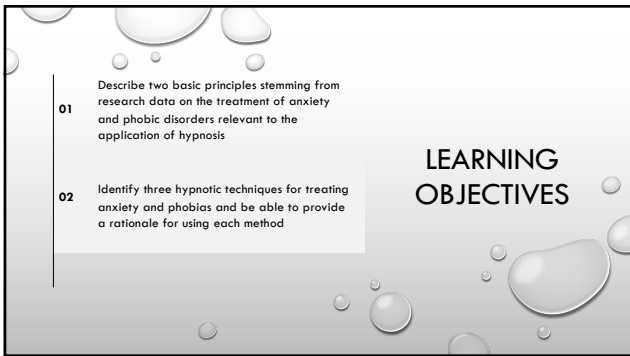
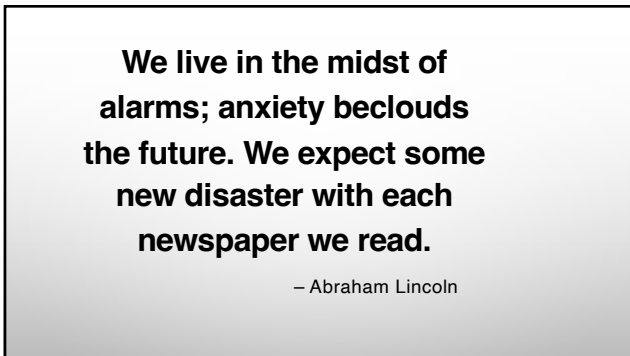


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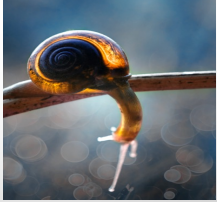


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3

"Sticks and stones may break my bones
 Words will also hurt me
 Compliments make me uncomfortable
 I have social anxiety
 I'm a wreck
 Just go"
 (INTERNET QUOTE)



4


CURRENTLY -

'Since 2007, the APA has conducted an annual survey of adults (ages 18 and older) across the US about stress, its intensity, and how people respond to stressors, both mentally and physically. Over the course of the last five years, primary sources of stress identified included political divisiveness, health care costs, mass shootings, impact of climate change, and since the 2020 report, the persistent, multifactorial impact of the COVID-19 pandemic, particularly amongst millennials (APA, 2021).'

(Reid & Christensen, 2023)

5

CAN YOU RELATE?



"If your life happened to someone else, you'd think it was hilarious."

6

ANXIETY

- An adaptive response to perceived threat/danger
- The body responds regardless of real or imagined threat
- SNS (fight or flight) vs. PNS (rest & digest) kicks in
 - Increased adrenaline/cortisol
 - Increased: heart rate, perspiration, respiration, pupil dilation
 - Decreased: appetite (can't eat, now you've meat), libido (might be ate, can't procreate), immune system (you've a meal, not time to heal)
- Persistent state or recurrence of anxiety is dysfunctional, destructive, and warrants treatment/intervention

7

STRESS: IT'S SO INFLAMMATORY
 Primary cause of most acute and chronic physical illnesses and mortality

- Heart disease
- Asthma
- Migraine headaches and pain
- Fibromyalgia
- Diabetes
- Gerd
- Irritable bowel syndrome

8

**ANXIETY DISORDERS:
 EPIDEMIOLOGY**

- 33.7% of the population affected by anxiety disorder during their lifetime (Bandelow, 2015)
- Social anxiety is most prevalent anxiety D/O: 7% prevalence in 1 year in US (Stein & Stein, 2008)
- Lifetime prevalence rates for anxiety disorders:
 - Panic disorder: 2.3-2.7%
 - GAD: 4.1-6.6%
 - Social phobia: 2.6-13.3%
 - Agoraphobia: 6.7% (associated with panic & social anxiety D/O)
 - Simple phobia: 11.3%

9

○ TYPES AND SOURCES OF ANXIETY: EXPANDING THE FRAMEWORK

Specific phobia

Specific learning history / vicarious learning / preparedness

Learning history: A person may have had a direct aversive experience (being bitten by a dog → dog phobia).

Vicarious learning: observing another's fearful reaction (a parent screaming at a spider) can be internalized.

Preparedness: evolutionary predisposition to fear certain stimuli (snakes, heights, darkness)

10

○ TYPES AND SOURCES OF ANXIETY: EXPANDING THE FRAMEWORK

Panic attacks

Random neurophysiological cascade / internal triggers / trauma

Random cascade: sometimes panic attacks begin with a spontaneous physiological surge (caffeine, hyperventilation, or metabolic shift).

Internal triggers: a minor physical sensation (tightness in chest) is interpreted as danger → feedback loop of fear of fear.

Trauma links: dissociated somatic memories can also resurface as panic sensations.

