

HOW CAN HYPNOSIS HELP YOU TREAT SEVERE AND DISCOURAGING SITUATIONS IN PSYCHIATRY?

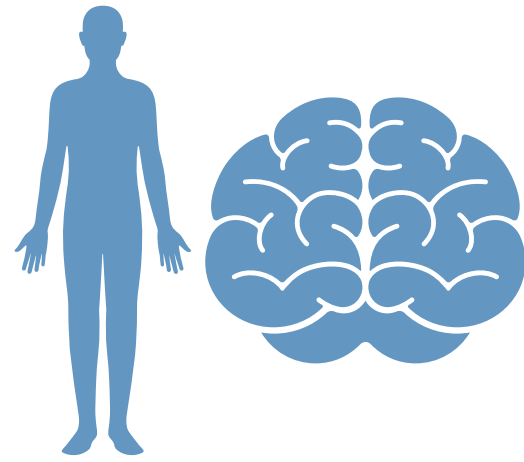


Stéphane Radoykov (MD, resident in psychiatry, MSc.)



CONFLICTS OF INTEREST

- **In relation to this presentation:**
 - non-profit Hypnocrate (founding president, volunteer)
 - communicace.com (founder)
 - training institute "Emergences" (teaching, travel and food expenses)
 - training institute "Mimethys" (volunteer at congress, training expenses)
- **With no relation to this presentation :**
 - Internship: 2013 (Sanofi Pasteur)
 - Pharma food: 2015 Boehringer 28€, 2016 Otsuka 60€
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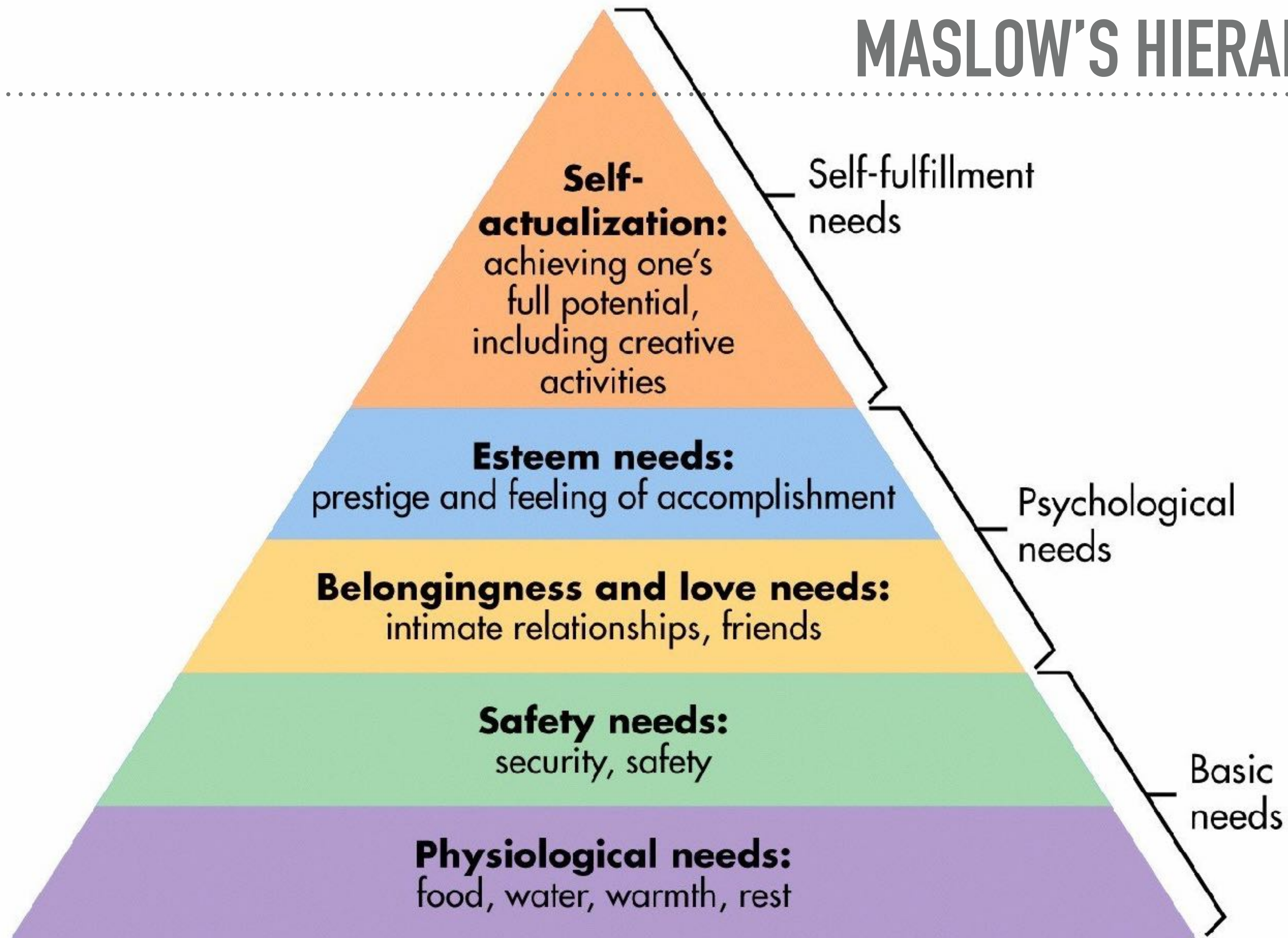
- Help thinking humans who
- experience difficulties with
 - Love
 - Work
 - Life and death
 - and sometimes other things...



