Hello. I'm Carolyn Daitch, I'm a psychologist from Michigan, and I'm in private practice and the author of a number of books, and do a fair amount of teaching, and I'm just delighted when Ryan asked me to speak about hypnosis in the treatment of anxiety. Now one of the great privileges of our profession is that we learn from our clients. They help us evolve. They change our perceptions. We certainly learn from their failures. They help us feel better in our work, and sometimes even better human beings.

When I was thinking of cases to draw from, I thought of two, the first of whom I'll call Mary Beth. Now Mary Beth arrived in my waiting room and I did the normal thing. I gave her in the office intake forms and told her I’d be back in a few minutes to collect the forms and her. And five minutes later, I went into the waiting room and there was no Mary Beth. That was odd. I asked another woman who was waiting for another therapist and I said, “did you see the woman here?” And she said, “Yeah, but she left.” So I thought maybe she was in the ladies room, so I went down the hall. She wasn't there. I went to the parking lot. No Mary Beth. I try calling her. Two attempts later, she answered her cell phone and she said, “Oh my gosh, Dr. Daitch, I’m just so sorry. I got so nervous sitting in that waiting room. I don't know what came over me. I just had to leave. I'm sorry if it caused you an inconvenience.” Now I knew what happened. What happened is that she had a panic
attack and the first thing that happens when you have a panic attack is you want to run, and a way of maintaining panic disorder is to avoid that which is what you're afraid of. So pretty firmly I said, "Mary Beth, where are you?" and she said, "five minutes away from home," and I said, "turn the car around and come back," and she said, "but that's about forty minutes," and I said, "well I can't see you immediately, but if you come back, you can do an errand or go to the bookstore and I could see you at two," and she said, "OK," and she came into my office, and when I took the history, indeed she'd been suffering from panic since she was a teenager. She was about 40. Now I want to mention that Mary Beth was quite tall. She was about five foot eleven I would guess, and so we did the intake, and then she did set up an appointment for the next week and agreed to see me, at least for a while, for weekly sessions. And in the next session, she sat down and she was talking about her experience with panic and how she suffered in her life and then she started giggling, and I said, "Mary Beth, what's so funny?" and she said, "what's so funny is that when I met you in the waiting room, I thought you were huge. I thought you were way bigger than me. Now that I look at you, you're really not that big at all, are you?" I want to let you know that when I stand up straight, Marybeth was about a foot taller than me. But when you're having a panic attack, everything seems larger. Now it makes sense that she was anxious. First of all, coming into an initial session with the therapist is anxiety provoking in its own right. You're beginning a relationship with somebody you've never met. And then second, by its very nature, in therapy you're sitting in the hot seat. All the attention is focused on you, and if you have panic disorder or social anxiety disorder, you do not like all that attention. And the attention is focused on us not particularly on your strengths, although identifying your strength, as Milton Erickson would say, uncovering overlooked resources is a vital component of the treatment. If you come into therapy overwhelmed by anxiety and want help, you have to admit some of your greatest struggles to your therapist. So for many of our clients coming into therapy and dealing with anxiety can be accompanied by shame, embarrassment, a feeling of defeat. Although it is absolutely not true, many people come and therapy, particularly people with anxiety, feel like it's a character flaw. So all these factors coalesce to make getting to therapy seem like an intimidating and daunting task, and this was initially the case for Mary Beth.

Now I'm going to talk a little bit about anxiety disorders and there are four major components of anxiety disorders. There's the physiological reactivity, and the physiological reactivity involves a hyper-activation of the Sympathetic Nervous System. So what happens when you're very anxious is your blood pressure goes up, your heart beat goes up, you can feel sweaty or shaky or dizzy, and then there's the effective part, I mean the emotional part. So, and this is subjective part of anxiety, you feel tense, you feel nervous, you feel agitated, and then there is the cognitive part. Now across the board, people with anxiety overestimate risk and they underestimate the available resources.
within them to deal with those risks. They are people who catastrophize. They think of everything that can go wrong. And another thing that is true pervasively with people with anxiety is they have a great intolerance of uncertainty, and most us don’t like uncertainty, but if we don’t have anxiety, we put up with it because life indeed is inevitably uncertain.

