

ASCH

2026

**ANNUAL SCIENTIFIC
MEETINGS & WORKSHOPS**

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

 VIRTUAL

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Hypnosis in the Treatment of PTSD

Presenters' Names



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Disclosures

ASCH and ASCH-ERF jointly provided this program.

No staff or committee members involved in the development, planning or execution of educational content have any financial relationships or conflicts of interest to disclose.

Neither Dr. Daitch nor Dr. Tanev have any significant financial relationships or conflicts of interest to disclose.

Continuing Education & Accreditation Statement

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Workshop Goals

01

Understand
PTSD through a
regulation lens

02

Learn safe
hypnotic
applications

03

Integrate
hypnosis with
CBT and other
approaches

04

Emphasize
titration and
clinical
judgment

Workshop Learning Objectives

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

- **Learn one hypnotic technique applicable to the treatment of nightmares, flashbacks, and intrusive memories**
- **Learn one hypnotic technique applicable to the treatment of negative cognitions and affect**
- **Learn one hypnotic technique for affect regulation**
- **Learn hypnotic techniques of decreasing the vividness of traumatic memories**

Overview of PTSD

- Symptom Clusters:
 - Intrusions (flashbacks, nightmares)
 - Avoidance
 - Negative cognitions and affect
 - Hyperarousal / hypervigilance
- *Goal: Ideally, treatments for PTSD should target both psychological and physiological symptoms.*

Characteristics of PTSD

Include:

Re-experiencing

e.g., flashbacks

Numbing

e.g., amnesia
for some or all
of the trauma

Hyper-arousal

e.g., exaggerated
startle response

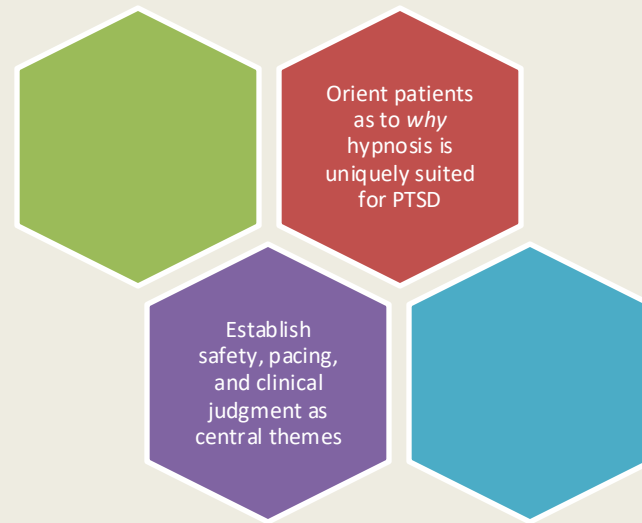
Why Use Hypnosis in this population

-
- Many trauma patients are highly hypnotizable
 - Provides controlled access to dissociated or avoided traumatic memories
 - Allows pacing and titration, reducing risk of overwhelm or re-traumatization
 - Helps separate psychological from physiological arousal, allowing the patient to process traumatic memories without the concomitant disturbing bodily symptoms Facilitates restructuring of traumatic memories, not just exposure
 - Supports integration of traumatic experiences into a broader life narrative

Why Use Hypnosis in this population

-
- Enables acknowledgment of helplessness and reconnection with strengths
 - Evokes corrective memories (self-protection, connection, agency)
 - Enhances affect regulation during trauma processing
 - Reduces intrusive, unbidden recollections
 - Teaches self-hypnosis to extend therapeutic gains between sessions
 - Self-hypnosis teaches tools to control affect
 - Patients gain the sense of more control over their present (H. Spiegel & Spiegel).

Introducing Patients to Hypnosis



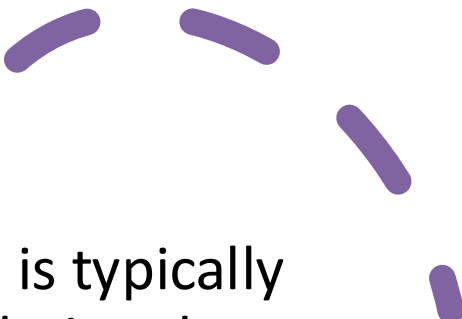
Hypnosis as an Adjunctive Approach

- Hypnosis can be used in conjunction with other treatment models for PTSD: EMDR, exposure, CBT, DBT, mindfulness and others.





Why Use Hypnosis?