WHAT IS SO DIFFICULT IN THESE SITUATIONS?

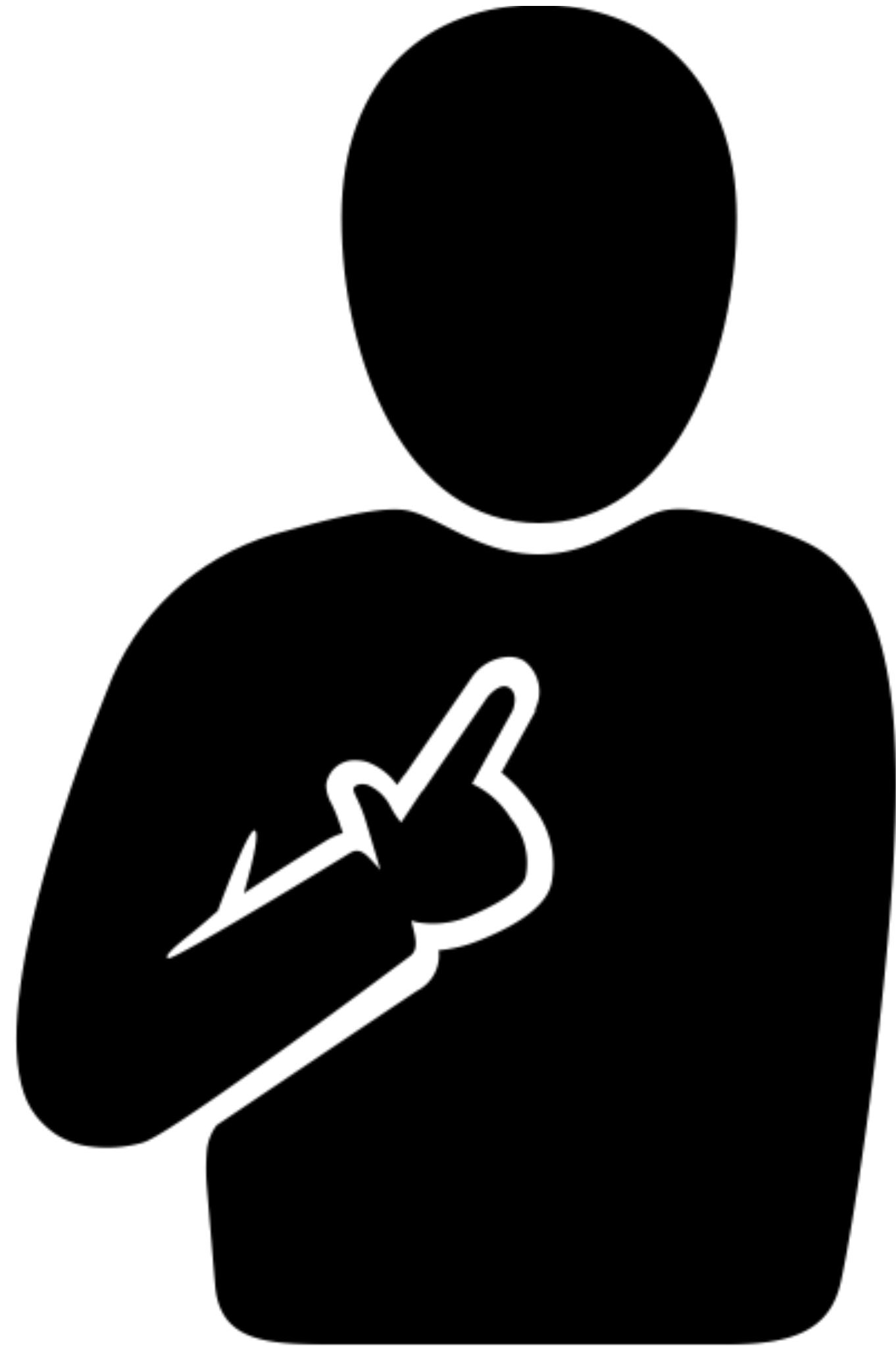
- Little or no therapeutic results
- They often reject our approach to care
- They typically do not trust you
- They have very scarce resources
- Often, they have no clear / realistic objectives
 - Hypnosis requires a motivated individual, who trusts you, and you use the person's own resources, after setting up a goal.
 - SO HOW DO I INTEGRATE HYPNOSIS??
 - First, look at what they NEED, not what they WANT.

MASLOW'S HIERARCHY OF NEEDS (1943)



<https://www.simplypsychology.org>

FUNDAMENTAL ASSUMPTION



I CAN ONLY CHANGE MYSELF
thoughts, beliefs
interactions, behaviour



WHAT'S THE FIRST STEP?