But people with anxiety just really hate uncertainty and they worry to avoid actually taking... It feels as if worrying is taking an action to mitigate uncertainty. And then the other part of the cognitive aspect of anxiety is there’s a negative self-talk. This is essentially negative self-hypnosis. They're saying, “I can't deal with this. This is going to be intolerable. If I get to this appointment late it'll be a disaster.” So there’s an internal self-hypnosis reinforcing pessimism, reinforcing anxiety that certainly doesn't serve these people well. And then there's the behavioral component of the anxiety. People with anxiety, as Mary Beth did, want to avoid, and it makes sense if you're uncomfortable about something, you want to avoid that which is making you uncomfortable. However, the avoidance maintains the anxiety, and then people with anxiety tend to be rigid. They tend to repeat patterns over and over again. One of the things we learn from Milton Erickson is that we want to teach people that they can be flexible in their responses, to go outside their rigid patterns. People also with anxiety, particularly those with more obsessive kinds of anxiety, they check, they check, they recheck. Now I want to talk a little bit again about managing uncertainty, which increasingly I’ve been able to see, is just pervasive. My friend and colleague, Michael Yapko, talks about this is well, this intolerance of uncertainty, and my anxious clients do a number of behaviors to combat uncertainty, because it indeed is so uncomfortable. One of the things they do is they seek out reassurance. They say, “Is it going to be OK?” They'll ask me repeatedly, “Is it going to be OK?” They’ll go to their physicians repeatedly, like they’ll have an ache in their side and they think maybe it's stomach cancer and they’re reassured that maybe it was just a muscle ache from exercising, but they need to go back repeatedly to their doctors to make sure, “Did you miss? Could you have missed something?” and similarly, they double check. If they’re packing a suitcase, they double and triple and quadruple check to make sure that they didn't miss anything. In most cases, I tease them and say, “You know, there are drug stores in Los Angeles. There are stores in Europe if you forget something,” I’m assuming they don't have fear of flying that prevents them from going to these places. And some of the people who are more compulsive double check to make sure the stove is off, or the door is locked, or that the iron is off. These are good things to check once, but people will check three or four times. Another thing that is true of people, in terms of them trying to mitigate uncertainty, and the Internet is really reinforcing this, and that is people are obsessive information seekers. So again, if they worry about something going wrong with their body, they'll be on the Internet a lot, checking their symptoms, getting more articles.
“My doctor is wrong or it really could be something catastrophic.” Another thing that is difficult for people with anxiety is because they want to be certain that everything is done right, they’re reluctant to delegate. I don’t know I’d run my life, frankly, without delegating to people in my life who are very helpful. But you have to trust that the people you’re delegating can handle it, that they won’t a mistake, again assuming a mistake was made that would be catastrophic, which it wouldn’t be. And then, as I mentioned just a little bit ago, people worry a lot. They worry about what will happen, it’s not certain that this plane won’t crash. Some planes do, it’s pretty rare, but they want certainty about that, so then they worry about the disaster that could be moving around the corner. This is called anticipatory anxiety and this is real common people with generalized anxiety disorder. And it feels, again, like if you worry, you’re taking action to mitigate the uncertainty. When indeed, of course, the worry doesn’t help. It just makes you suffer.