11

○ TYPES AND SOURCES OF ANXIETY: EXPANDING THE FRAMEWORK

Generalized anxiety

Disposition / cortical hyperarousal / working models / trauma

Disposition: some individuals have a genetic or temperamental bias toward heightened arousal.

Cortical hyperarousal: constant background activation — the mind scanning for danger, even when none is present.

Working models: early attachment experiences may create internal schemas like "I must stay vigilant to be safe."

Trauma: persistent anticipation of threat following prolonged or unpredictable stress.

12

TYPES AND SOURCES OF ANXIETY: EXPANDING THE FRAMEWORK

REACTIONS TO POSITIVE INTERNAL OR EXTERNAL CHANGES
 RAPID INTERNAL OR EXTERNAL SHIFTS THAT DESTABILIZE ESTABLISHED IDENTITY OR SAFETY PATTERNS

F.EX.:

- ANXIETY AFTER SUCCESS, PROMOTION, NEW RELATIONSHIP, OR RECOVERY FROM ILLNESS.
- POSITIVE EMOTIONS (JOY, LOVE, INTIMACY) MAY TRIGGER FEAR IF THEY ONCE PRECEDED LOSS OR DANGER.

13

HYPNOSIS & ANXIETY
 Anxiety and fear are each mentioned 100 times in *hypnotic techniques & metaphors* (Hammond, 1990) and associated with multiple medical & psychological concerns:

- Cancer
- Pain including childbirth, burns, dental procedures
- Athletic performance
- Test-taking anxiety

14

HYPNOTIC INTERVENTIONS: CONSIDERATIONS FOR ANXIETY
Anxiety is a "troubling trance" state

Mind your words:

- avoid "anxious" terms,
- insert "calming" words during facilitation and deepening of trance. Most effective on exhaled breath: cooling, floating, calming, heavy/light, warming/cooling, slow, easy, deeper, peaceful, comforting

Make time for some biofeedback:

- Check pulse before and after hypnosis
- Bio dots
- Retro work: mood rings are still cool (and cooling)

Metaphors, story-time, direct/indirect suggestions

Always anchor your work

15

ANCHORING: PAVLOV'S CONDITIONED STIMULUS

It is essential to pair an anchor with relaxation

Can be used with "induction" (squeeze on inhale, release on exhale)

- Relaxation - link the anchor
- Can be used to enhance deepening of trance



Permit and promote the anchor technique during "experimental" time with silence to "deepen" or "lighten" trance

Encourage practice, practice, practice. Use anchor when relaxed during alert states regardless of trance

Encourage use of anchor initially during mild stress, otherwise, it could be a set-up for failure

16

HYPNOTIC INTERVENTIONS: CONSIDERATIONS FOR ANXIETY

- HYPNOTIC DESENSITIZATION

WIDELY APPLICABLE TO SITUATIONS AND STIMULI ASSOCIATED WITH NEGATIVE EXPERIENCES BEYOND PHOBIC RESPONSES, INCLUDING:

WHERE FEAR IS INHIBITING BEHAVIORS

WHERE NEGATIVE ATTITUDES AND OUTCOME EXPECTATIONS HAVE DEVELOPED

WHERE A HISTORY OF HURT AND ANGER MAY BE BLOCKING THE EXPERIENCE OF MORE POSITIVE EMOTIONS

17

HYPNOTIC DESENSITIZATION

PREPARATION AND DESENSITIZATION

- **TRAIN HYPNOTIC RELAXATION**, BODY SCAN, WAVES OF RELAXATION, "RELAXED/CALM," ETC...
- **BREATH FOCUS** - OBSERVE SENSE OF RELEASE WITH EACH EXHALE
- **REHEARSE CUE-CONTROLLED RELAXATION**, AMPLIFYING AND DEEPENING RELAXATION WITH EACH CUE PRESENTATION - "RELAXED" WITH EACH EXHALE, NOTICING SENSE OF RELEASE
- **INTRODUCE PHOBIC STIMULUS IMMEDIATELY PRIOR TO THE RELAXATION CUE AND THEN SUBSTITUTE PHOBIC STIMULUS FOR THE RELAXATION CUE**, WITH THE SUGGESTION THAT RELAXATION WILL DEEPEN EACH TIME HE OR SHE THINKS OF OR EXPERIENCES THE PHOBIC STIMULUS, AND THAT RELAXATION WILL AUTOMATICALLY OCCUR EACH TIME HE OR SHE THINKS OF OR EXPERIENCES THE PHOBIC STIMULUS