The hypnotic state is typically associated with calming the patient's nervous system and with restoration of a state of equilibrium that interrupts the cascade of cognitive, physiological, and behavioral manifestations of PTSD such as hyper-arousal, exaggerated startle response, and flashbacks.

Why Use Hypnosis cont'd

- Accessing Memories Safely:
 - In trance, ego defenses are relaxed, so material that is not usually available to conscious awareness can be more easily accessed.
 - The ability to access memories from a calm relaxed state helps to access and process memories and reframe memories.
 - In this calm state, new cognitions are embedded.

**Other
Reasons
why
Hypnosis is
Effective
for the
treatment
of PTSD:**

**Dual awareness
and controlled
access to
traumatic memory**

**Affect regulation
and containment**

Preparation and Stabilization



ESTABLISH SAFETY



BUILD INTERNAL
RESOURCES



INCREASE SELF-
SOOTHING
CAPACITY



PREPARE FOR
TRAUMA WORK

Cognitive Therapy

-
- Cognitive therapy (CT) aims to adjust information processing and initiate positive change in all systems (Daitch, 2011).
 - In CT, patients are trained to identify the automatic thoughts “that are fueling and maintaining anxiety”. (Chapman, 2006; Daitch, 2018).
 - The therapist guides the patient to reevaluate maladaptive conclusions regarding the nature of reality by treating them as testable hypotheses.
 - For example, thoughts such as “harm is just around the corner” or core beliefs such as “the world is an unsafe place” are identified and modified them to beliefs that are more reality-based and adaptive (Daitch, 2011)



Cognitive Therapy and Hypnosis

- Cognitive restructuring of trauma-associated exaggerated beliefs, the basis of CPT, could be complemented by hypnosis.
- Cognitive work that can be done when the patient is fully alert can also be done when the patient is in trance.
- Because the patient is taught how to regulate affect and feel safe during trance, ego defenses are relaxed compared to the alert state, dissociated memories and subconscious beliefs can become accessible to conscious awareness, processed, and reframed.

Interventions for Affect Regulation



Relaxation & Somatic Tools



Progressive muscle relaxation with trauma-informed pacing



Sample language:
“Anxiety shows up in the body, so calming the body calms the mind. Let’s practice two tools”:

Breathing—

**Inhale for a slow 4 count
Hold for 6
Exhale for 8**



Guidelines for Treatment

Indications and
contraindications

Importance of
titration, ego
strength, and
stabilization

Remember...

Use hypnosis for
affect *regulation first*,
before exposure

Differentiate
therapeutic
dissociation from
traumatic dissociation

Ericksonian Foundations

- **Milton Erickson:** individuals have innate resources for healing
- Hypnosis accesses existing strengths rather than imposing change
- Symptoms viewed as adaptive responses, not pathology
- Trance facilitates flexibility, curiosity, and choice

Accessing the Unwounded Self



- Identify limiting beliefs held by wounded aspects of self
- Speak back with compassion and reassurance
- Connect to the *unwounded, intact* self (Gilligan)
- Felt sense of calm reinforces a new self-experience

Addressing Survivor Guilt & Shame in Trance



Survivor guilt: imaginal meeting with injured/deceased person



Say what was left unsaid; receive an imagined response



Often produces relief when cognitive processing alone has stalled



Shame: addressed using a parts model



Loving/compassionate part reassures the shame-based part
(Carolyn Daitch, 2007; David Elkins, 2016; H. H. Watkins, 1993)

Why Affect Regulation Comes First

- Trauma overwhelms affect tolerance
 - Premature exposure increases risk
 - Safety precedes memory processing
 - Hypnosis supports containment

Clinical Judgment and Titration

- Pace determines safety
 - Monitor dissociation
 - Adjust moment-to-moment
 - Therapist presence matters

