

Psychology Talk Podcast Transcript: Interview with Michael Yapko on Depression and Hypnosis

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Dr. Hoye:

Welcome to the Chicago psychology podcast.

Dr. Yapko:

People's levels of anxiety and depression have been steadily rising with the current political climate that people's level of uncertainty is leading them to be far more afraid, far more anxious with people feeling powerless to, to change what's going on. The things that they strongly disagree with, whether they're environmental conditions, social conditions, humane treatment of, of others, kinds of things, uh, that are going on. The, the point is that how we, again, look at things. These are factors that are based in attitude, perception, judgment. And so it becomes a really important thing. When you're working with people who are suffering depression, how do I help people acquire evolve, different ways of looking at themselves, different ways of looking at life so that depression isn't a consequence.

Dr. Hoye:

Today I'm speaking with Michael Yapko, Michael is a licensed clinical psychologist in the state of California, and he's also someone who's been involved, been involved for a long time in clinical hypnosis, both teaching it and using it in his practice and writing about it. Michael's the author of trans works and several other titles on hypnosis and, uh, psychology and therapy. So we are very, uh, happy to have you here today, Michael, and thank you so much for taking the time out to chat with us.

Dr. Yapko:

My pleasure. Thank you.

Dr. Hoye:

Okay. Well, what, how we like to get started here is just to kind of ask an opening question and, and give people space to feel comfortable to chat about themselves and their work. So, um, how did you get to where you're at as a psychologist and why, why this career, how did you get into hypnosis?

Dr. Yapko:

Okay. Well, when I was 19 years old, I was an undergraduate at university of Michigan

Dr. Hoye:

In blue. Okay. Yeah. I, I come from, I come from Michigan, so yeah.

Dr. Yapko:

Okay, good. I was studying psychology and the department that I was in was very psychoanalytically oriented, very psychodynamically oriented, much more traditional kind of academic program and hypnosis was treated pretty poorly. Students were told don't bother to study hypnosis. There's nothing there. It was and really included in the academic, uh, courses. Then I received a flyer in the mail

announcing a two day clinical hypnosis training. And I was just very curious, you know, to me, it made perfect sense that if you could influence people to do all silly things I'd seen people do in stage shows that you could influence people in serious ways as well. So I registered for the workshop, went to it who was, uh, taught by led by a very skilled psychologist who was very experienced with hypnosis very reasonable and experienced guy. And the first workshop was very interesting to me.

It was more academic talking about cognitive processes, how the brain functions, what, what the quality of focus is that enables people to do things in hypnosis that they can't readily do otherwise. And I found it all very interesting, but it was really the second of the program that became my lifelong obsession. Where in the second day he asked for a volunteer to do a clinical demonstration. Well, I had never seen a clinical demonstration of hypnosis before. I had only seen the silly things on television and in movies and that kind of thing. And so I was really interested and I grabbed a seat up front so that I could see all of what was gonna happen, where the mind control was and all the other mythological things, and a woman volunteered to be the demonstration subject. And her story was such a sad story. She had been in a very serious car accident three years earlier.

She had been terribly broken up and injured. Most of her injuries had healed and she was, uh, you know, relatively well put together on most levels, but she had this chronic pain in her leg that was so debilitating that it was hard for her to work. It was hard for her to focus. She was on the verge of bankruptcy. She was a clinician who was losing her practice because she just couldn't be there. And listening to her, describe how the pain had affected her life and how she'd been trying to cope and all the surgeries she'd been through and all the medications she'd tried and all the alternative treatments she'd tried. And I remember vividly thinking to myself, as I'm listening to this woman described all this, what can this guy possibly say to her? That's gonna make any kind of difference at all. And so I was skeptical.

