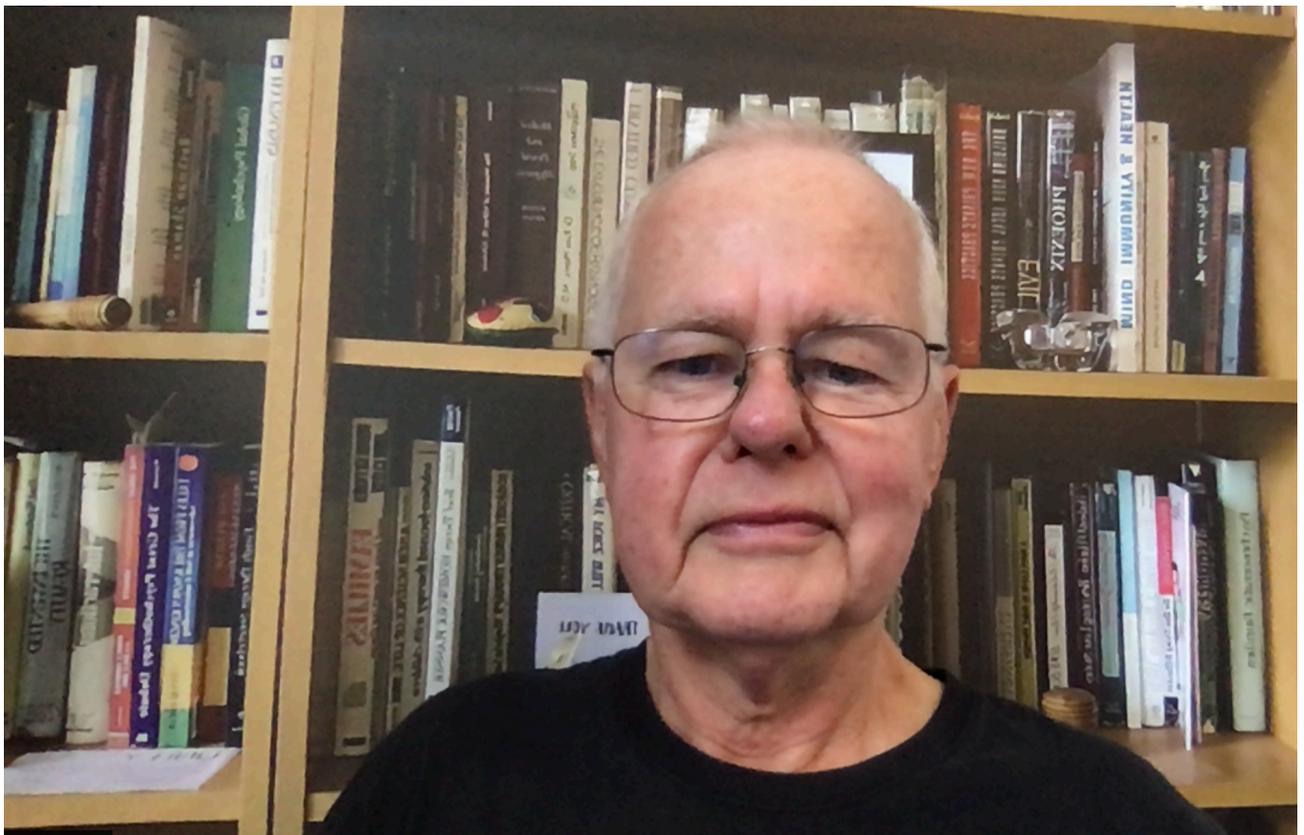


Ericksonian Hypnosis clinical applications

musings from the office of

Rob McNeilly



with a foreword by Jeffrey K Zeig Ph.D.

Dedication

With sincere appreciation of the legacy of Milton H Erickson MD,
my parents Ella and Tom
as well as all of my family however close or distant
and my colleagues throughout to globe.

RM 23rd July, 2020

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Foreword

Musings is a wise book. It is designed to elicit orientations that can guide health workers to better assist clients with differing physical and mental health issues. Fortunately, it is not a book of recipes.

Yes, Musings is about hypnosis, but not in the commonly understood sense of putting someone to sleep. It is designed to show clinicians how to awaken conceptual resources that can fertilize the development of adaptive states and identities. It brings the artful essence of hypnosis to life without the necessity of using a formal trance.

McNeilly is eminently qualified to offer his perspectives. Trained directly from Milton Erickson in the late 1970s, McNeilly is one of the most renowned practitioners of Ericksonian hypnotherapy in Australia, and his reach extends internationally. He is a voluble raconteur who cleverly provides illustrative cases that bring fundamental principles to life. He is a dedicated physician, and after all, the first job is to be a good doctor and after that have a technology, such as Ericksonian practice, which one can use effectively.

This modern book is designed for “readers” with different learning styles. There is a text version and a lecture version for auditory and visual learners.

Musings covers topics that are commonly brought to psychotherapy and medical offices. The main idea is for the clinician to discover the unique concept that needs to be realized by the client and utilize whatever is available to elicit it.

Do not be misled by the catchy title: This is a book of solid wisdom, not random musings.

This text will stimulate into play ways to be a better clinician. I am glad to learn from Rob McNeilly. You will feel similarly.

Jeffrey K. Zeig, Ph.D.
Director and Founder
The Milton H. Erickson Foundation

introduction

Hello. My name is Rob McNeilly. I was trained as a family doctor in Melbourne, Australia and during my 10 years as a GP, I became interested in hypnosis - a formal medical approach at first, and then I learnt from the late Milton H Erickson in the last few years of his life. What I learnt transformed my approach to hypnosis, therapy, and life in general.

I integrated my learning into my hypnosis practice and then began to share this with other interested people - in Melbourne, then throughout Australia, Singapore, Japan, Denmark, UK, Brazil, Czech Republic, Finland, USA, and now increasingly through online learning programmes.

This book is a collation of some video talks I made to emphasise the useful difference between approaching human dilemmas as conditions to be treated - anxiety, depression, phobias, OCD, PTSD, etc and instead, exploring with each individual just what their experience is that is troubling them. This approach follows Erickson's principles that people are unique individuals, that all problems are learnt limitations and that we all have more resources than we realise.