I’d like to introduce one of the approaches that I’ve been using lately. It is coming out of my newest book that I co-wrote with my writing partner Lissah Lorberbaum, it’s called The Road to Calm Workbook. It's published by W.W. Norton. You can see it online, but it really won’t be available til early 2016. And in that book, we introduce the STOP solution. And I’m going to tell you a little bit about that now. STOP is an acronym for what to do to stop emotional flooding in its tracks. The “S” in STOP is for “scan” your thoughts, emotions, behaviors, and sensations. We need to teach people to identify the precursors to panic or emotional flooding, and it’s much easier to put out a little teeny fire than a forest fire or a mild flood than tidal waves, and so if you can identify the precursors, or teach your clients to identify the precursors, it’s easier to move into a more equilibrated emotional state. So I teach my clients to scan, not obsessively scan, which some of them who are more hypochondriacal can do, but just kind of notice the red flags that some emotional flooding might be around the corner. So I teach them to scan their thoughts, like as soon as they notice that they’re saying to themselves, “I can’t handle it,” or “This is going to be a disaster,” or “What if this happens?” “What if my college kid gets in a car accident on the way home for Thanksgiving?” That’s a red flag that I need to do something to calm right away, and then to scan the emotions to notice when they’re feeling scared or nervous or agitated, or notice their behaviors. “I want to avoid driving on the expressway because I’m not getting in accident,” and scan sensations to scan if their heart is beating pretty quickly or they’re getting feeling a little shaky, and once they scan and identify one of these red flags, then they know they need to “T,” take a time out. Some of you are familiar with my working. In all of my books, I really emphasize the importance of taking a time out, because if the system is emotionally flooded, it’s unrealistic to do self-talk, or take a courageous behavior until you calm the nervous system. So I teach everybody to find a place in their home, in their office, to take the time out, and in that time out, you move into self-hypnosis, essentially. Now sometimes the time out can be just in the
bathroom if you're in a restaurant, or the time out if you're a passenger in a car, you could even do the time out by closing your eyes and taking a mini time out. Now planning the time out, you do need to let the people you live with know that from time to time, you're going to be taking time outs, and let them know that you don't want to be disturbed during that period. I have clients who shut the door of their offices, or they go to their car in the middle of the day, if they're becoming really anxious, and take a time out that way. So there's a variety of ways. Ideally you have a kind of serene place in your home or office where you can take a time out, but in real life that isn't always possible. Now the "O" in the STOP solution is overcoming initial flooding. What that means is you move into a state of calm, so that the mental brain gets on line with the neocortex and you move into a state of calm and quiet and stillness, and we get there by using our self-hypnosis protocols. And then the "P" is for practicing the tools, and there is a number of different tools that I teach people, like dialing down anxiety, like fast-forwarding into the future when the crisis is over. And so that's essentially the nuts and bolts of the STOP solution and you can read more about it in the upcoming book that I have, or just email me and I can give you more information.

Now let's talk a little bit about the tools. I just referred to a couple of them. Some of my favorites are mindfulness with detached observation, and what that means is that if you're catching yourself with an anxious thought you simply say, "There's the anxious thought. There it is. There's the worry. I breathe into the worry. I allow the worry, sit with it like a scientist observing an interesting phenomenon, with curiosity but just a bit of detachment." And that works really, really well. Again, I introduce that once the person is in a calm state. Another one of my favorites is ego states, or parts of self. There are always parts of self that are more mature than other parts, and you can access a part of self that can reassure the more vulnerable part of the self. So for example, if you're scared of giving a speech, which is a very common fear, the mature wise part of self can reassure the frightened part by saying, "I know you're scared, but you've rehearsed this. It's going to be a friendly audience and you usually rise to the occasion. In fact, you always rise to the occasion and you'll be OK. You'll probably be really good, but OK is good enough too." So that's how you do that. Now dialing down reactivity or dialing down anxiety, what I use is a dial. I have a recording of this one, where you imagine a dial and you ask yourself what number you're at now. So let's say your client has to take an exam and you ask him, "What number is it that you're feeling?" if you're anticipating taking the bar exam, and let's say you get a nine, and then you ask that person in hypnosis, "What is just the right number? What it is just the right number that would be ideal for you as you study and take this exam?" Now I specifically use test anxiety because with test anxiety, you don't want people to go down to a one because you have to be on your game, so generally it's a five. If you're at an eight or a nine, you're so flooded that you can't think or study or remember. If
you’re at a one or two, you’re not on edge enough to focus. But for something else, maybe like going on a plane ride, it’d be pretty cool if you were at a one or two, but dialing down gives control to the person to have just the right level of calm and focus or tension that is needed. Another one of my frequent fliers, so to speak, of techniques that I use is postponement. This is a cognitive technique where if you’re worried during the day, and people with generalized anxiety disorder or O.C.D. or S.A.D. and panic for that matter are worrying all day long, like, “What if this happens? What if that happens?” and the CBT approach is to write those worries down, put them in a manila envelope, and if you write them down they’re out of that reel to reel tape in your brain, and then save them till an agreed upon time or you take out the worries, and there’s a prescription to focus on the worries for about 20 minutes. Now again, people are often able to use these tools. They’re not able to use the cognitive intervention like postponement unless they calm system down with the ST and the O. And then the last one that I’m going to talk to you about is once they’re in the state of calm again, they can use a cognitive approach of self-talk. Self-talk like, “I can handle this. I may not like it. I may not like uncertainty, but I can handle it,” or “It’s pretty likely that this plane is going to fly safely. Most planes do. The vast majority do,” or “I have strength within. A part of me is very strong.” so all these statements or, “I can choose calm right now, for I am in control.” All these phrases can be used in hypnosis. So what we’re doing is combining the best of CBT with hypnotic interventions. Real powerful approach. Now one of the problems that people have been in terms of anxiety, or really any kind of therapy, is remembering to use the techniques, and I may be talking right now about a case and then I’m going to show a video of someone talking about the challenge of using the techniques when they need them because they can practice them in your office but unless they use them in real life, it is pretty useless and outside of office, implementation is the most important factor in therapy, other than the relationship with the therapist.