18

HYPNOTIC DESENSITIZATION

GRADUATED EXPOSURE

- SEE PHOBIC STIMULUS AT A DISTANCE/TELESCOPING

DISPLACEMENT IMAGERY

COPING DESENSITIZATION

- **DISPLACEMENT IMAGERY** OF SOMEONE ELSE WHO COPES EFFECTIVELY WITH SITUATION
 - OBSERVE WHAT IS HELPFUL TO HIM OR HER
 - OBSERVE HOW SHE OR HE FEELS DOING IT
 - NOTICE HOW YOU CAN FEEL THE SAME SENSATIONS AND IMAGINE YOURSELF DOING WHAT HE OR SHE IS DOING

19

HYPNOTIC DESENSITIZATION

AUGMENT DESENSITIZATION WITH:

- IDENTIFICATION OF **COPING SELF-STATEMENTS**
 - REHEARSE THEM INDEPENDENT OF THE TARGET SITUATION TO INCREASE CONVICTION/SKILL IN USE OF THEM
 - APPLY AS COPING DESENSITIZATION TO TARGET SITUATION

RAPID EYE MOVEMENTS (EMDR)

EMDR: INTEGRATE PROTOCOL FOLLOWING INITIAL DESENSITIZATION IF APPROPRIATE

20

HYPNOTIC DESENSITIZATION

PENDULATION / TOUCH & RETURN

ESTABLISH AROUSAL REDUCTION

- SAFE-PLACE IMAGERY
- MEDITATIVE BREATH FOCUS

PENDULATE OR TOUCH & RETURN

Hypnotic language applies

Notice that this quickening means something new is integrating
You can let comfort happen at whatever pace feels right
Part of you may wonder whether it's safe to feel good — and that wondering itself is part of the process of learning safety

21

Post-hypnotic safety suggestion improves stress coping with long-lasting effects

Arbara Schmidt^{1,2}, Nicolas Rohleder¹ & Veronika Engert^{1,2}

Effective coping with acute stress is important to promote mental health and to build stress resilience. Improving stress coping usually requires long training periods. In this study, we present a hypnosis-based intervention that produces long-term effects after a single hypnosis session. In that session, we established a post-hypnotic safety suggestion that participants can activate afterwards via the Java Safety Anchor. We tested the intervention in a study with 40 participants who all received the suggestion and a stress task. The safety group used the Java Safety Anchor during acute stress (see Social Stress Test, SST). The control group used a neutral anchor. We measured subjective stress responses via self-reports and physiological stress responses via saliva and blood samples as well as heart rate. One week later, all participants filled in a coffee survey to measure long-term effects of the post-hypnotic safety suggestion. We found that participants using the Java Safety Anchor during the SST reported significantly lower stress compared to the control group. The safety group also reported significantly fewer negative thoughts concerning their SST performance than the control group during the stress recovery phase and 2 weeks later. All participants indicated that the Java Safety Anchor still worked 2 weeks after its establishment. Suggestibility did not affect the effects of the Java Safety Anchor. Our findings demonstrate that post-hypnotic safety suggestions improve stress coping with long-lasting effects, which makes it a promising intervention to promote mental health and establish stress resilience in just one hypnosis session.

Keywords: Hypnosis, Suggestion, Stress, Anxiety, Coping, Long-term effect

= POST-HYPNOTIC SUGGESTIONS, WHERE AN ANCHOR LIKE WRITING AN "S" FOR SAFETY IS USED DURING HYPNOSIS, CAN PRODUCE LASTING EFFECTS. AFTER HYPNOSIS, SIMPLY SEEING OR HANDLING THE "S" PAPER CAN TRIGGER FEELINGS OF SAFETY AND IMPROVE STRESS/ COPING WITH LASTING EFFECTS

22

Anxiety & Hypnosis Applications

Anxiety Symptoms	Trance Phenomena	Treatment Strategy/Intervention
Fear	Time Expansion	Here and now suggestions/ ego strengthening/projection
Sense of Urgency/Immediacy/Doom	Time Contraction	Age progression imagery
Heart palpitations, preoccupation with physical symptoms	Hyperesthesia	Relaxation, heaviness/lightness depending upon individual preference/personality
Loss of control	Dissociation	Opportunities for insight/unconscious solutions
Rumination	Hypermesia	Here and now/mindfulness
Catastrophic Thinking	Projection	Mindfulness focusing/Ego strengthening/age regression
Agoraphobia	Catalepsy (rigidity in thinking and behavior)	Movement/levitation imagery

24

Hypnosis Treatment Plan

Presenting Symptoms: _____ Associated Hypnotic Phenomena: _____

Client's Preferred Sensory Modality and Evidence for Support:

Visual: _____
 Auditory: _____
 Kinesthetic: _____

Hypnotic Phenomenon Strategies to Employ:

Age Regression Amnesia
 Age Progression Hypermesia
 Time Expansion Cataplexy
 Time Contraction Anesthesia/Analgesia
 Amnesia/Analgesia Hypnotic
 Dissociation