Instead of diagnosing a condition then treating IT, we can instead be curious, with each individual, just what experience seems to be missing for them, and then assist them to connect, reconnect with, or learn that specific experience.

This predictably results in a less intrusive and more respectful interaction which is less mechanical and more organic - often in a surprisingly short time.

I trust that these short videos can add to your effectiveness and satisfaction.

Rob McNeilly 23rd July, 2020.

anxiety and depression



Hello. Rob McNeilly here.

And thank you for joining me in this invitation for us to look together at how we might do something more than just treat anxiety and depression, how we might be able to create some genuine human healing in these two troublesome areas of suffering.

We live in anxious times and there's fear about a whole lot of things. And depression is an epidemic. It seems to be increasing everywhere in the Western world. But what is anxiety? What is depression?

We've tended to follow the medical model and think of them as conditions, or diseases or illnesses. And that's one way of looking that provides a certain area of exploration and of ways of helping. What I'm wanting to have us explore here involves putting on some different eyes, putting our usual perception to one side and just have a look for the moment to see if we can create a different, complementary, or maybe even more beneficial perspective so that we can help people suffering from these debilitating experiences.

If we look at anxiety first, we would say, "What is it?" Obviously, with anxiety, there's some kind of fear, and fear is an emotion that we experience when there is some sense of

concern about future loss. But we know that people are different and it's going to be an experience that's going to vary from one person to another.

And as Erickson said, "To think that there could be one theory, one method of treatment that would be adequate for all people of all races of both genders of all times in all situations is ridiculous." And I like the implication of that. I like what that opens up for us.

So, instead of diagnosing someone with anxiety and then finding a protocol for treatment, treating the condition, if instead of that we have the possibility of asking with each individual person what is it that's missing for them. "Okay, you're suffering from anxiety. So, what is it that if you had a way of connecting with, some way of feeling differently, some way of doing something differently, what is it that if you had access to it, you wouldn't be anxious?"

By asking that question, it helps to refine our area of exploration, refine the therapy process and also helps to generate a healing, respectful, human, therapeutic relationship, which is going to be pivotally important. It turns out, more important than a particular treatment approach. So, while listening with this person, "Well, what's missing for you that if you had it, you'd be okay?" it opens up that area of exploration and helps to generate a healing, solid, therapeutic relationship.

Also, with each individual person, can we hold a mood and help to evoke a mood of expectancy in the client so they don't have to feel so stuck. If someone comes with a problem, saying, "I'm feeling anxious," and clients do not come and say, "I'm feeling anxious and I know that any moment I'm going to be okay." That's not something that we hear.

So, if we can help someone to, instead of being resigned and kind of stuck in their recurring experience of worrying, being anxious, being frightened, if we can somehow have a mood of "Things can change. It can improve. Things can resolve. You can be healed. This is possible," that mood, if we can contribute that to a client, it's going to massively help in their healing.

So, in general, my invitation is, instead of us trying to read one more textbook, go to one more workshop, do some one more training about how to treat anxiety, there's a plethora of those and actually, they haven't made a difference. So, instead of that, I'm issuing an invitation to have a look with THIS person, with each individual person for what's missing, help them in a respectful, genuine way to explore how they can reconnect with that as an individual and then generate a mood of expectancy so that change then becomes possible.

There was a woman, who was anxious about speaking in public. And she had to make a presentation and she felt bad about it. She felt insecure about it, unconfident about it, and it turned out that what was missing for her was not a relaxation or a physical comfort. What was missing for her was a feeling of being authentically and solidly herself.

So, the therapy followed the path of helping her to reconnect with her own authenticity to help for her to have the experience of that being more solidly present for her. So then, she was then ready to do the presentation. She didn't need to be relaxed. She didn't need to be confident. For her, it was that solid authenticity that was missing.

There was a man, who was very anxious driving his car. He could only drive in a very limited range. And what was missing for him was a feeling of exploration about how could he get beyond the limit of the suburb that he was living in. How could he be curious about that? How could he explore? It wasn't a matter of relaxation, or comfort or confidence. It was a matter of exploration.

And he was being very much interested in exploring as a younger man. So, when he got in touch with this notion of exploring, he started to be able to drive his car without feeling anxious in a wider and wider area of the city he was living in. And then a year or so later, he started to wonder about whether he could fly in an aeroplane. He hadn't flown in an aeroplane for 28 years, since a bad flight. And so, all I did was remind him, "Well, you couldn't drive out of the suburb and now you can drive anywhere. So, maybe you can, in the same kind of way, learn to do that."

And so, what was missing for him in relation to his flying was not exploration, but the possibility of flying. And once he'd seen that he couldn't drive beyond a certain distance and then he could, "Okay, that became possible. Maybe this can become possible."

There was a woman who, when I was in general practice, who was seeing me to help with the delivery of her first baby. And she was very, very anxious about how she was going to go through this. She said, "I've never had a baby before. I don't know what to do. I feel very insecure." And what was missing for her, it turned out, was her trusting her own body. And so, we were able to have a conversation in which I reminded her, even though this was her first baby, her body had been having babies for millennia so that all she needed to do was to allow her body to do what it needed to do. She could trust her body to do that. Her body knew how to have a baby. She didn't need to. And by doing that, by connecting her with her self-trust, her anxiety dissipated. She had a normal labour, normal delivery and it all turned out very nicely.

I was asked to see a little girl of 11, who had a lot of anxiety around dogs. And she didn't like the feel of them. She didn't like how they felt. And so, I discovered that she'd been reading a book called Pigs Might Fly. And so, we had a hypnotic experience where we pretended that she and I were writing a story parallel to the plot of the Pigs Might Fly book and in that, she was able to leave the problem, the anxiety that she had about dogs in the wrong land, which was a part of the book, and then find her way back home where there would be a dog waiting for her.

She told me a couple of things that she really liked at school. One was fractions and the other was running. And so, on the way back from the wrong land, where she was going to leave the anxiety, on the way back home where she was going to meet the dog and like the feel of it, we used the experience of the fractions. And I asked her to let me know when she was halfway home, was three quarters of the way home, when she was seven eighths of the way home. And also, in relation to her running, when she was running, she was not in a race, but she said that she used to start slowly and then go on her own pace and then she'd get to the end of the run when she was ready to do that without any pressure.

