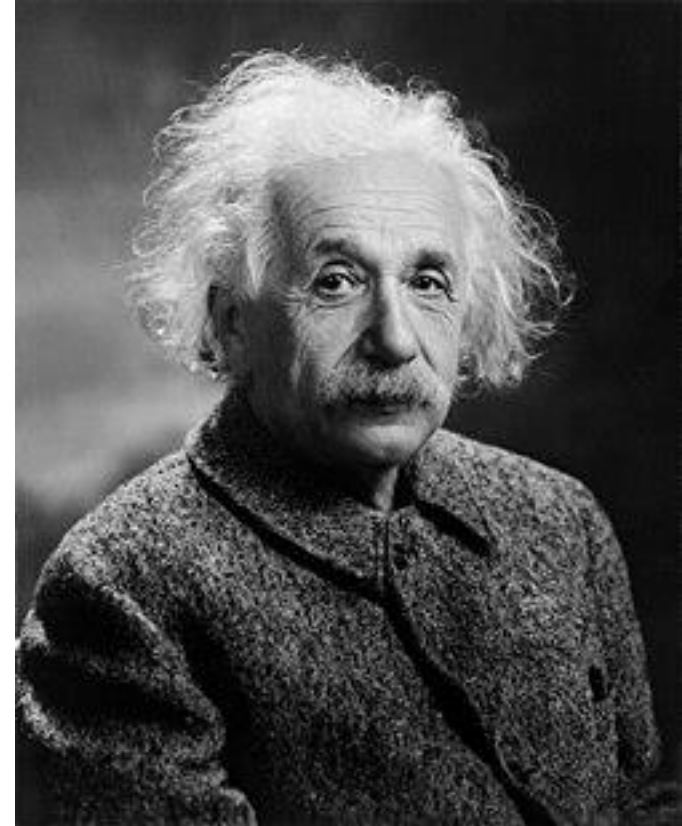


Visualization

Visualization

**“I am enough of an artist to draw
freely on my imagination.
Imagination is more important than
knowledge. Knowledge is limited.
Imagination encircles the world.”**

- Albert Einstein



**Albert Einstein
1879 – 1955**

Guided Visualization/Imagery for Trauma

- Fifteen military nurses who worked in high acuity units endorsed lower posttraumatic symptoms after experiencing 3 30-minute sessions of guided imagery (**e.g., head-to-toe relaxation, relaxing scenery**) (Jenkins 2012, documented in Liyanage et al. 2021).
- Stabilizing techniques (mindful breathing, body scan) and guided imagery (**“The Inner Safe Place” or “The Tree”**) twice a week with total of 5 group intervention sessions were found to enhance positive internal experience in a qualitative study of 30 traumatized male refugees in Germany (Zehetmair et al. 2019).
- Self-practice based on digital audio files with Stabilizing techniques (mindful breathing, body scan) and guided imagery (**“The Inner Safe Place”**) by 42 male refugees after a guided practice session was found to improve their trauma-affected symptoms, including sleep, arousal, concentration, emotions, and cognition (Zehetmair et al. 2020).
- Bariatric patients at risk for surgical trauma were found to experience reduced cortisol level but not reduced cytokine level postop after undergoing guided imagery relaxation therapy with an audio recording for 20 minutes (**suggestions on slow breathing and body relaxation**) prior to surgery, in comparison to the placebo group, in a randomized controlled trial of 24 participants (dos Santos Felix et al. 2021)

Imagery Rehearsal/Rescript for Trauma

- In a case study (Donatone 2006), a patient with incarceration experience reported significant reduction of nightmare occurrences (at least one weekly -> two in a year) following 3 hypnosis sessions (**Session 1: Eye fixation induction & suggestions of relaxation and safety; Session 2: Trauma recollection with ideomotor signaling; Session 3: imagery rehearsal with metaphors on reframing unpleasant dreams into joyful stories**).
- A meta-analysis (Casement & Swanson 2012) that summarized the results of 13 studies (including 5 RCTs) suggested the efficacy of imagery rehearsal therapies (**revisiting nightmare content + developing new narratives that change the content/outcome of nightmare**) in reducing nightmare frequency, posttraumatic symptoms, and improving sleep quality, with enhanced results in combination with Cognitive Behavioral Therapy for Insomnia.
- A recent meta-analysis (Kip et al. 2025) that analyzed the results of 17 RCTs indicated more favorable outcomes of imagery **rescripting (imagining different outcomes related to traumatic/disturbing memories for the purpose of altering meaning associated such memories)** for participants in the intervention group in comparison to those in the passive control group, and comparable outcomes between the imagery rescripting condition and established treatment conditions (EMDR, prolonged exposure, cognitive restructuring).