Examples of Hypnotic Imagery

Safe Place Imagery

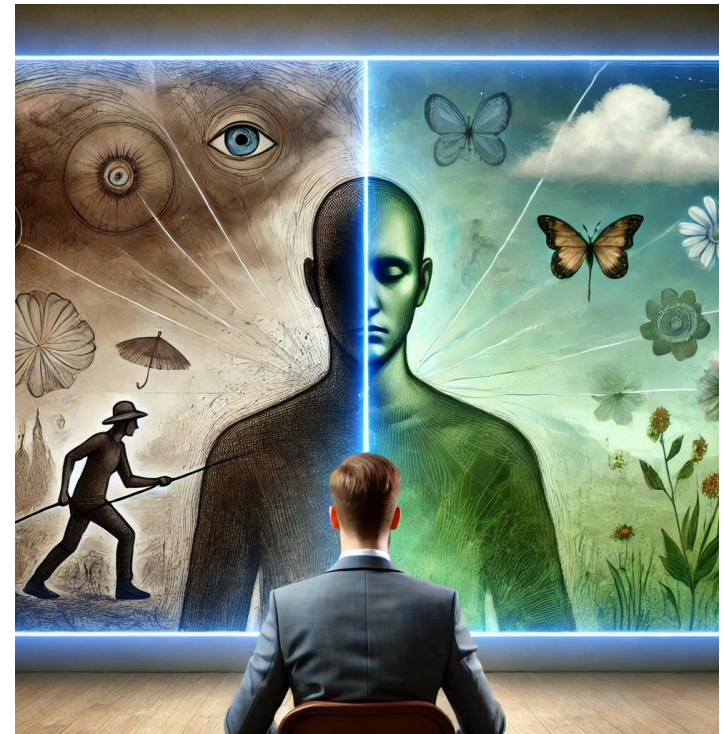
Healing and health imagery

Metaphor: “I am like a willow tree that can be bent by strong winds but bounces back when the wind subsides.”

Corrective memory imagery

Examples of Hypnotic Applications to Flashbacks, Nightmares, and Avoidance of Reminders or Memories

- Split-screen technique (H. Spiegel & Spiegel, 2004)
- Allows the patient to regulate affect by
 - Projecting the traumatic memories outside of oneself rather than experiencing them inside of oneself;
 - Changing the distance, the color, the speed, the direction, and the sound.
- The patient is asked to project the most disturbing parts of the trauma on the left side, and anything they may have said or done to help them survive on the right side of the screen.
- Patients begin to restructure their memories of being powerless by seeing that they did things that insured their survival or protected others.





Examples of Hypnotic Applications to Dissociation, Negative Beliefs, or Negative Feelings

- Guiding patients to face the reality of the trauma, bear it, grieve their losses, and realize that regardless of the severity of the trauma they were able to do things that helped them survive allows them to give themselves credit for what they did to survive.
- This work also helps them change their self-image from a victim to a survivor. (H. Spiegel & Spiegel)

Examples of Hypnotic Applications to Dissociation, Negative Beliefs, or Negative Feelings

- By learning self-hypnosis and tools to control their affect, patients gain the sense of more control over their present (H. Spiegel & Spiegel).
- Hypnotic techniques of modifying the actual image that is associated with their feeling of self-worth (e.g., changing the color, brightness, contrast, distance, or size) may help the patients change the feelings associated with their self-worth.



“Vivifying” Concepts

- Adaptive belief, “I can be overpowered, but I can bounce back and overall I am able to influence myself and people around me in a good way”
- “Vivification” in trance: a willow tree that may be bent by strong winds but bounces back once the winds subside.
- Such “vivifications” provide sensory experiences that embody concepts, and can be used to restructure maladaptive into adaptive beliefs (Alladin, 2008; Zeig & Tanev, 2020)



Tight Fist



Safe Place – Kinesthetic Anchor

Personalized
image of
safety

Somatic cue or
gesture

Rapid access
to calm

Enhances
regulation

Used
throughout
treatment

Hypnotic Interventions for Intrusions & Avoidance



Techniques:

Identification and tracking of flashbacks

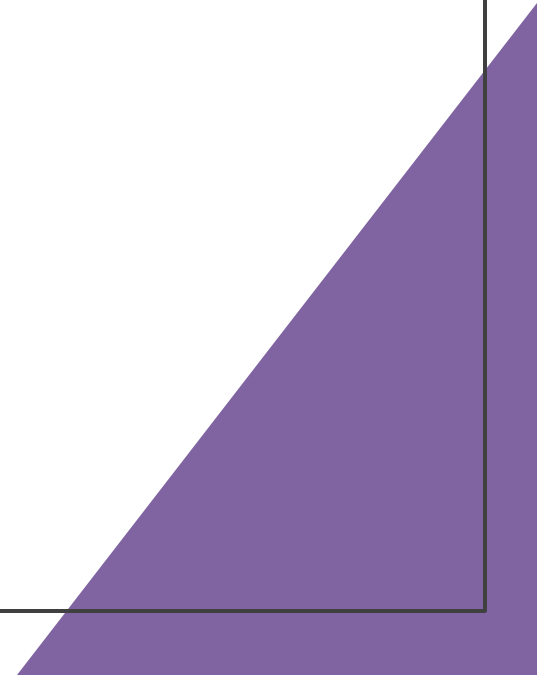
Hypnosis-assisted self-regulation for intrusions

Tree imagery / grounding imagery

Split-screen or dual-awareness techniques

Imaginal exposure with containment

Demonstration



Imaginary support circle

Elicit a sense of protection and safety.