So, again, on the way home from the wrong land, she could start slowly, and she could move at her own pace and know that she could get there when she was ready. So, she was able to resolve this anxiety totally. And within a few months, she had a dog and I followed her up 10 years later. She still had the dog and had no problems with dogs at all. So, it was not a matter of treating her anxiety. She was actually healed. There was actually

no problem. Well, she wasn't managing it. She wasn't coping with it. It was completely resolved.

Now, when we look at depression, we can ask again, "What is depression?" And I'm saying something obvious here and I'll say it again that depression, so-called, is different for different people. Some people say they're depressed and then when you ask them what their experience is, it starts to feel a bit more like anxiety. They're scared about something, agitated about something.

We can say that in general, depression is more related, just as anxiety is related to a future loss, but depression is usually a rumination about some past loss or damage. And if the future appears with someone who's in a mood or experience of depression, the future is actually just a rerun of the past. So, the so-called future is actually just the past. So, depressed people tend to ruminate about the past and what's not going to work or what hasn't work, so it hasn't worked, so it's not going to work.

And this is going to be different for different people and the best way that we can serve someone and help someone who suffers from what is called depression, instead of finding the right treatment for depression, if we can listen to this person and find out what their experience is that this individual person is having, to explore what they're looking for, what they don't have access to, what's missing for them, so that if they had it, they'd be okay. And by doing that, and asking those questions and listening for the resources that someone has, and helping to connect with that, we generate a trusting, genuine, authentic, therapeutic relationship, crucially important for any effective outcome, and a sense of expectancy. It doesn't have to be like this. It's been like this and it doesn't have to be. Things can change.

I want to give you some examples. A man in his mid-50s was made redundant and he tried to find other employment. And he said to me, "I've put in many applications and nobody wants to employ someone my age." He was depressed. The source of his suffering was that he had a family that he was supporting, he had a mortgage to pay off, how was he going to do this? So, his main concern was having an income to support the family and his lifestyle.

So, we explored some things about him and the things that he liked, possible ways of finding an income and out of the left field, he started to tell me about the fact that even as a kid, he loved the idea of driving trucks. And he'd never had an opportunity to. He'd always been working and paying the bills and so on.

And he sat there and we started talking about his enjoyment of thinking of driving trucks. And you could see the cogs turning. He said, "Actually, I was given a redundancy payment. I could buy a truck and start my own furniture removals business." He was like a kid in a lolly shop. His face lit up. Instead of being [inaudible 16:37], he was like [inaudible]. And his mood just opened like that and he was up and running.

A woman told me that she'd been depressed for ages. Wherever she looked, everything was so black and dark and things were awful everywhere she looked. She was so despondent, so discouraged, and that's how it had been for a long time and that's how it was going to be. I asked her to go to the Melbourne Botanical Gardens to have a look around, and come back and tell me what her observations were.

She came back a week later and she said, "I went to the botanical gardens and there were ducks and geese there that were very unfriendly. They left a mess all over the place. There were people there with dogs. They shouldn't have dogs in the garden. There were people there with bicycles. There was rubbish everywhere. This is a dreadful place."

So, I complimented her on her observations and I said, "You haven't seen the botanical gardens yet. Please go back and have another look."

Okay, she comes back after the second visit. "There were weeds in the garden. The lawns needed mowing. There was this wrong with it. There was that wrong with it." She had all kinds of assessments and judgments about the place that were valid. They were accurate and I complimented her and said, "Thank you. But you still haven't seen the botanical gardens. Go and have another look."

So, she goes back the third time and when she reported back to me, she said, "There were trees there. There were all these different variety of trees. There was a beautiful palm. I didn't see that before." And somehow, getting past her judgments of how gloomy things were, and how bad things were, and how untidy and messy, there was space for the gardens to appear and a whole lot of other things started to appear in her life.

Now, that was not an example of treating depression. That was an example for her to find an experience of having a broader, different, more optimistic viewpoint. That's what was missing for her.

So, and also, I was talking to a therapist, who'd been working in a psychiatric agency. And he tried to tell me that he was depressed and he gave me a list of all the symptoms that he had that were textbook symptoms of depression: interrupted sleep, ruminating about the past, seeing there's no future, loss of appetite. He had all the full house, full capacity, the full deal. And as we were speaking, I could see that he was a very empathic man, very tuned in.

And I said to him, "I'm not sure whether you're depressed or whether you are picking up the depression from the people in the unit where you're working." I said, "If someone works in a fish market, sooner or later, they're going to smell of fish." And he started to wonder whether his depression was in fact his or was it something that he'd picked up. And we all know how contagious moods are. So, he picked up this mood. He was starting to think, maybe. And then the turning point was saying to him, "Moods are like Velcro. And when someone sensed it, like you are, you've picked that up and it's like Velcro. They stick to you."

And he got up and he was kind of jumping around the room and dancing around the room saying, "I'm Velcro man. I'm Velcro man." And he was as happy as Larry. As soon as he had a different way of looking at that experience that he called depression, it was no longer there.