I was believing that, you know, this lady was beyond any kind of realistic help. And then he started this process with her, where he invited her to close her eyes and start to focus herself. He gave her very general suggestions of a out comfort and safety and being in a good place and being in a favorite place and focusing, focusing, focusing, and I'm watching intently and I'm listening intently and I'm observing just a general kind of relaxation thing that, you know, didn't impress me deeply, but it was early something nice. And she was, she was responding to it. And then he kicked into high gear and he started offering her some very detailed imagery that at the time I thought was really bizarre. I didn't have any frame of reference for understanding any of what he was doing cause I had no training in it.

So I'm listening to him, do give her suggestions about her pain, turning into a thick viscus liquid that would flow down her leg. And eventually it would flow down into her foot and out of her big toe and into her shoes and overflow her shoes. And eventually this thick viscus, it would just be a harmless puddle of pain on the floor. And I'm listening to this, thinking to myself, this guy is really bizarre with what he is describing and then looking at her, the transformation in her face, the lines that disappeared, the muscular relaxation that took over the quality of focus. Well, this went on for probably 45 minutes, maybe even an hour. And you could easily tell even I, as someone untrained could tell something dramatic had happened for this woman. And I couldn't wait to hear what her narrative was, so that eventually he reorients her invites her to, you know, hold onto the comfort and come back to the room and reconnect and all of those good things.

And as soon as she opened her eyes, she started to cry and he waited patiently. I waited impatiently to hear what the, what her reaction was. And then she just said, so quietly that in three years that she was pain free. And it was literally in that moment that I said, ed to myself, I have got to learn how to do this. And so I became, uh, singularly focused in studying hypnosis, studying dissociative phenomena, trying to

understand something about how can words from one person to another create that kind of quality of experience, such that a very severe and chronic and disabling pain became manageable, that this lady became empowered to regulate herself and her level of pain. The difference that it made in her life was just remarkable. I, I kept in contact with the instructor to ask him to stay in contact with her, cuz I really wanted to know this lady's story over time.

So it was, it was just an amazing moment. And it was an amazing moment for me to observe something like this that, uh, opened a million questions of clinical relevance. And that was more than 45 years ago. And I don't think there's been a single day in my life since that I haven't been focused on trying to understand what this extraordinary phenomenon, uh, called hypnosis is really about. And so in all the years, since I have seen people do things that even while I'm watching it, I'm thinking to myself, this is not possible, except it is. And it really stretches the boundaries of what we understand about the relationship between mind and body. It really highlights what the capacities are that go untapped, what the value is of being able to create this kind of focused absorbed experience in which resources that are normally not available to the person become available. And so even though all of the mythology about hypnosis is that you're gonna lose control of yourself in some way. What has attracted me to hypnosis and kept me engaged with hypnosis all these years is the virtual opposite of how hypnosis increases the amount of control that people have over their own lives and their internal experiences. And it's that empowerment that I find absolutely compelling as a clinician.

Dr. Hoye:

Yeah. Well that's, that's incredible. I mean, that's, that's uh, wow. I mean, I think we, we can, we can go now. That was amazing. Michael. No, just kidding. <laugh> I think, yeah, but it, it really is. It's, it's quite an amazing way. And succinctly to put that together. That's, that's thank you for sharing that.

Dr. Yapko:

Yeah. I was, I felt really, really lucky to have been exposed to hypnosis that early on. I felt really lucky that I was slightly rebellious enough to ignore the advice from the academics to ignore hypnosis because by actually going to the workshop at age 19, it literally gave me a direction and a focus that has kept me engaged for almost half a century now. Wow.

Dr. Hoye:

Well, what happened after that workshop? I know you were, you were engaged in that workshop and you've been engaged for 45 years. <affirmative> what happened after that?

Dr. Yapko:

Well, you know, the, the, uh, field of hypnosis had at the time, uh, was still pretty much, I won't say exactly in its infancy, but it was certainly a young field and the, uh, amount of research that was going on was, uh, substantial and finding out who was doing what I became very assertive about contacting the people who were the pioneers of the field, the people who literally shaped and defined the field of hypnosis mm-hmm, such that people who come to the field now, unless they were deliberately exposed to these people, they would never really know how significant these people were in shaping the field. So there were a number of very prominent, hypnosis labor research laboratories, uh, in the United States and elsewhere, there were a number of people who were, uh, pivotal in defining the field. And so I sought these people out and spent time with them.