Promote a sense that one is not alone.

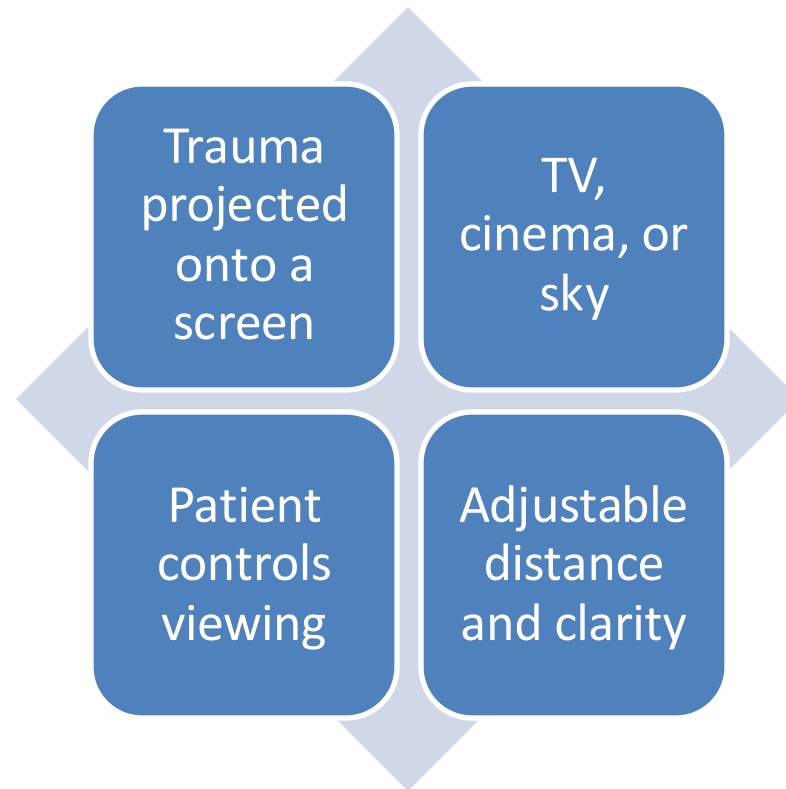
Recognize a network of real or imagined people or entities who care for personal safety and well-being.

Externalization of Traumatic Memory



- Trauma viewed outside the self
 - Observer stance
 - Increased distance and safety
 - Greater emotional control

Imaginary Screen Technique





Split-Screen Technique

- Left: disturbing elements
- Right: survival actions
- Highlights resilience
- Reduces powerlessness

Split-Screen Technique



- Hypnotic techniques of modifying the actual image that is associated with their feeling of self-worth (e.g., changing the color, brightness, contrast, distance, or size) may help the patients change the feelings associated with their self-worth.

Demonstration

III. Hypnosis for Dissociation, Guilt, Shame & Trauma Cognitions

Dissociation

Negative beliefs
("It was my fault,"
"I'm broken")

Guilt and shame

More Techniques

Cognitive restructuring within hypnosis

Hypnotic re-framing of trauma meaning

Parts-oriented work for guilt and shame

Juxtaposition of competing beliefs or affects

Compassion-based and ego-strengthening interventions



Demonstration

Using parts work
and hypnotic
cognitive
restructuring to
address shame



Brief discussion:

- Therapist language
- How the hypnotic state softens the rigidity of trauma beliefs


Demonstration

Teaching self-hypnosis for between-session use

Hypnosis for Hyperarousal, Hypervigilance & Sleep Disturbance

Target symptoms:

- Chronic hypervigilance
- Somatic tension
- Insomnia and trauma-related nightmares