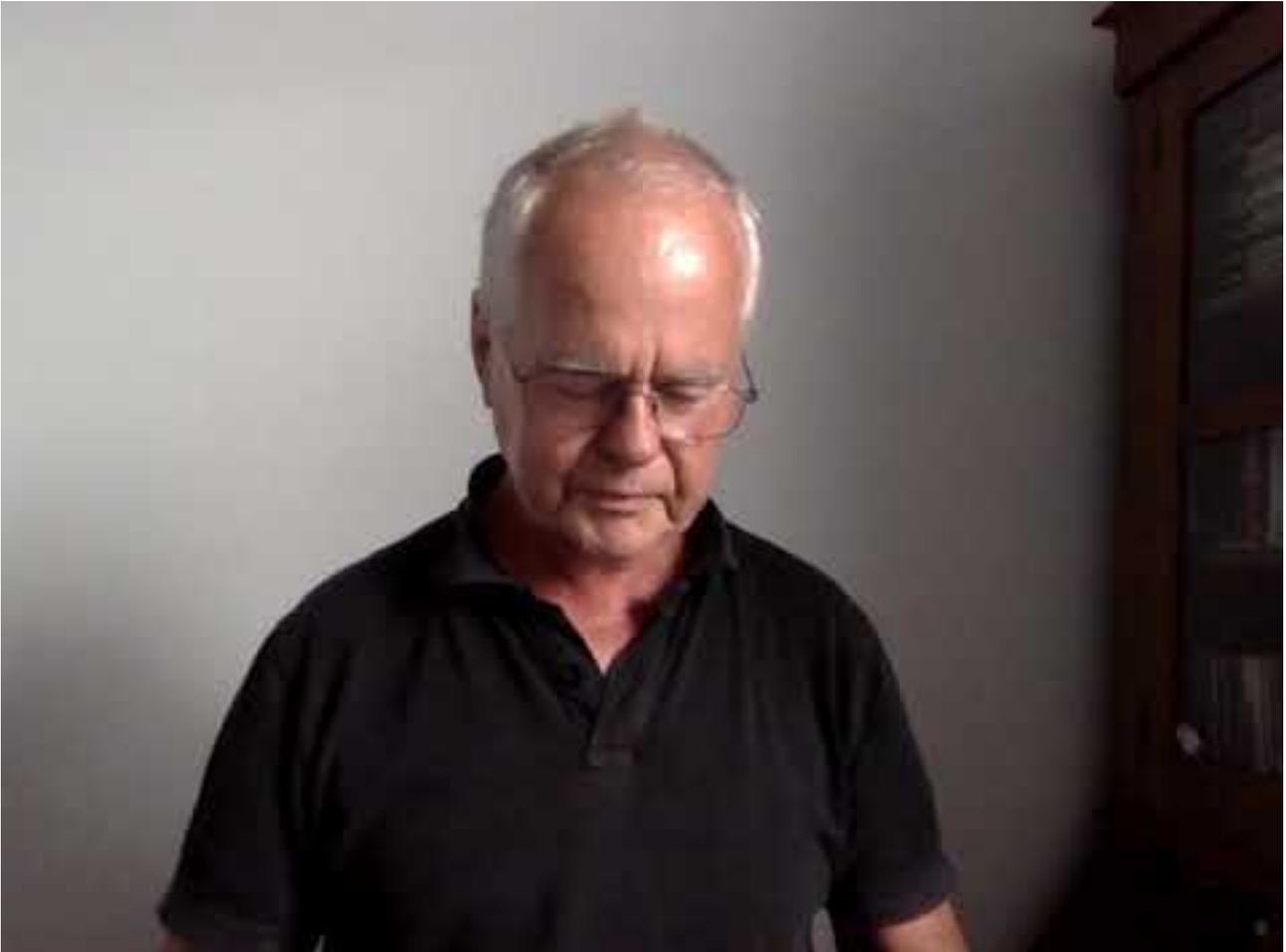
So, I mentioned these examples just to – they're not adequate to completely resolve this issue, but I'm wanting to give them as examples so that in your therapy, in your learning, there's the invitation for you to begin to explore with each individual person what their experience is without having to label it as anxiety or depression, or anxiety and depression, or comorbidity or any of those kinds of labels, but just, "What's the experience, what is it that is missing for you? What is it that you're looking for? What is it that if we could find it here or if you could find it, you'd be okay?" and have that open, genuine,

supporting, respectful conversation with expectancy, “Things don’t have to be like this. Things can improve.” So, that invitation is with each individual person, having that approach, that mood and to see what difference that can make.

So, I hope that what I'm saying here, I don't think it's very complicated. It's not very complex. It's actually pretty simple. An experience ... it's simple without being simplistic. So, the invitation is to try and see what you notice. See if there's anything that happens when you look at it from this perspective. See what the results are. See how your clients respond and it would be lovely to hear back about what you discovered.

Thanks for being willing to be part of this.

addictions



Hello. Rob McNeilly here.

I wanted to say some things about the issue of dealing with addictions. And all too often, addictions are thought of as being a permanent issue for someone and that all that they can do is manage it and hope that they can somehow manage to avoid the pull back to whatever the addiction is, whether it's a drug, or a behaviour, or whatever.

And we can see that when someone is addicted to something, it can become like an obsession. It can become some kind of feeling of compulsion. And also, often when we see the history of someone who's addicted, they've had some trauma. So, are we dealing with an addiction, or are we dealing with OCD, or are we dealing PTSD? I mean, once we start labelling, everything gets muddled.

So, when we stop and pay attention respectfully to this person, what's happening for this person in their situation, then some possibilities appear. And I absolutely insist that, and through my own personal experience in decades of working with people that a cure is possible, that complete resolution and healing is possible. It doesn't have to be just managed.

I've noticed that when there is a problem with addiction, there's often a huge mood of resignation, like, "It's always been like this and every time I manage to give it up, I go back to it. So, what's the point? Why bother? I might as well just give in. Or I make some kind of attempt, but already I know it's not going to work."

So, one of the contributions that we can offer someone is our mood of expectancy. It's been like this, yes, and to validate the legitimacy of their suffering and how it's been. Yes, it has been awful. It has been troublesome. It has been agonising. It has seemed impossible. Yes, that's how it has been and it doesn't have to be that way. Learning is possible. Resolution is possible. So, when we can maintain our mood of expectancy, we can help the client to catch our mood of expectancy and that inoculates us against picking up the client's mood of resignation. So, we don't think, "Oh, this is going to be too difficult and what's the point?"

Also, often with addiction, there's a lot of pretence, a lot of sliding, slithery, insincere behaviour. And so, it's so important that we may keep ourselves and the relationship real. Well, one of the ways of doing that again is to validate the suffering of this person. People who are addicted, they're involved in some kind of recurrent, persistent civil war. It must be absolutely agonising, and to have that validated and legitimised provides a beautiful, solid ground for their expectancy for the change or the learning to receive from.

And, like with any situation, it's so helpful to find out from each individual, "How come this addiction is a problem to you?" And some people will say, "It's my health, my marriage, my work, my future." It's going to be different for different people. And when we find out exactly what the problem is for this person, then we can find out what's missing for them and help them to connect with that.