Now we will talk about a case, a really interesting case, and that is a woman I’ve been working with for a number of years who was referred to me for a white coat phobia. “White coat phobia” means that you get really, really anxious when you go your physician. You know this woman had it so badly that she had avoided medical care almost entirely for 40 years. The reason she avoided medical care is that 40 years earlier, when she was 19, in her second year as a nun, I know that she had a kidney infection and was raped by the physician. He had her undress, no covering. He waited to examine her until the office assistants and nurses were gone. Then he came back had her redress in full habit, and then brutally raped her with using her crucifix and rosary. It was a very, very brutal rape and she had secondary trauma because when she what that to the convent, they were in their year of silence. So the practice was that she couldn’t make eye contact and she also couldn’t talk to anybody. So nobody noticed that this young woman who was slender to
begin with lost twenty more pounds. Nobody noticed that she, who had been an all A student, went from As to Fs. Nobody noticed how dissociated she was. And then, 40 years later, she got a really bad backache and she had to go to physical therapy and lying prone on the floor, she suddenly experienced a delusional flashback, horrible, horrible flashbacks and somehow it was the body positioning and the manipulation with the physical therapist who was moving her body that brought it back. Now I work with this woman pretty intensively to uncouple the white coat phobia so she could go to doctors and it was a really good thing that we worked on it because during the time that she was in treatment with me, she developed breast cancer, and it would have been bad that she developed breast cancer, but it was fortunate that she knew how to do self-hypnosis that helped her come through the biopsies and treatment and I'm going to play the video now of her talking about remembering to use the interventions.

**Client:** For people who have anxiety, part of the problem is remembering to use you’ve learned to manage the anxiety. You get so anxious that you forget to do what you know how to do, and so just some really simple things like using the OK sign will kick me back into, “Ok, what am I going to read?”

**Carolyn:** What you're saying is that once you calm down the Sympathetic Nervous System reaction, then you're able to implement some of the self-taught.

**Client:** You and I both have to be careful that I don’t go too deep. Because I have... apparently I have always had some dissociative tendencies which really play themselves out very powerfully at the time of the sexual assault. If I go to deeply into hypnosis, I tend to dissociate, and I can feel myself falling, and I remember telling you once that I felt like I had gone too deep, and then you reminded me that I could stop you, and from then on, for several sessions, you’ve reminded me that if I go too deep, put your hand up and you can stop me. And I did it.

**Carolyn:** I did that to help you feel more in control and less afraid, because the challenge that I have is where I like to teach you quick interventions that you can use in a way, but I also want to take you in session sometimes deep enough so that we can really shift some core beliefs or refrain things or enter parts of self that are stronger, so it's almost like being an anesthesiologist and watching the cues. Sometimes you have to go deep enough to do the work but not too deep.