This was in the days when you could call people and they would answer their own phone things that would not happen today. Uh, and so I was very fortunate in having the opportu to meet and spend time

with and learn from some of the most important figures in the field that, and anybody who actually in the field of hypnosis, if I was to give them the list of who I've been around, they'd be, uh, they, they would recognize these names. These are all people who were very, uh, profound in the contributions that they've made. So I had great mentors, great teachers. I was very, uh, aggressive about, uh, uh, getting that kind of contact with people and being around people who were actually doing these things. I'm, you know, personally, I'm far more of a pragmatist than I am a philosopher. And so I was always interested in the people who were actually doing these things, the people who were doing surgeries, where hypnosis was the only anesthetic, where there was no chemical anesthesia people who were doing profound kinds of psychotherapies, uh, with hypnosis people who were, uh, researching some of the most, uh, interesting and clinically applicable aspects of hypnosis.

Dr. Yapko:

Well, who are, you know, for, for

Dr. Hoye:

People who are some of those people,

Dr. Yapko:

Ernest Hilgard, Andre Weitzenhoffer, David Cheek, Lou Dubin, William Kroger was a mentor of mine for 12 years. Uh, Kroger was, uh, to, to medical hypnosis, what mil Erickson was to psychiatric hypnosis. Um, you know, all, all these people who were doing remarkable things, Kay Thompson, um, a lot of really, really phenomenal folks and, uh, people who were very, very, uh, open about the work that they did very quick to share the work that they did and, uh, uh, really, really wonderful. So, um,

Dr. Hoye:

Who was the big out of all of those influences for you? What was the, the, the biggest influence upon you from your mentors?

Dr. Yapko:

Oh, geez. Um, it's a tough question. You know, having been around William Kroger for 12 years, uh, bill was easily three of the smartest people I've ever known. Um, he was just brilliant and his range of interests was so broad and his ex you know, a true Renaissance man, his, his, uh, abilities were extraordinary. Um, Andre whiten Hoffer was a, a good friend and mentor and Andre brought a, a discipline, the discipline of a researcher, the discipline of somebody who was curious and skeptical and, um, really was very, um, challenging in the best of ways. Um, as a, as a clinician, probably the person who was the greatest influence on me was Jay Haley, who was a very close friend and mentor for more than 20 years. Oh, wow. And I don't, I don't, I don't think that, uh, there's, I don't think there's a day that goes by that I'm not using something that I learned from Jay.

Um, and so, uh, uh, I, I have a, that of gratitude to many, many folks. And then in more recent years, you know, to be able to connect with the, the people in my field who are also significant in the contributions, they make Jeffrey Zeig is the director of the mill Erickson foundation in Phoenix mm-hmm <affirmative>, which is the hub of the wheel for more than 140 Milton Erickson institutes around the world. Uh, the popularity of the late psychiatrist, Milton Erickson's work is huge. And in many ways he redefined hypnosis, uh, took it out of the realm of being something that you do to someone as it was a hundred

years ago into the realm of it being more of an interactional kind of thing. And he, uh, uh, really helped shape the, the modern practice of hypnosis significantly. In a course, Jay Haley was the one who really brought Erickson's work into a much greater, uh, public awareness and professional awareness. Uh, he, his, the, the 1973 book that he wrote called uncommon therapy is a book that I think, you know, in the clinicians should read, if they want to see what creative therapy looks like using hypnosis, and sometimes now using hypnosis, but hypnotic principles. And, uh, there's, there's a lot of substance there that, uh, that, that he contributed to the field in that way. Mm-hmm <affirmative>

Dr. Hoye:

Yeah, I would, I would totally agree. I totally agree. Um, uh, but, uh, in an effort to kind of move this back to not preaching to the choir here, which choir of one mm-hmm <affirmative>, um, maybe we can talk a little bit about, like what the process of hypnosis is, how would you describe, and in terms where people could understand it from a more general audience or from clinicians who know nothing about it?