If it's looking after their family, we can ask them to imagine times past when they are looking after their family and things are how they want. And when they look back, was it worth it, or were there difficulties? Are they glad they made the change? Are they glad they responded to the challenge and so on? So, whatever it is that's missing, when we find that out, that is going to make a huge difference to the effectiveness of our work and the results that we can help the client reach.

I've also found it very helpful at times, and I want to offer this as just another option – I'm not recommending it, but as another option – to find out what the addiction is doing for someone. Sometimes, someone might, for example, be addicted to heroin. And you say to someone, "What is this doing for you?" and very often, someone will go and reflect for a moment because they've never thought of it being a benefit. It's always like it's a problem, it's the enemy.

But when we think what's it trying to do to help you? And then someone might say, "It helps relieve my suffering, my pain." And heroin is a wonderful pain reliever. So, if we know that the benefit that someone is getting is pain relief, then that lets us know what's missing and how else we might be able to help them to relieve their pain, physical pain, emotional pain and whatever it might be. This can be so different for different people.

And also, it's possible to ask someone to remember a drug experience, for example, and to really get into the experience of remembering it, so then they can have the experience of the drug, for example, without having to have the drugs.

I remember a teenager telling me that he was spending too much money on marijuana and wondered whether hypnosis might help him. So, I asked him, "When you had a good joint of really good stuff and you can feel it starting to kick in, what do you notice? How do you know that this is happening?" And he sat back in the chair, his eyes glazed over, his face relaxed and the whites of his eyes started to turn red. So, in the memory of being stoned, he had the full physiological body memories of the drug without having to have the drug. It saved him a lot of money.

So, I just wanted to mention these possibilities. In particular, instead of treating an addiction, to focus on how we can be with this person, find out what the problem is for this person, what's missing for this person, what the addiction is doing for this person. That helps to keep us on track so that the relationship is solid, is real, is respectful and is open then to some possibilities for future healing.

So, there are some ideas and my invitation is to play with them. See what happens when you add some of them, all of them, this, that, the other. Just play with that and then I'd love to hear from you about what you found helpful.

So, thanks for your interest and thanks for watching this.

cigarettes and weight



Hello. Rob McNeilly here.

And I wanted to make some comments about how we can most usefully employ hypnosis to help someone who wants to overcome a habit. In particular, I want to address someone who wants to stop smoking and also someone who wants to lose weight.

And I've noticed that as soon as someone announces to friends or colleagues that they're starting to do hypnosis, the first thing people [inaudible 30] is to say, "Oh, can you help me to stop smoking? Can you help me to lose weight?" It's so strange that it seems that cigarettes and weight are the two problems that people most commonly associate with hypnosis. Of course, we know that hypnosis is fantastic for much more than just that, but I wanted to mention these two, just to put them in context.

Firstly, I want to emphasise that because people are different, instead of having some kind of protocol to help someone stop smoking or lose weight, it's going to be much more relevant, much more helpful if we can identify with each individual person what it is about the cigarettes, what it is about the food, what it is about the smoking, what it is about their weight that is particularly problematic for them.

And for example, if we ask someone, who says they want to stop smoking and they want hypnosis how come they want to stop. What is it that's the problem for this person? Some people will say it's their health. Some people will say it's because their partner has nagged them. Some people will say their doctor said they have to stop smoking. There are going to be different issues in the background that has this be a problem for someone.

And it's going to be crucial if we find out with each person what the problem is for this person. If we find out what's the problem for this person, then we're going to be much more able to tailor our approach to this person and so, we're going to make a big difference to our effectiveness. It's the same with weight.

Some people say, "I have a problem with weight," and they say, "It's my health." Some people say, "It's my clothes. I can't fit into my clothes. I don't want to waste money buying new clothes." So, it might be a financial problem.

Some people say that the problem that they have is that they don't like how they look. And so, this gives us a clue about how to attend to this person. Do we help them to accept that how they look is how they look, so just accept it? Or do we use the fact that looking a certain way is important and help them to find a future image of how they want to look so that that's going to be a guide for them to move towards in their experience.

So, finding out how come this problem is a problem for each individual person is going to be crucial. So, that's my first invitation for you to explore that and put aside any preconceived idea that you might have about why someone should stop smoking, why someone should lose weight because it's going to be different, very different for different people. And people have got enough problems with their own deal without us putting our problems onto them.

Another question I found so helpful is to ask someone, "What is the benefit that the cigarettes or the weight is providing for you? What are you getting out of this?" This is not a secondary gain. It's not a blame. It's not looking for some defect, but we're assuming that if someone smokes a cigarette, for example, that they're doing that because there is some benefit. And people will get different benefits. And, of course, when we ask, "What are you getting from this?" you'll get a whole range of answers from, "This is the one thing that I do just for me."

So, when we find out, "Ah, this is the one thing that you do that's just for you, what other things can we find that can be just for you so that then cigarettes are one of the ways of getting that, but not the only way." If cigarettes are the only way that someone can get time and something for themselves and then they have to give that up, it's going to be a big ask. But if it's one of the ways of getting what they want, well, then that takes the pressure off them, off us and then it allows the whole process to move along.

I remember one woman telling me that she worked in an office and there was a smoking policy in the office that people weren't allowed to smoke. So, every hour, they had 10 minutes to go outside into the street and smoke. And she said, "If I stopped smoking, I'll have to work 60 minutes instead of 50." So, we played with the possibility that she could go out with the others when they were smoking and she could have the 10-minute break, but she didn't have to smoke.

So, that way, she could have the break without needing the cigarettes. Now, that wasn't enough, but that shifted the ground from, "Oh, I'm stuck. I've got a problem here. If I stop

smoking, then I won't have the break and if I continue smoking, I'll have the problem." It took the pressure off her and me and the whole situation.

I notice with weight, there is an obsession with weight in our contemporary society. And maybe Twiggy has something to answer for her. But it's fashion these days to be skinny, to be thin and it's unfashionable to be fat, to be overweight. It's unfashionable. And when you find out how come this is a problem to the person, we get a way of exploring with each individual just what is going on. And if it's health, if it's clothes, some people will say that they use weight as a way of hiding themselves. Some people have a problem with their body image. I don't like the way that I look. [Anything 07:38] by clarifying with each individual person just what it is that's problematic can be so helpful. And when we ask someone, "What are you getting out of the food, the weight, the overeating, whatever?" again, that gives us an insight into what's happening for each individual person.