Disconnect/Resistance Present? Yes/No: If yes, how is it manifesting:

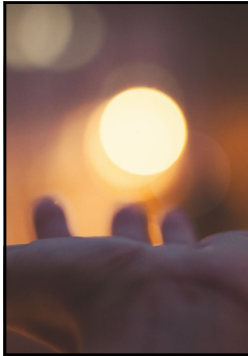
Strategies for Utilizing Resistance/Resources:

Education/Address Myths: _____
 Permission: _____
 Goal-oriented messages: _____
 Give Client Control: _____
 Prescribe Symptoms in light trance: _____

Client's Preferences/Interests for facilitating Hypnotic Induction: _____

Metaphors, Words, Images for Hypnotic Induction/Hypnotic Suggestions: _____

25



PRACTICAL STEPS -

1: START WHERE YOUR CLIENT IS.

- THINK WORKSHEET AND PREFERENCES – VISUAL, TACTILE, SHORT VS LONGER INDUCTION, ETC.
- **OFFER CHOICES:**
 - WOULD YOU LIKE TO GO INTO TRANCE WITH THE LIGHTS DIMMED OR ON AS THEY ARE NOW?
 - YOU ARE WELCOME TO CLOSE YOUR EYES AS YOU GO INTO TRANCE OR KEEP THEM OPEN?

2: SET THE SETTING

- BEGIN BREATH AWARENESS AND TO MATCH YOUR WORDS WITH CLIENT'S BREATHING

26

PRACTICAL STEPS -

3: EFFECT SUCCESS

- "WHEN (NOT AS) YOU GO INTO TRANCE (AND, S. 2913).

PRESUME THAT TRANCE WILL OCCUR.

- WILL THIS BE THE FIRST TIME YOU'VE BEEN IN TRANCE?
- YOU CAN EVEN FIND DIFFERENT WAYS TO GO INTO TRANCE, JUST LIKE THERE ARE DIFFERENT WAYS TO CARRY A GROCERY BAG.

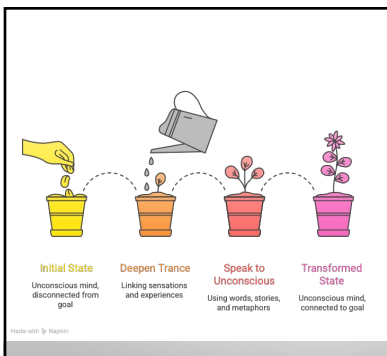
4: SUGGEST AUTOMATIC CHANGES

- HEAVINESS, WARMTH, HAND ARM LIFTATION

PRESUME THAT SOMETHING IS HAPPENING.

- YOU CAN GO DEEPER INTO TRANCE IF THAT FEELS RIGHT FOR YOU.
- HOW DO YOU NOTICE THE WORDS SAFE AND SECURE WILL COME TO MIND AND NOTICE HOW THESE FEELINGS FILL THE BODY AND MIND.

27



5: ENHANCE THE TRANCE AND CONNECT TO GOAL

- DEEPENING AND LINKING: "THE MORE THIS, THE MORE THAT"
- SITTING IN A CHAIR, FEET ON THE GROUND, BREATHING IN AND OUT

6: SPEAK TO THE UNCONSCIOUS

- THIS IS THE ESSENCE OF HYPNOSIS WORK: WORDS, STORIES, METAPHORS

Initial State
Unconscious mind, disconnected from goal

Deepen Trance
Linking sensations and experiences

Speak to Unconscious
Using words, stories, and metaphors

Transformed State
Unconscious mind, connected to goal

Made with @ Notepad

28

7: EGO STRENGTHENING/PHS

YES, NOTICE HOW GOOD IT FEELS, AND WORDS WILL COME TO MIND TO DESCRIBE THESE FEELINGS, AND YOU'LL BE ABLE TO SHARE WITH ME WHAT'S APPROPRIATE FOR THIS GROUP SETTING ...

YES, NOTICE HOW THESE FEELINGS/SENSE OF _____ AND _____ (HIGHER ORDER EXPERIENCE) GROW STRONGER AND CLEARER WITH EACH BREATH. AND ENHALE AS THEY FILL THE BODY AND MIND TO YOUR SATISFACTION...

8: RE-ALERTING

- PRESUME THAT SOMETHING JUST HAPPENED AFTER CONCLUDING THE SESSION:
- HOW WAS THAT FOR YOU?
- WAS TRANCE DIFFERENT THAN YOU EXPECTED?

Initial State Feeling good and relaxed	Notice Feelings Words come to mind to describe feelings	Strengthen Feelings Feelings grow stronger with each breath	Re-altering Presume something just happened	Transformed State Feeling stronger and clearer
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29

THANK YOU!

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GET A LAUGH!

30