Dr. Yapko:

Well, if, if we take the, the general concept of focus, you know, when we look at the modern, um, consideration of hypnosis, what neuroscientists are studying are intentional processes. What happens when we get focused on something, whatever that something might happen to be. So anybody listening to this can think of experiences that they've had, where their attention has been focused on something. Maybe they're sitting in front of the computer and they're writing a, an email to somebody and the person that they live with says dinner. And, you know, in the back of their mind, they hear it, but they're so focused on their, their letter, right? That they are able to set it aside, continue with what they're doing. And, and yet they've heard it. It's the, it's another example of, you know, the, everybody uses is the, uh, so-called highway hypnosis, where you're driving and driving and driving, and your mind is absorbed.

And, you know, so many different things that really not paying attention, you're driving at least not consciously and deliberately. And yet at the same time, you still manage to stop at the stop signs. You still manage to take the turns that you need to take. You know, you may wonder when you get home, how did I get here? But meanwhile, you've been responding to these cues outside of awareness. And that's the, the interesting thing about it is the, there are certain abilities that become manifest when people get absorbed in this way. And when their attention is engaged like that, everybody listening has had the experience. For example, of being very absorbed and doing something, maybe they were playing a sport, maybe they were gardening and injuring themselves in the process. And they don't notice the injury until much later where even the next day, they wake up and they see this massive bruise on their leg.

And they wonder, well, where did that I'm from? Or all of a sudden they realize they they're bleeding, there's a cut on their arm. And they have no idea how they did that. Or even when they did that. And now that they see it, they're aware of it. And yeah, it's, uh, you know, there's a cut there and it hurts, but meanwhile, it was cut how long ago and been bleeding for how long before they noticed it. And that's really in many ways, the kind of everyday sort of experience that represents what hypnosis is about. You're not unaware, but your attention is diverted elsewhere, absorbed elsewhere. And from a clinical point of view, when somebody take that example of injuring yourself without noticing the injury, that's the heart of pain management with hypnosis when clinicians use that, that instead of it happening randomly the idea of producing that kind of response deliberately, how can I get someone so absorbed

that they don't notice the pain, that they don't notice the incision when they're having surgery, that they don't notice the stitching when they're having stitches, that they don't notice these things.

Dr. Yapko:

And, uh, you know, it's, it's a, it's a more amplified version of this everyday sort of phenomenon. And in that respect hypnosis, isn't unusual hypnosis. Isn't out of the ordinary realm of human experience. It's what happens when people get absorbed and here we are here, here we are at a time when culturally, uh, people's attention is so divided that every time their phone dings at a new text came in, they have to stop whatever they're doing to pay attention to that for the moment. And it's not really much of a coincidence why the kinds of focusing in strategies like hypnosis, like mindfulness, like guided imagery, like visualization, all of these processes that share the common denominator of how do we use build and use people's attention for greater therapeutic gains. Uh, I think that, uh, it's never been more important than it is now to help people develop, reclaim the ability to focus cuz from too many people, that's exactly what's missing from their lives. I, I

Dr. Hoye:

Would agree. So kind of on that note, yeah. You've mentioned like, um, injuries and pain and surgery. Uh, so, and especially surgery of course hypnosis, uh, is, can be used in surgery. And maybe you can talk a bit about that, but, but another thing I was curious about was just general issues in therapy. How can it be helpful, like say for anxiety or depression?

Dr. Yapko:

Well, if we start with a general concept that everything is about the frame of mind, that you're in, how you think about things, what you tell yourself about how you look at things and you know, it, it's really an interesting, uh, um, evolution in our understanding of some of these things, how much of the problem that people experience has little to do with what's actually happened and how much of the problem has to do with how people look at what's happened. And so, you know, just as a, a simple example, you have two people who are, are two different people who are in two different car accidents of the same magnitude. The car is wrecked, but nobody's injured. One person after the accident says, well, that was a drag. The other person says, I'll never get in a car again. You tell me who's gonna be the anxious person.