A colleague of mine, David Calof from Seattle used to ask someone, "What in your life are you waiting for?" playing on the word 'waiting'. Some people would say, "Oh, I'm waiting to have more time. I'm waiting to get a new job or I'm waiting for a relationship or something," so then that, "What are you waiting for?" helps to give us some direction, some clarity about where to go.

Some people say that they eat for comfort. They eat and you get a bit of a tranquillised feeling with a full stomach and that comfort is like a tranquilliser and it's comforting. So, if they're getting comfort from food, how else can they get comfort. That provides a wider range of opportunities. It takes the pressure off and everybody's in a better position to do something useful.

Some people eat from boredom. "Okay, so, if you're bored, what could you do that would relieve the boredom? What could you do that would help to fill in the time with enjoyment that would be accessible and acceptable?"

So, there is no overarching ubiquitous explanation for why someone smokes, why someone eats. There's no consistent understanding of how come this is a problem. There's no generic answer to the question, "What's this problem? What's the smoking or weight doing for you?" We will find this out if we ask the questions.

And so, that's my invitation. If you're working with someone who wants to stop smoking, if you're working for someone who wants to lose weight, find out how this is a problem for you and notice what someone says. It can be so enlightening and so expansive and so relevant. And also, my invitation is to ask the question, "What are you getting out of this? What's the benefit that you're getting from the cigarettes, from the weight?" It's a very confusing question because people usually think, "Well, it's all bad," but when they start to say, "Oh, actually, there is some benefit," again, it takes the pressure off.

So, could you play with those ideas? And let's have a conversation where we can share with each other where you can let us know what you've found by exploring this and in a way that's been helpful.

So, thank you so much for listening and I look forward to hearing what you make of this.

healing



Hello. Rob McNeilly here.

I've had some spare time recently and I noticed that when I have some spare time, I first of all, start to feel a little on edge because I should be doing something. But then, if I remember that doing nothing, and in fact, even being bored, can provide some space for an opportunity for things that have been there, and on the periphery, to have an opportunity and have some space to come to the fore and to be available for reflection.

And the focus of what is starting to kind of come together were like a number of threads for me stem from some time ago with a growing irritation about the emphasis in our work, in our therapy work of techniques. And the word 'techniques' to me, you know 'technical', seems to imply some kind of mechanical process as if what we're working with here, there's a machine that will need some technical expertise to fix. And people even talk about having a toolbox.

And I always found that rather disrespectful and demeaning to think of human beings. I think we are more than mechanisms and mechanistic processes. There's something profoundly mysterious about the human condition. And I think Erickson also emphasised the importance of this when he refused to have a rigid theory. In fact, said to think that there could be one theory that would adequately explain all situations is ridiculous. And instead of trying to create a theory through an abstraction of experience, he invited us to

be in the experience by observing what was happening and then starting to learn ways of interacting with what was there, to accept whatever the client was bringing and then to make use of that.

And I think that that idea that Erickson embodied has not been adequately emphasised. A beautiful book that one of his daughters, Betty Alice Erickson, wrote with Brad Keeney, about Erickson, *An American Healer*, brought this word 'healer' into the forefront in an unusual way. Usually, there are talked about some kind of techniques and theories about the way he spoke and what he did and the strategies and so on. And healing is a different process.

A lot of our work has been side tracked by the medical model where, in medicine, if someone has some physical problem, we make a diagnosis and then we find a way of treating so that then medical practices is a process of treating. Healing's not in it. In fact, Sir William Osler quipped so beautifully. He said that God heals the patient and the doctor takes the bill.

So, therapy has in my view, been seduced the idea of treating and missed the core of the human condition, missed the humanity, missed the mystery that is at the core of what we're about. And I was reading a paper that Barry Duncan had written about becoming a better therapist. And he wrote in the paper about the value of what he called the healing environment. And when I read 'healing environment', somehow the healing, the word 'healing' clicked for me and kind of connected with what's an interest of mine that I want to speak about.

And I looked up the etymology of the word 'therapy' and it turns out that it comes from the Greek, a Greek word of 'therapeia', which means 'healing'. So, therapy was originally healing.

Steve de Shazer wrote that book, *Words Were Originally Magic*. And Scott Miller and Mark Hubble have written a lovely paper about psychotherapy having lost its magic and an invitation to us to not dismiss what he calls these magical, actually the chauvinistic processes that have been around for a long time and are still persistent in many cultures, instead of dismissing them, to actually open ourselves to the benefit of that, to the legitimacy of that. And Scott spoke about starting a clinical trial to explore the efficacy of clairvoyance. And anyone who knows about his work and the dodo bird effect can expect that they're going to do as well as any other therapy field. Anyhow. We shall see about that.

But my friend, George Burns, in Perth has written a book, called *Nature-Guided Therapy*, in which George makes the claim in that we have problems when we become disconnected from nature. And so, as a result of that, he invites people to go into nature and to sense with all of their senses the experience of being in nature, to connect with nature and have the possibility of healing that way.

I've noticed that it's not always just nature that we've become disconnected from. If we become disconnected from our body, from our future, from our family, from ourselves, that's the disconnection that causes the suffering and the limitations that show up as problems.

So, this notion of connecting and the question then is 'connecting with what?'. And we can find out if we can get some insight into where the disconnection is when we ask each

individual person what's missing for them. And if we find out what's missing for them, then we will usually, if we look there, see a disconnection that we can then help to facilitate a reconnection of that experience, that opportunity, that way of being that they've become disconnected from and then they can heal.

So, I think I'm fascinated to start to explore and see if other people are interested also to shift the emphasis from treatment of conditions to the process of healing. And I think there's something very different about the experience of healing compared with treatment. Treatment is very abstract, very 'power down, working on', whereas healing is working with. Healing is cooperative.

In fact, my friend, [inaudible 08:46], who is a Danish midwife living in Greenland said that she's done some beautiful work there that when she's working with people, helping people, there are three words that are present for her all the time. They are respect, confidence and cooperation.

When we respect our client, when we are confident in a client, when we encourage cooperation with a client, it works both ways and there is that connection. So, I think that that notion of connection is going to be so worthwhile focusing on to see how we can connect with our clients, how we can get the clients to connect with what's missing for them.