- **STOP. Evaluate the situation**
 - What do I do that works? → do more of that !
 - What do I do that does not work? → do less of that !
 - Where could I find new ideas that may work?
 - Should I search alone or with someone else?
 - What do I avoid doing that might work ?
 - In what way is it useful for me not to do this things?
- How does my current behaviour prevent my client from changing?

FIVE KEY INGREDIENTS IN TREATING DISCOURAGING SITUATIONS IN MENTAL HEALTH



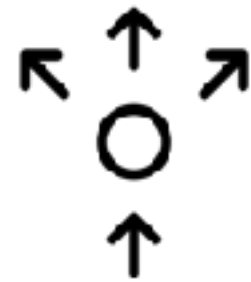
FEEL LIKE MEETING THE PERSON



DEVELOP A RESOLUTE BELIEF IN POSSIBLE CHANGE



TAKE ENOUGH TIME TO FAIL IN ORDER TO SUCCEED



LEAD OTHERS AROUND YOU: FAMILY, COLLEAGUES



ACCEPT THE RESULT: SUCCESSES AND LIMITATIONS



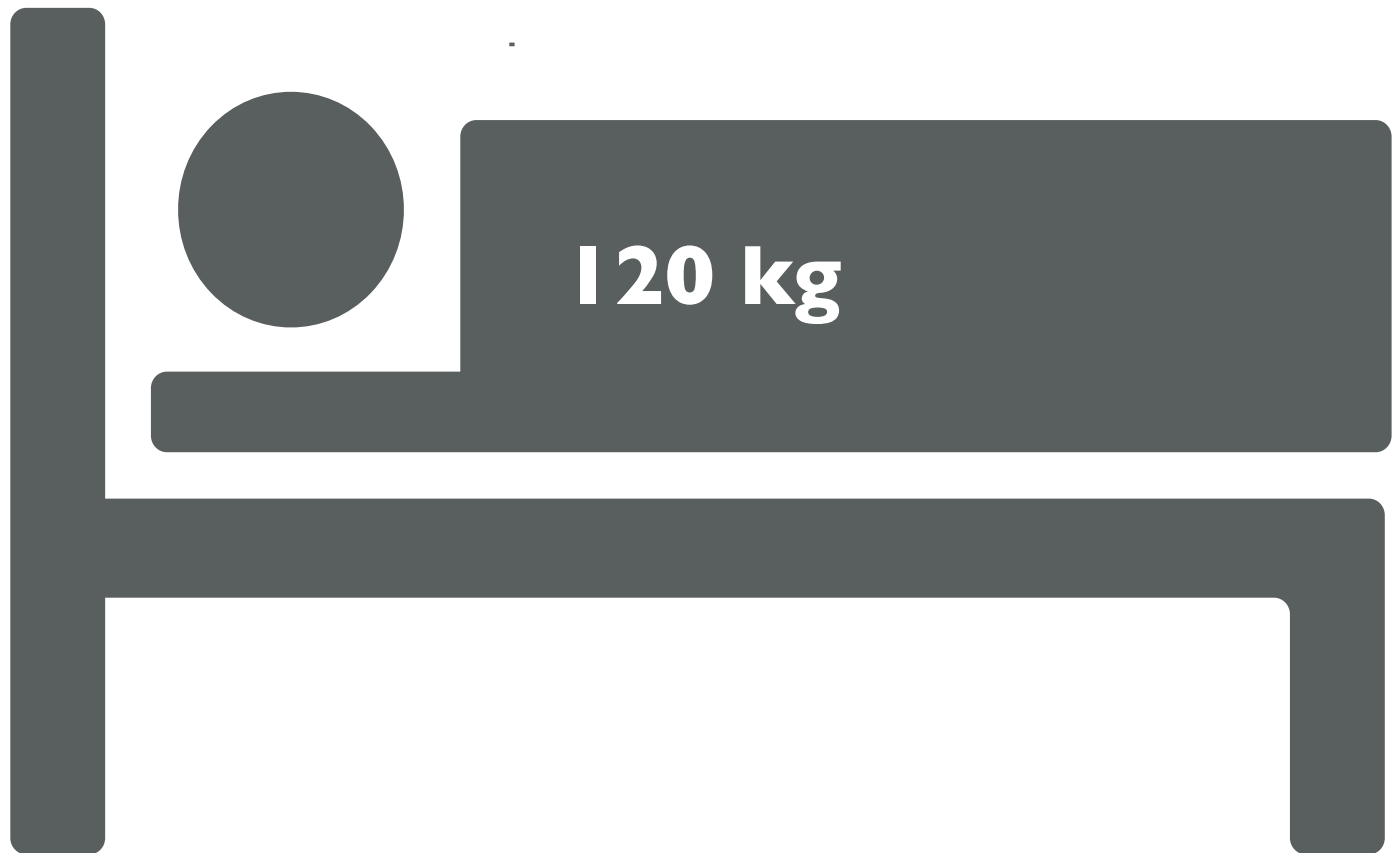
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CLINICAL VIGNETTES – INITIAL SITUATIONS