So you, it, the way that we think about things really makes all the difference in the world. And so while I have been focused on and hypnosis for all these years, I've also been focused on the clinical issue of depression. I have, I've written 15 books and edited three others, and the books are pretty much divided between treating depression in a brief, short term manner without medications and other books have about hypnosis and some about both of those topics combined using hypnosis in the treatment of depression. And it really is about helping people acquire the skills to cope with, to deal with, to manage the kinds of things that happen in everyday life. You know, if, if, if you're alive, you're gonna face adversities. The people we love die, the pets that we care for get hit by cars. The new car that we saved up two years to buy gets smashed the third day that we own it.

If you're alive, crummy things happen. And then the question is, well, then why isn't everybody depressed? What's, what's different about the way people who aren't depressed, cope with these things compared to the people who do get depressed. And that's part, it's not all of the story, but it's big part of the story. But part of what we've learned is that there are certain skills that people can develop that

will insulate them against anxiety that will insulate them against depression. And as soon as we start talking about learning skills and teaching skills, is there anybody who doubts that people learn more efficiently when they're focused, when they're relaxed? And that in itself is a compelling enough reason for any clinician to want to learn how to create this context of being focused and being relaxed in order to help people learn the skills they're gonna need, whether or it's to cope with anxiety or depression, life adversities, pain, whatever it might happen to be so much of every therapy involves teaching, which means so much of every therapy involves learning and creating this context through hypnosis where people can learn more easily is a, a very compelling reason to want to learn the skills of hypnosis, which if I was, if I was emperor of the therapy universe, <laugh>, that would really be the, that'd be the first course I would require people to take as a course in hypnosis to understand the value of communication, understand how words influence to understand how we can create relationships in which people can acquire skills for living better.

And I think that, I think that's a really valuable thing that should be a part of every clinician's practice. Mm-hmm

Dr. Hoye:

I would, I would agree. I would agree. Uh, so, so it almost sounds like what you're saying is that hypnosis is a way for you to kind of parse out the, the inner workings of the mind and how people kind of construct their realities and show them that they have control over that rather than controlling them

Dr. Yapko:

In a, in a general sense. That's true. And the whole idea, of course, with every hypnosis session that you do is to go from general to specific that if I'm going to teach someone a particular skill, what is that skill and how am I gonna structure it to make it learnable for someone, uh, you know, simply saying to somebody GE you know, you need to be more realistic in your thinking is a good statement to make it's, it's an accurate statement to make. Um, but then the real question becomes, well, how does somebody actually do that? And you know, how, how do we teach someone the skills that go into that, of how to gather information and how to use information and how to weigh information? And I say, I say this at a point in our culture where how many people cannot even make the distinction between real news and fake news. So, you know, the, the, the ability to learn, to use information and to gauge the value of information, uh, is, is a general goal, but it's in the context of a therapy that, that uses hypnosis. How can I teach those skills very specifically?

Dr. Hoye:

Uh, excellent. Okay. So you can actually use hypnosis as a teaching tool to, to work within any, it sounds like within any kind of theoretical orientation

Dr. Yapko:

For any therapist who does any teaching in their therapy, which is everyone, you know, that, that it's the, the challenge is how do I help this person learn these skills and how to integrate them into their lives more readily so that they can make better choices and lead more satisfying, healthy, productive lives?

Dr. Hoye:

Well, it, it sounds though, like, what you're saying is, is the hypnotist does doesn't necessarily get up on a, a, a soap box. I mean, sometimes we can do that as therapists. And certainly people are, are used to

advice coming and being educated from people in, in the world outside of the therapy room, but it sounds more like an experiential kind of learning is what you're talking about.