Case Example Four

“Yuriko”, a 75-year-old, widowed, Japanese American female patient with hypertension and palpitations. Five months prior to the intake, her husband died from a car accident caused by a drunk driver.

Goals:

- "I hope to get beyond some of the interruptive trauma that I have so that I can focus on who I am and what I want to do for the rest of my life."

My main approach:

- EMDR for trauma processing

Note: The case example presented here is a composite case for protection of patient confidentiality.

Case Example Four (Contd.)

EMDR with Yuriko:

Bilateral stimulation (BLS)

“Hollowness, emptiness in my chest.”

BLS

“Sadness for the loss.”

BLS

“Sadness.”

BLS

“Sadness and loss.”

Case Example Four (Contd.)

Visualization exercise with “Yuriko”:

Huaiyu: “Your mind and heart have enormous space to contain all the emotions you have. Now imagine that you have a container that can contain all the sadness that you are experiencing now. It can be the size of the room you are in, the size of a football field, the size of an ocean, the size of a planet, or the size of the whole universe. Let me know what size of the container you would need to contain your sadness.”



Yuriko's choice of container:

Pale Blue Dot

2.14.1990, Voyager 1

“Yuriko”:

“I kept thinking about the pale blue dot. It's an emotional thing. I feel what blue dot means: My sadness is as big as the world, The world contains all our sadness. It's precious, a tiny dot in the universe. Feeling a lot of joy and love for him. This brought me very close to him.”

Case Example Five

“Benjamin”, a 66-year-old, married, Jewish American male patient with intermittent shortness of breath and with a history of coronary artery bypass graft. His family of origin was from Romania and had experienced WWII trauma and associated tragic losses. During the intake, “Benjamin” noted that “I have a lot of negative thoughts about myself”. He expressed a clear understanding between stress experience and cardiovascular health and stated that he believes the main reason he had surgeries was not his family history, but it was “the way I treat myself.” One of his core negative beliefs is “I am a failure.”

Goals:

- “I want to live and be able to function well. Take steps to have better quality of life mentally speaking. Would love to get advice, recommendations, strategies, techniques, and ideas on how to effectively live better in that regard.”

Question:

If you were me, how would you like to support “Benjamin”?

Note: The case example presented here is a composite case for protection of patient confidentiality.

Integrative Case Presentation on Utilization, Metaphor, and Guided Visualization: A Learning Journey of Trial and Error

Case Example Six

“Michelle”, a 50-year-old, single, Korean American female patient with a history of spontaneous coronary artery dissection. During the intake, she reported experiencing "capital T trauma and little t trauma" in her earlier life. She has had extensive mental health treatment history and found somatic approaches work better for her than top-down approaches. She also discovered a transformative religious path where she found peace and purpose in life. While showing great strengths and gaining growth from difficult life circumstances, she still suffered from high baseline hypervigilance and sleep disturbances.

Goals:

- "I am looking for the doors that I can walking through that is going to have the next level of healing. Any other tools that can be helpful."

Note: The case example presented here is a composite case for protection of patient confidentiality.

Case Example Six (contd.)

My approaches:

- Clinical Hypnosis
- CBT-I

Clinical hypnosis sessions:

- Relaxation hypnosis
- Safe/calm place
- Sleep chalet
- Ego strengthening

Note: The case example presented here is a composite case for protection of patient confidentiality.

Case Example Six (contd.)

Consultation with Father Jim Warnke

The Interface of Utilization and Metaphor, April 06, 2024

Hosted by Robert Staffin, PsyD, The Clinical Hypnosis Society of New Jersey

“I think that’s one of the best description, if not definition, of utilization that I can think of: Allowing the client to teach you how to do it right (2024).“

- Father Jim Warnke, LCSW

Note: The case example presented here is a composite case for protection of patient confidentiality.

Case Example Six (contd.)

Last session:

Integration of utilization, metaphor, and guided visualization techniques

Note: The case example presented here is a composite case for protection of patient confidentiality.

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My patients and my children

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- Mark Freeman, PhD
- Michael Cornwall, PhD
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Q & A

An icon depicting two stylized human figures in white. The figure on the right has a speech bubble above it containing a question mark, symbolizing a question and answer session.

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