GEORGE, 52 YO

NICO, 19 YO



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FEEL LIKE
MEETING
THE PERSON



BELIEVE
IN POSSIBLE
CHANGE



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LEAD
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COLLEAGUES



ACCEPT
SUCCESSSES
LIMITATIONS

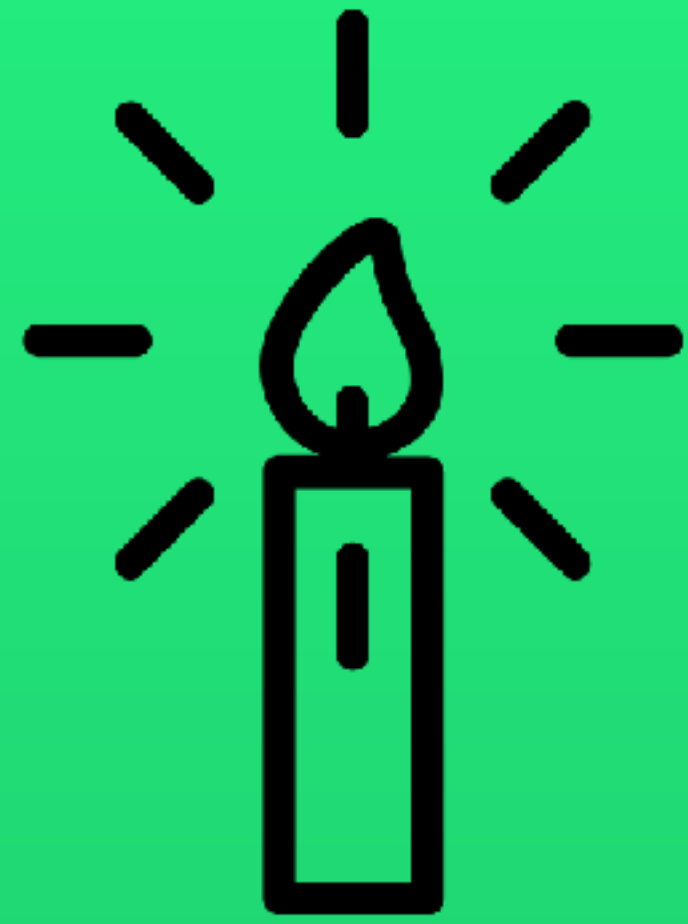


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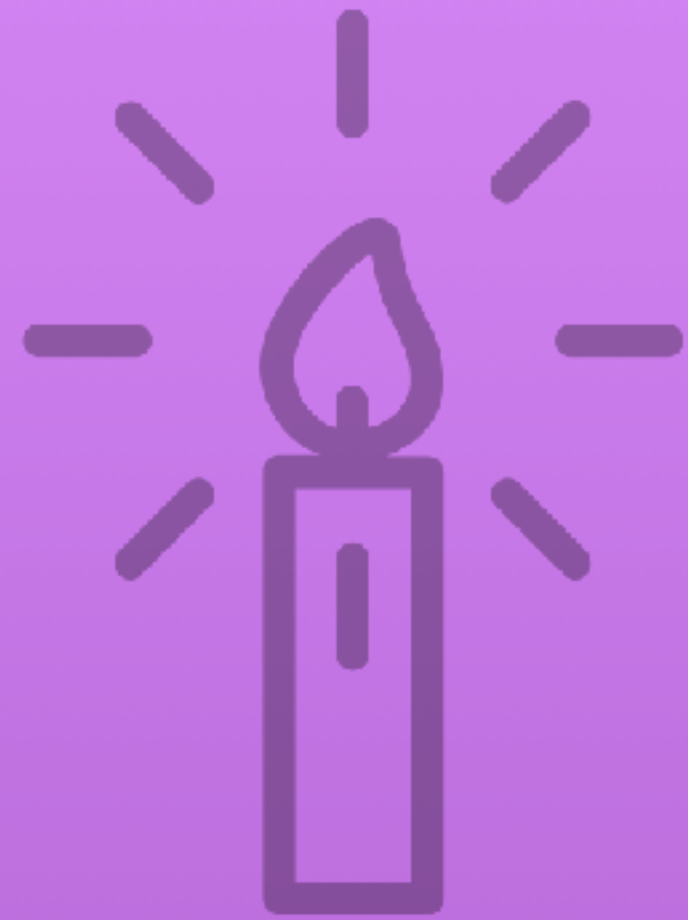


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RECOMMENDED TECHNIQUES

- Observation
- Favor the process over the immediate results
- Use reframing of the diagnosis
- Practice meditation / self-hypnosis
 - Deal with imprinted suffering
 - Deal with being different from others
 - Decrease self-doubt
 - Increase self-awareness
- Specific hypnotic techniques: as simple as possible
 - enter in trance yourself
 - silence, gaze,
 - breathing,
 - simple suggestions,
 - music,
 - respectful touching