Dr. Yapko:

Well, you know, telling people what to do, doesn't teach them how to do it. And you know, that, that I, you know, telling people what to do is, is gives them a general goal to aim at. But until, you know, understanding that if this person doesn't have experience with something, then telling them what to do, isn't going to enable them do to do it. And it's frankly why sometimes therapy fails is when a therapist doesn't appreciate that when they're good at telling somebody what to do, but they're not good at leaving them through the steps of how to actually do that. And, uh, th this is, I think one of the, the most valuable applications of hypnosis, there are many valuable applications, but certainly one of the most valuable applications is creating this environment where you can literally lead somebody through a sequence step by step for doing whatever it is that you're trying to teach them to do, you know, telling somebody, gee, you need to be more assertive.

Well, okay. That's good advice. But now let's get into the specifics of how do you know when you need to be assertive? What constitutes an assertive response? How do you decide what to actually say, what are the differences between inside words and outside words? How do I know that if I assert myself, I'm not gonna get punched in the face and, and all the, the, the things that start to bring this piece of advice of you need to be more assertive, to a much more practical level. And one of the ways of using hypnosis besides teeth, gene, people, effective sequences for behavior is helping people kind of rehearse these things. You know, what, what cognitive therapists would call a cognitive rehearsal to me, the, the ability to integrate hypnosis into that and make it a much more realistic, more, or experiential kind of a thing. So that, that ability to, to challenge yourself, to try new things, to create an environment where someone is willing to experiment with new behaviors, where somebody can focus more on curiosity about something than fear of something, uh, that that's when things happen.

Dr. Hoye:

Yeah. Okay. Well, I, I would agree. I would agree, but, you know, there's probably people in the audience saying, well, what's the difference between what you're talking about, Michael, and let's say mindfulness, which really seems to be on everybody's tongue these day, both in and out of therapy. Uh, I know a lot of coaches and a lot of consultants provide those skills in business settings, for instance, how would you, what's the difference between that technique and, and what you're talking about?

Dr. Yapko:

Well, you know, these are global terms and how somebody applies 'em is really, uh, uh, can differ dramatically. One person's hypnosis can be quite different than another. Person's just as one person's mindfulness can be quite different than others. So I wrote a book called mindfulness and hypnosis, and the subtitle was the power of suggestion to transform lives. And I was more than curious about mindfulness. And so I'm, again, made a point of going to study with many of the people who are the leaders of the mindfulness movement. Again, the names that you would know and was really fascinated to discover how little they understood their own processes. Uh, the, the kinds of questions that I would ask that, that when you're doing mindfulness and you're encouraging people to be more fully present in, in an experience, that's a, that's a great thing. Uh, helping people become more aware, but what has changed was what was originally a spiritual practice for higher consciousness got hijacked by the clinical

field, so that now it's mindfulness for anxiety reduction, mindfulness for pain management, mindfulness for depression, mindfulness for clinical problem X, Y, Z.

And as soon as it made the transition into the clinical world, the overlap with hypnosis increased dramatically. And so part of what I did in writing the book was I took the mindfulness procedures that the leaders in the field were using. And I analyzed them from a hypnotic perspective. What is the language of mindfulness that when someone's doing a guided meditation, a meditation for greater compassion, a great, a, a mindfulness guided meditation or greater self acceptance, um, kindness, the kinds of things that, that are typical kinds of procedures, and then break them down sentence by sentence suggestion by suggestion. First of all, these are highly suggestive procedures. They are conducted with typical with eyes closed internally focused. These are same as, uh, these are really not, uh, any different structurally than hypnosis sessions. What is different is the kinds of things that you would focus on? Um, somebody who's a hypnosis practitioner, it's very unlikely to do a hypnosis session on a theme of compassion or kindness. They're far more likely to do a session that's focused on symptom reduction. So, whereas mindfulness often describes itself as attention without in hypnosis is unapologetically goal oriented. It is attention with intention, but from a structural perspective, they both involve encouraging people to close their eyes become internally more. Self-aware, they're still using suggestions to influence the quality of the person's experience, but just typically with different outcomes in mind.