And there's another element here. [Inaudible 09:43] says that any experience where there is an expansion in our awareness is what he calls a spiritual experience. So, in that way, this connection and this opening ourselves to a wider range of observing, of connecting, of interacting has the opportunity of being spiritual, not technical. And I happen to like that and I think it's more satisfying for us, more holistic, more complete and also, more respectful.

So, there are some thoughts that I've had that I wanted to put out there because I've noticed that sometimes, if I put my thoughts out there, they become clearer to me and other people say, "Oh, yes, that's absolutely right," or, "That's absolute rubbish," and it all helps to kind of clarify.

So, please have some thoughts about this and if you would leave some comments, I would really appreciate that, so thanks for listening.

obsessions and compulsions



Hello. Rob McNeilly here.

And I wanted to make some comments about how we might be useful in helping someone, who has a problem with obsessions or some kind of compulsions. And when we look at the experience of an obsession, it is as if a thought, or an action, or a person becomes the sole focus of someone's experience and they become so in the experience, so absorbed in it that it takes over and it becomes problematic.

And this pull towards focus and absorption is very hypnotic. It has the same characteristics as a hypnotic experience. And so, we can think of the experience of being obsessed with something as being a bad trance. Now, I'm not saying it is a bad trance, but when we think of it as having a lot in common with being hypnotised into a bad trance, then the possibility of not being hypnotised, coming out of hypnosis becomes an option.

Also, if someone feels compelled to wash their hands, check a lock, make sure that the stove is turned off, again, this feeling of feeling compelled to do something has a focus, becomes totally absorbing, and again, has a lot of characteristics in common with hypnosis. So, again, we can think of it as another bad trance and then the therapy can take the shape of helping someone not be hypnotised or to come out of hypnosis.

And so, for example, if someone who's interested in the idea that their obsession and the compulsion is like going into trance, we can offer someone the possibility of going into trance with us and then inviting them to have the possibility of going into trance, but finding ways of not doing that.

So, I can suggest to someone that as they're talking, as I'm talking and as they're listening to me, they could begin to think of something very pleasant or something very unpleasant. They could begin to feel comfortable or uncomfortable. And that is a possibility, but I could invite this person, even though it's possible, to see how they can, in their own way, allow themselves to stay present and not be hypnotised.

And the idea then is if someone doesn't have to be hypnotised by us, they can learn how to not have to be hypnotised by the obsession, not have to be hypnotised by the compulsion and they can then stay present.

Also, because of the hypnotic parallel between obsessions, compulsions and hypnosis, we know that anyone who has a problem with becoming obsessed with feeling a compulsion to do something, they can be very expert at going into trance.

And so, for example, if someone has a feeling of being obsessed with a person, with a thought of something that they don't want to be, then we can help them to focus on something else, something preferred, some alternative so that then they can use that focus and absorbed skill to be focused and absorbed in something useful, not troublesome. The same with the compulsion or compulsive behaviour.

And also, it's possible because of the plasticity and the flexibility of experience that happens in hypnosis, we can invite someone to leave the obsession or the compulsion in the past, to forget about them, to let them go, to release them and so on, and so be free of them.

Another way that we can be really helpful for people who get stuck in this whirlwind, this whirlpool of being obsessed and compelled to recognise that any obsession and compulsion is always kept in place by a conflict. "I'm thinking about this and I shouldn't. I have to think about this, but I don't want to. I have to check the door locks, but that's silly. I have to make sure that I turned the stove off, but I don't really want to do that." So, that push-pull, that conflict helps to keep the situation in a stuck position.

So, simply by giving someone permission for a time to sit down and obsess about something, a guilt-free, conflict-free opportunity to obsess. If someone is given permission to check the light switches, or the stove, or the locks, but the numbers of times that they have to do it, seven times or 10 times, if they're instructed, given permission to do that, that helps to relieve the conflict, the pressure, the stuckness, and very often, someone can let it go.

So, I wanted to just offer some ideas in addition to whatever else that you might be doing to add some more options, some more ways of interacting with clients and in particular, noticing that every person is going to have their own particular problem with the problem that they have. And when we listen to how come this is a problem to you, you, this is not a condition to be treated, but this is an experience that you are having, that this individual client is having in their own unique individual way helps us to clarify with them what's missing for them, what would be helpful for them, what would be relevant for them so that they can just leave this problem, let it go, leave it in the past.

So, there are some ideas. Just play with them and see what difference that can make to the effectiveness of your work and it will be lovely to hear from you about what you discovered in this process.

Thank you for watching this.

pain



Hello. Rob McNeilly here.

I just wanted to say some things about what we can do to help relieve people's pain because a lot of people are wary of even attempting this because there's something about pain, which is painful for us or frightening to us to deal with. And we know if we've had pain ourselves or if we've worked with people with pain, it's very distressing, very debilitating and, of course, there's a lot of anguish. And very often, the best that seems to be offered goes under the name of pain management. And I want to explore some possible ways that we can do something more than that, something better than that.

We actually don't know what is possible for us humans. We know what we can do, but what we can't do is a grey area. But one of the things that I found helpful in my own work and in helping others to work in this area is to recognise that there are two components of pain. One is the sensations and the other is the suffering. We can have sensations, which are very strong and very disturbing, and we don't mind them. They're just there. And there are other situations where the pain is not at all strong, but it's agonising.

So, often we don't distinguish between the sensations themselves and the suffering that goes with it. And I've also found it helpful to remind myself and others that we're never dealing with pain. We're never treating pain. We're never trying to heal the pain. There's always a person and we know that people are different. And so, it's crazy to try and find

one method, one approach, one theory, one protocol that's going to be useful for all people in all situations.

Instead of that, I'm inviting us to look with some different eyes and different ears, and to begin by listening to each individual person for what's missing for them, or what is it about the pain that is particularly painful to them, limiting to them, troublesome to them. And in listening for what is missing for this person, that gives us a direction, it gives us a guide, it gives us a purpose and a shape to what we can begin to do to help each individual person in their situation.

Now, when we do this, it helps to generate a relationship, which is genuine, caring, empathic. And when the therapeutic relationship has that basis, that's going to be so much more important than whether we do this, that or the other technique or theoretical approach.