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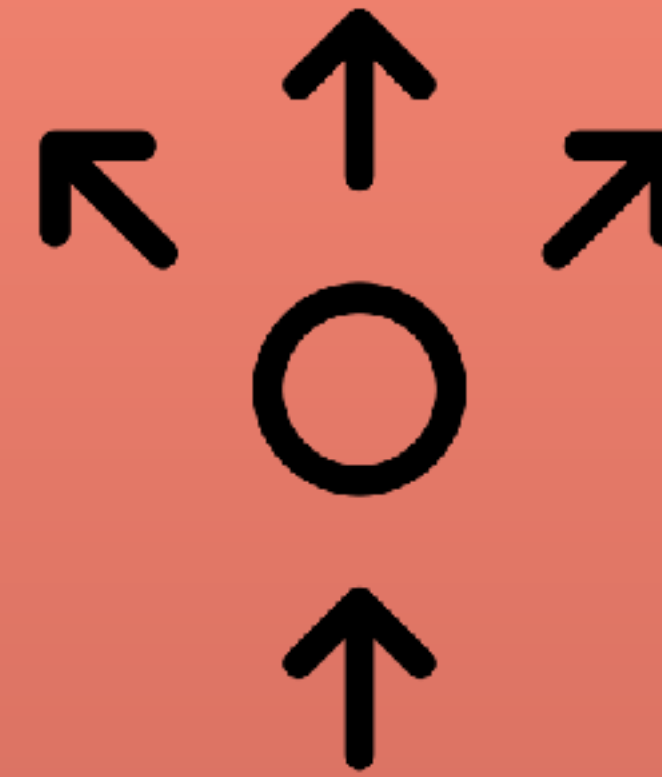
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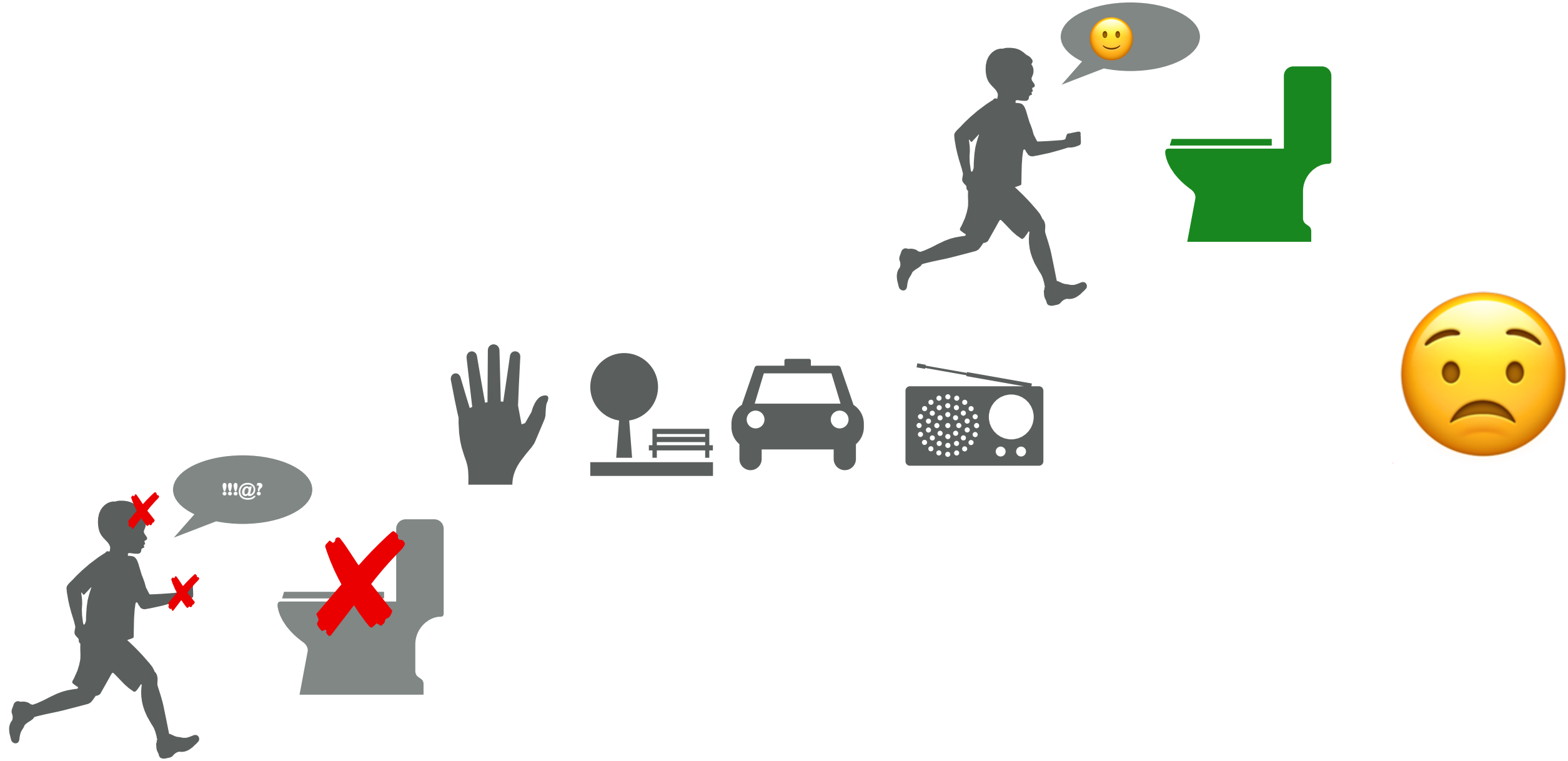