Integrating
Hypnosis
with Other
Approaches

Combining hypnosis with other
effective trauma treatments

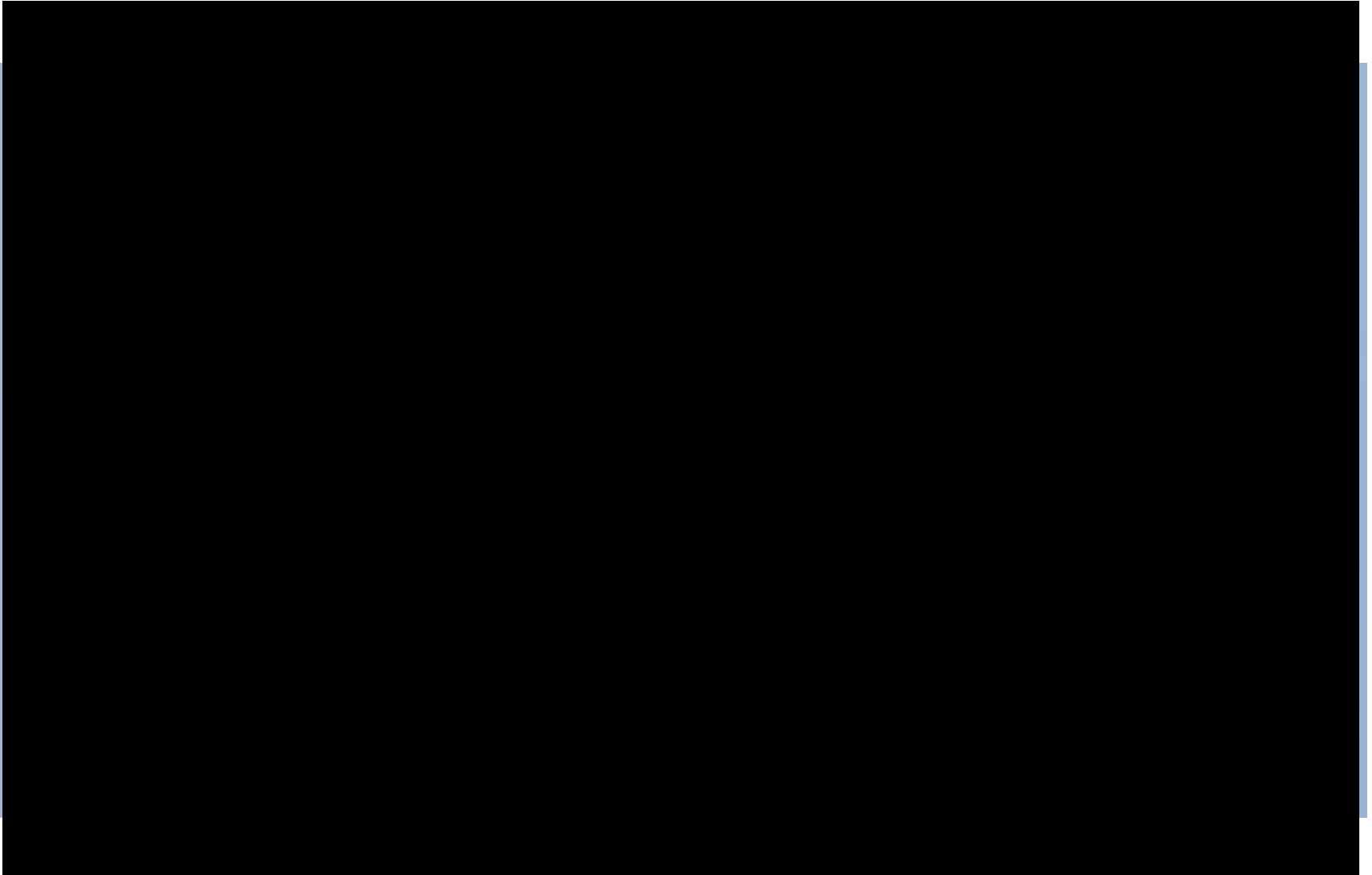
EMDR

CBT

Mindfulness and acceptance

Somatic approaches

Additional Considerations



Key Takeaways

Regulation first

Hypnosis increases control

Externalization reduces overwhelm

Integration with other modalities is recommended

Q&A, and Closing

Reflections

Brief composite case example showing:

- Stabilization → symptom targeting → meaning reconstruction
- Accessing resources and developing an assertive voice
(Video demonstration)

Key take-home principles

Q&A

Optional Handout / Take-Home Ideas



- Summary of key hypnotic techniques from each module
- “Glossary” of core concepts (e.g., dual awareness, therapeutic dissociation)
- Questions/prompts for integrating these tools into one’s practice