Dr. Hoye:

Okay. Okay. So it's more or less, the intention is more, uh, goal oriented and directed rather than, uh, more general intentions.

Dr. Yapko:

Yeah. Any, anytime you do hypnosis with somebody it's, for a reason, there's, there's a particular outcome that you're going after. We're going after pain reduction, we're going after anxiety reduction, we're going after symptom reduction, whatever the symptom happens to be on one level and on another level, trying to impart some experience that highlights to the person that they have greater capacities for self-management than they realize

Dr. Hoye:

Mm-hmm <affirmative>. Okay. Good. Good. Um, well, can you, can you specifically talk about maybe a particular, um, area of focus like depression, for instance, you mentioned depression and hypnosis. You did speak more generally about that, but there is a, is there a case that you could, could bring up or, uh, something like more focused for the audience to, to think about?

Dr. Yapko:

Well, you know, the, the, you know, a case example is I can generate lots of them. Of course, let let's for this purpose, speak to the, the greater intent of what we're trying to do. You know, there, there's a reason why depression has become the number one, uh, disorder on the planet, the world health organization, recently 2017 declared depression, the number one cause of human suffering and disability on the planet. And it's still growing. And it's been steadily growing for the last half century. And, you know, you, you, you have a real serious split that's taken place where people have encouraged a more biological viewpoint and, uh, encouraged people to take medications as a result. And now that

these medications have been out there for a long time, we've had a chance to find out just how efficient are they, how efficacious are they?

And there's a lot of issues, a lot of problems associated with them. What I have written about and what, what I have researched are the social dimensions of depression. How does depression spread? I wrote a book called depression is contagious and not in a, not in a bacterial or viral sense, but in a social sense that the risk factors for depression are socially acquired socially transmitted the values that we have, the conditions that are going on. You look at what's going on in the United States today. People's levels of anxiety and depression have been steadily rising with the current political climate that people's level of uncertainty is leading them to be far more afraid, far more anxious with people feeling powerless, to, to change what's going on. The things that they strongly agree with, whether they're environmental conditions, social conditions, humane treatment of, of others, kinds of things, uh, that are going on.

The, the point is that how we, again, look at things. These are factors that are based in attitude, perception, judgment. And so it becomes a really important thing. When you're working with people who are suffering depression, how do I help people acquire, evolve, different ways of looking at themselves, different ways of looking at life. So that depression isn't a consequence. So there are many, many, many different targets because each person's pathway into depression is different just as each person's pathway outta depression will be different. Depression is, is not a unified disorder that everybody has the, the same thing in the same way. Everybody's experience is quite different. So that, that every clinician has to evaluate what this person's particular pathway in is, what specific kinds of skills they're gonna need to acquire. That'll make it difference for them. So for some people learning how to think more clearly use information better is gonna be helpful to them, hence the value of cognitive therapy and using hypnosis to advance some of those cognitive therapy principles.

For example, one of the most basic principles of cognitive therapy is just because you think something that doesn't mean it's true. Well, in order to help somebody, then you have to be able to help them separate themselves from their own thoughts. They have to be able to develop enough separation, to be able to ask themselves is what I'm thinking reason is what I'm thinking supported by any evidence, or is it just a feeling I have now to say to somebody, Hey, you need to look for evidence before you accept a thought is true, is a good piece of advice, but how do we help somebody internalize that? How do we help somebody integrate that? So that state of being trapped by their thoughts, they have the ability to step away from their thoughts long enough to evaluate, is there any evidence to support this is this really what's going on.

And teaching people using hypnosis as a vehicle for helping people develop the ability to see something from a variety of perspectives, not just one is a really important part of any treatment. So to introduce that idea and hypnosis that you can look at things from a variety of perspectives that we can take anything that happens and look at it from your perspective, look at it from a, another person's perspective. Look at it from a particular philosophical perspective, look at it from a scientific perspective, look at it from a humanistic perspective and help people detach from a singular viewpoint. That's actually depressing. That's a good use of hypnosis entry, eating depression. Okay. I

Dr. Hoye:

Would agree. Well, how might you create a different perspective for somebody who's stuck in one particular perspective?