ACCEPT
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CLINICAL VIGNETTES – PATIENT PROGRESS

GEORGE, 52 YO

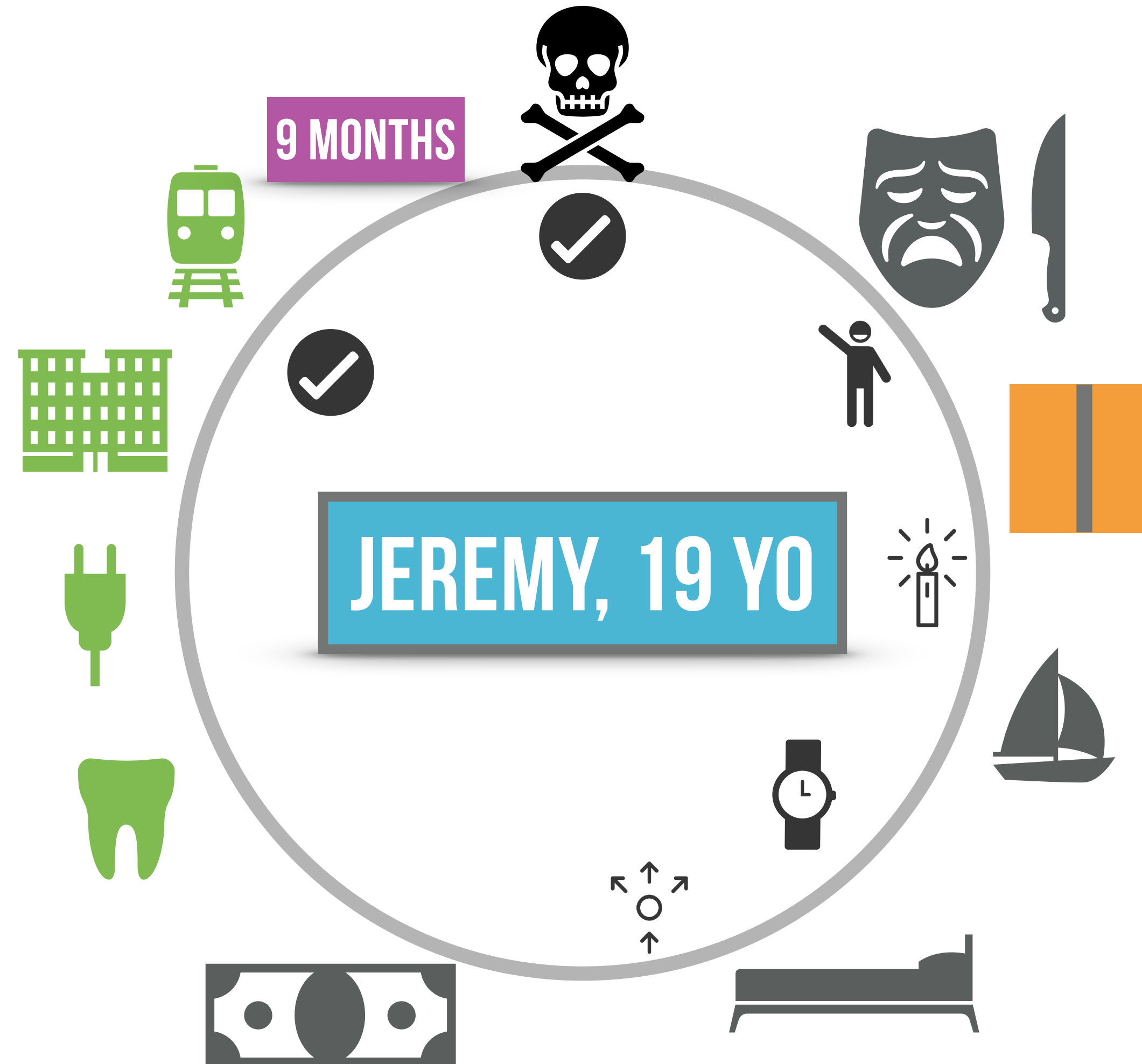
NICO, 19 YO



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CLINICAL VIGNETTE – SUMMARY OF THE TREATMENT STRATEGY

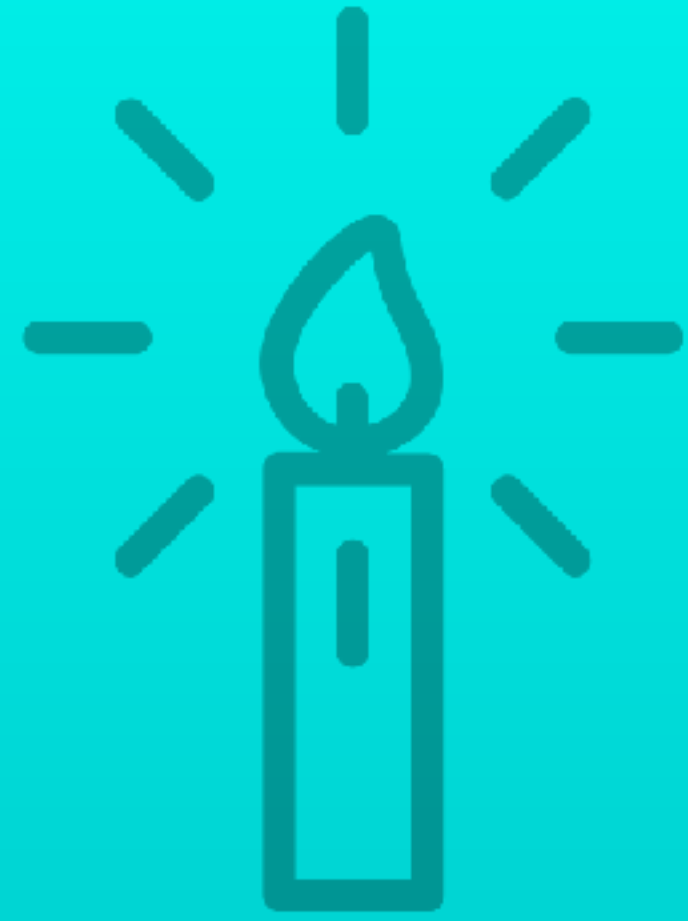


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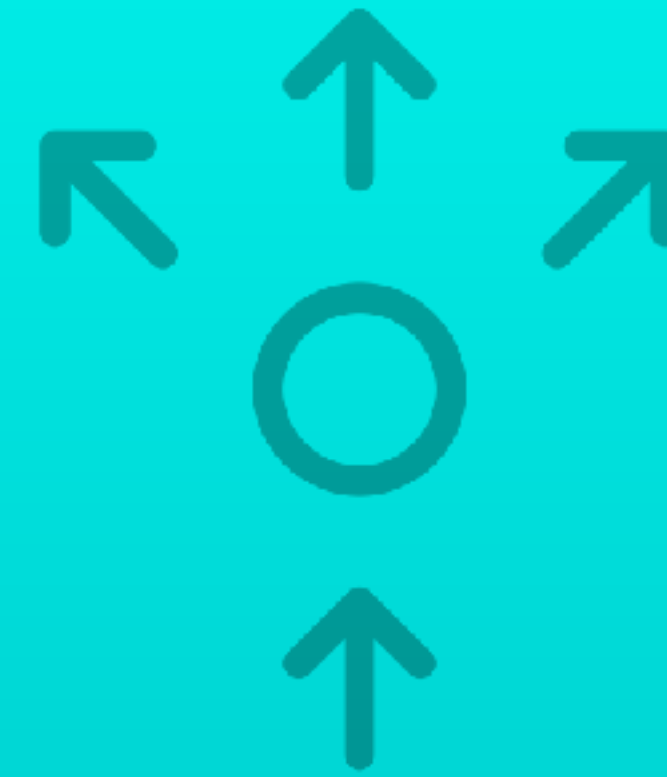
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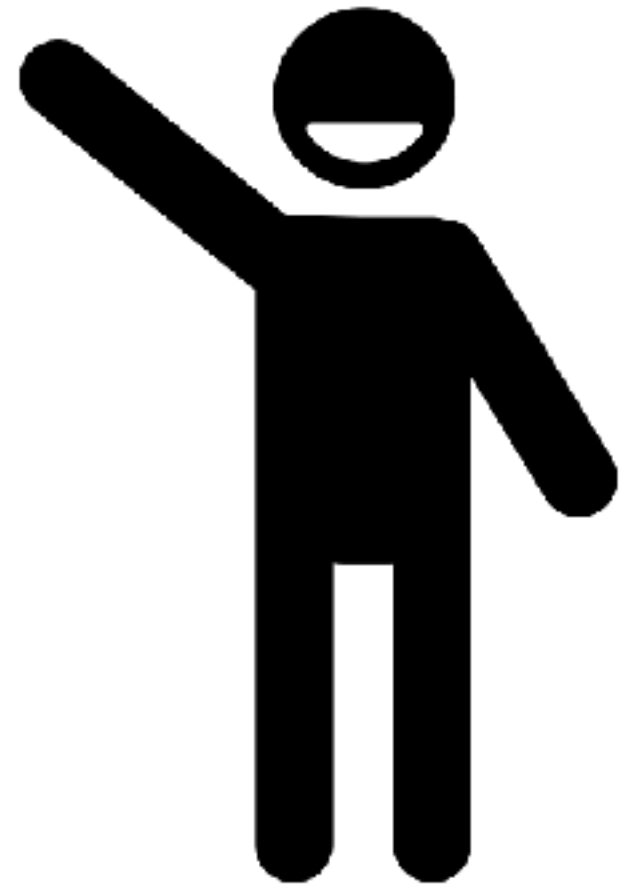
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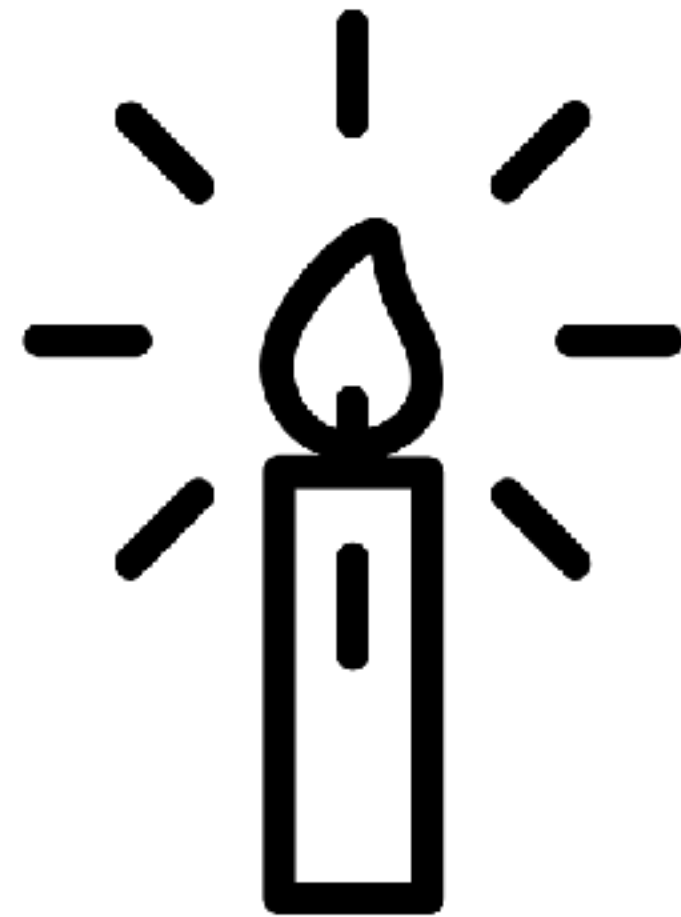