**Client:** Right, because that’s too deep is really counterproductive. I don’t feel safe.

**Carolyn:** And that’s an example of how we’ve worked as a team to get right.
Now one of the things that she did and she was able in her treatment to access the wise part of her, the ego state, that was healthy and safe and strong and solid, a mature woman who is a professor herself. She was able to access this wise part of self, to be able to discipline herself to practice. And I'd like just right now to have you close your eyes, because it's always good for us to remember to practice as well. So just close your eyes if you're comfortable doing it; if you're not, you can just watch me. But I think it'll be more empowering for you if you just find a comfortable position and let your eyes, just let your mind settle down- I've been talking a lot about information- and just let go, let go. That's right. Letting go. Letting go of anything other than the sound of my voice and attending to your inner experience, breathing into the count of four, holding to the count of five, and exhaling to the count of seven, letting yourself focus on your breath, each inhalation and holding an exhalation, taking you to a deeper, more comfortable state of being. If your mind wanders, which is the nature of the conscious mind, just let it go back to your breath. Let it go back. Nothing much more important right now than tending to your breath, attending to your inner experience, and attending to the sound of my voice, and connecting to a part of you that we'll call the wise self, the stronger, nurturing part of you that is both encouraging and firm. With kindness, and yet compassionate patience, your wise self can guide you and support the more impulsive parts of you that are less disciplined into taking action that is in your best interest. This right now is the perfect time for you to reconnect with your self that speaks to you in a soft voice and is always there available to you, to remind you of the importance of taking time to adhere to a disciplined practice, and at the heart of your wise self is your health your well-being. That's right. And you might sense some resistance from another part of you. You might sometimes feel distracted. You might feel too busy or sometimes just not in the mood or in the moment. And sometimes this resistance to practice, the tools, the STOP solution, it's small, easily managed, and sometimes it is tough and rigid and requires some extra firmness from the wise self, a kind of firm, yet gentle, moderate guidance from the wise self to help you do what you really know is in your best interest. And now, allow the feeling of satisfaction that comes from honoring and adhering to a disciplined practice, a disciplined practice, a STOP solution, that will balance your inner being, balance your autonomic nervous system, release fears, and won't you make a promise to yourself right now? A promise that comes from a deep place of personal integrity, that each time you are cognizant of the even the beginning of an overreaction of an anxious response, or that you will commit to your practice, you will commit to this process, to your practice? Now I'm going to count from one to ten and at the count of ten, I'm going to have you come back. One, two, three, four, five, six, seven, eight, nine, and ten. And opening your eyes and come back. That's right. All the way up and back now. Now, I'd be glad to give you the script of this if you wanted to use it for your clients.
Now I just want to talk a little bit about therapy before I stop for today. You do good therapy, you need wisdom and compassion. The Dalai Lama said that, “wisdom and compassion are considered the two wings of the bird of awakening. Inseparable. Each an aspect of each other, each needing the other to be its truest self.” So we need to use these two wings when we treat anxiety, or any of the other issues our clients bring in. We must see their suffering. We must provide a holding, compassionate environment. But we also must hone our skills and use tools that we learn, hopefully some of the ones I’m giving you today, so that we can help our clients to think, feel, and behave differently. So love is not just enough. We need to teach. We need to teach our clients self-hypnosis, we need to teach them tools. You need to teach your clients to practice. Lots and lots of practice is the key to effectively retrain your brain and change emotional responses. So I can’t encourage you encouraging them to practice, your clients to practice, and deal with their excuses and keep on encouraging. And takeaway point number two is knowing that something is in your best interest and doing it are different things. And then we need to teach our clients to use the STOP protocol or something that you’ve come up with that is similar, but similarly assessed that they need to stop emotional flooding and anxiety in its tracks.

It’s been a delight to speak to you tonight and share some my strategies with you. If you’d like to know more about some of the approaches that I use with clients you might take a look at my books. The first book I wrote is called the Affect Regulation Toolbox: Practical and Effective Hypnotic Interventions for the Over-reactive Client and I was really delighted that this was awarded Best Hypnosis Book by the Society of Clinical and Experimental Hypnosis the year it came out. This book is helpful to clinicians because it includes a variety of templates that you can adapt to different clinical presentations that you see in your office. The next book I wrote is called The Anxiety Disorder. It’s a go-to guide that clinicians can use, but also they can have their clients read it if they want to understand about anxiety and what to do about it. The third book was fun to write. It’s called Anxious In Love: How to Manage Your Anxiety, Reduce Conflict, and Reconnect with Your Partner. This also has a dual audience both therapists and their clients, and it covers the fascinating dynamics in a relationship when one person has an anxiety issue. And then the most recent book I’m very excited about. And that is called The Road To Calm Workbook. It will be out sometime in 2016, but it is available for early ordering now. In that book is teaches people how to self-regulate and includes ten hours of audio recordings that can be used when someone is a mostly triggered, and it will come with an app. That’s being also published by W.W. Norton. Anxious in Love was published by New Harbinger.

Thank you very much and good luck to all of you. Please do not hesitate to contact me if you have any questions. Bye, bye.