Dr. Yapko:

Well, in the way that I just described it, how would somebody scientifically look at this? How would somebody humanistic look at this? How would somebody from a thousand years ago, look at this? How would somebody who has never dealt with this view it, how would somebody who has dealt with this a hundred times view it, and how can I help this person recognize that there are other viewpoints besides your own and help you detach from yours and start to consider other perspectives. And which perspective is gonna be the one that's gonna be most helpful to you? So, you know, it's, it's, it's one of the most basic things when you're doing empathy training, instead of looking at it, just from your point of view, how would this other person look at it? How do you develop passion for the fact that this person feels differently about it instead of judging them negatively for the fact that they feel differently about it, it's really, really, really important.

Dr. Hoye:

Okay. Excellent. Um, well it seems like I've, I've heard a rumor that you may be in should sometimes,

Dr. Yapko:

Well, the rumors can be confirmed. It is true. I will be, uh, I, I do a very comprehensive training in clinical hypnosis and, and strategic therapy, uh, outcome oriented therapy. It's a program that is very detailed, very rich in experience. And it's conducted in three phases of five days each. So I will be coming to Chicago to do phase one in June. And, uh, in phase one, people will learn the sick concepts, the basic techniques, uh, uh, of being able to facilitate inductions and start to introduce, uh, different hypnotic phenomena, things like age regression into their work. And then there's a two month break while people go off and practice. Then they come to back for phase two, which will be starting at the end of July. And then in phase two, it becomes much more clinically focused of, okay, now that you have these basic skills, now let's talk about how to design and deliver therapeutic interventions that utilize these skills.

And then once again, people go off for two months in practice in their PR clinical practices. And then they come back for phase three, which will be in early September. And then in phase three, we get into the more advanced applications like pain management and treating depression and treating anxiety and those kinds of clinical issues more specific. So the, the entire program is 15 days, three phases of five days each and the, uh, uh, course will be held in Chicago. Uh, I hold it every year in San Diego where I live. I hold it every year in Australia. Uh, I hold it almost every year in Canada and Europe. Um, I've only done it in Chicago one other time, probably about 10 years ago. So I'm, I'm excited to come back to Chicago. I love Chicago, and I'm hoping that there will be, uh, a good group of professionals that are interested in learning these skills and that they will consider attending this a hundred hour training.

I think that, uh, they'll be pretty pleased with the, uh, quality of what they get and how much information and experience they get. They'll be doing a lot of hypnosis, the better way to learn it is to do it with, but in a, in a very structured way that assures them, of getting the skills that they need. And, uh, people can go to my website to get the registration information, uh, it's being co-sponsored with Loyola. And so, um, if people go to my website, Yapko.com, Y a P o.com and click on training, uh, they will find,

uh, the information about what specific dates and fees and how to register and all the things that they need to do to, to participate.

Dr. Hoye:

Awesome. So you, you did mention, uh, the months, but would that be next year,

Dr. Yapko:

2020, 2020? Yeah. The, I can give you the specific dates if you want them. Phase one is June 24 to 28. Phase two is July 29 to August. Second phase three is September nine to 13. So, uh, again, each phase is five days and I can promise people that by the time they complete that course, they will know more hypnosis than many of the people who've been in the field for many years.

Dr. Hoye:

Wow. Well, great. Well, I'm glad that you're making that opportunity available to people here in Chicago and probably the Midwest as well. Um, well, uh, thank you so much for, for talking Michael Yapko. I'm honored that you came on board and took the time to do this and that you're coming to Chicago to help people grow in their clinical skills and help other people.

Dr. Yapko:

Thank you, Scott. It's been a pleasure talking to you.