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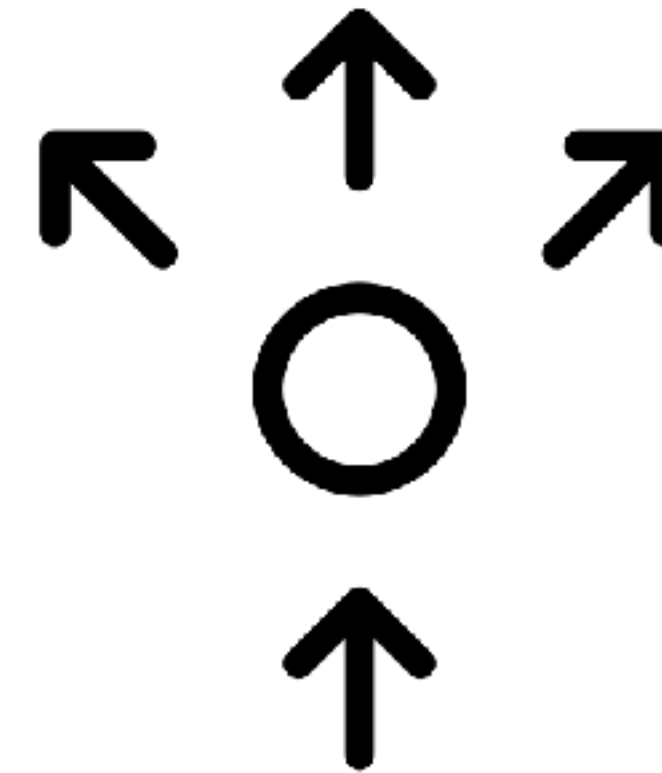
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THANK YOU FOR YOUR ATTENTION

Hypnosis :

Haley, "Uncommon Therapy"

Megglé, "12 conférences sur l'hypnose"

Ewin, "101 things I wish I'd known when I started using hypnosis", "Ideomotor Signals for Rapid Hypnoanalysis"

Bioy, "L'aide-mémoire d'hypnose en 50 notions"

O'Hanlon, "Thérapies hors du commun"

Brief therapy:

Megglé, "Les thérapies brèves"

Frankl, "Découvrir un sens à sa vie"

Watzlawick,

- "Le langage du changement"

- "Comment réussir à échouer"

- "Faites vous-même votre malheur"

Doutrelugne, "Thérapies brèves : situations cliniques"

Hypnosis and philosophy of care :

Roustang, "Il suffit d'un geste", "Comment faire rire un paranoïaque"

Child therapy:

Mills, "Therapeutic Metaphors for Children and the Child Within"

Family/couple therapy:

Satir, "Conjoint Family Therapy", "Peoplemaking"

Madanes, "Behind the one-way mirror", "Strategic family therapy"

Araoz, "The new hypnosis in family therapy"

Shem, "We have to talk"

Andolfi, "Multigenerational family therapy"