And also, when someone's had pain for a while and maybe had a number of attempts to have some relief from it, there's bound to be some resignation. And so, if we can in ourselves, be in a mood of expectancy and if we can invite the client directly or indirectly into a mood of expectancy themselves so that they can be open to the possibility of something happening that can be at least minimally useful and maybe even curative. We actually don't know until we get into the process and the find out as we're doing that.

And as far as the sensations are concerned, it's extraordinary, but sensations can change. We can help someone to help change the intensity of their sensations or even the location of their sensations. It sounds a bit crazy, but it's the case.

Erickson said that you can be sitting in a chair and you don't need to notice the sensations of your feet on the floor, of your bottom on the chair. If you wear glasses, you don't need to notice those sensations, even though all of those sensations are noticeable. So, we have had, according to him, and if we look at our experience, it's just common sense, we've had a lifetime experience of not noticing sensations.

And also, sensations are not fixed. I don't know whether you've ever had this experience, but if you sit in a comfortable chair with your feet out in front of you and close your eyes, and cross your feet, cross your legs at your ankles, if you leave them still for several minutes, you actually cannot tell whether they're crossed or uncrossed. You can't feel them. The only way you can find out is to move them, shuffle them a little bit and then you know they're crossed or they're uncrossed. So, sensations have a way of disappearing into the background instead of being in the foreground as part of our everyday life.

People who live near airports don't hear the planes. People in busy roads don't hear the traffic. And so, these sensations, although they are potentially noticeable, we have ways in our everyday life of not needing to pay attention to them. So, knowing this gives us a basis to help someone who has painful sensations to start to have the possibility of giving less attention to them, having them be less noticeable, maybe not noticing them at all, and so this can be a huge leap.

I remember a policeman telling me that he had tension headache and they were interfering with his career. And he tried everything to relieve the tension. He'd tried relaxation. He'd relax his feet and so on. When he got to his neck, the relaxation stopped. He couldn't somehow get the relaxation to happen in his head.

So, we started to play with the idea that the tension in his head, which was really troublesome, could start to move in his body. Could he move it down to his shoulders? Could he move it down through his arms to his hands? And over several sessions where we played with this, he learnt to get his tension headache down, all the way down into his feet. So, then he was able to keep his tension headache, but he had them in his feet and somehow in his feet, they were less troublesome and wouldn't be bothered by him and he could keep his job in the police force, his desk job, instead of him having to leave it.

And if we're using hypnosis in treatment with pain, and hypnosis is fantastic for this, we can see this idea by just saying to someone, "As you go into trance, you don't need to listen to me. You don't need to pay attention to what I'm saying. You don't need to be aware of other things that are there, outside sounds, and so on." So, we can start to easily generate to give an introduction into the experience of not noticing.

And a few words about the suffering element. Suffering is different from the sensations. And we suffer a situation when it has some particular meaning to us where we don't want it, where we don't like it, where it interferes with something that's important to us. And also, the more we resist the pain, the more we try and get rid of it, the more intense it becomes. So, sometimes, we inadvertently increase our suffering by trying to relieve the pain.

And Ian Gawler, a veterinary surgeon from Victoria, Australia, who knew a lot about pain and made a beautiful comment. He said that he'd found it helpful for himself and with others to soften around the pain. And if you notice the experience of this, again counterintuitive, but if we soften around the pain, that helps to relieve the kind of tensing to try and manage the pain, which can intensify. And softening around the pain helps to relieve the suffering and then even sometimes diminish the sensations.

An Australian Olympic marathon runner, Robert de Castella, said famously when someone asked him, "When you're running a marathon when you're halfway through and your body is wracked with pain, how do you keep running? And Deeks said, "A bit of pain never hurt anybody." Now, I've never run a marathon, but there is something about what he said that kind of was tickly. And think it's so useful.

Now, language can be so helpful here. People with severe pain, particularly if they've got a life threatening illness, cancer or something, and they try various treatments to help the pain and some well-meaning doctors say, "You have to learn to live with the pain." Now, if you listen to that comment, 'you have to learn to live with the pain', what's going to happen if someone gets rid of the pain? Exactly.

So, in relation to the suffering element of pain, again, working with hypnosis, we can say, "There may be some things that I say that you don't really like, but you don't need to be disturbed by that. There may be some sounds outside that could be momentarily distracting, but you don't need to be worried by that." So, we can start to see the reduction of the resistance, the reduction of the suffering in relation to just what we're speaking.

Just a couple of other thoughts. Sometimes, pain can be useful. Well, I mean, actually, probably if we didn't know about pain, didn't have pain, we may not have made it as far as we've got to in our life already. When something's painful, we learn from that. Pain has a signal value. And so, sometimes that's the source of the pain, the signal becomes irrelevant. That's when we can start to play with it, help someone to decrease the intensity, the suffering.

But also, sometimes pain can be a message. Sometimes, if someone's got a really severe pain in their hip joint and they try and ignore it, they might just be making their osteoarthritis worse. Sometimes, the pain lets us know to do something about it. And this might be a little tangential, but there was a woman, who had elbow pain. She wanted to have some relief from her elbow pain. It was called RSI in the old days. I tried various things to help her and nothing seemed to make any difference.

Finally, almost as an act of desperation, I said, "I wonder what that pain might be trying to tell you. What's the message that it might be trying to give to you?" And she became very thoughtful and then after a while, she said, "I want to quit my job and have a child." It was unexpected. I don't know who was more surprised by that comment, her or me, but the pain was actually useful to her. And once she recognised that, she quit her job and the pain left.

We actually don't know what is possible with pain, with suffering. We actually don't know. I heard about a young man in New Guinea, who had an inflamed knee and he had conventional treatment and nothing was helping it. So, he went back to his village, the village where he came from and saw a medicine man there. He was away for two weeks. When he came back, his knee was completely normal.

And when he was asked what happened, he said, "The medicine man told me someone had put a curse on my knee. He removed the curse and it healed." Now, we hear that and we think, "Oh, that's a bit weird." But I can imagine that if we said to that medicine man, "We think that the way to treat this man's knee is by giving him anti-inflammatory tablets and pain relievers," he might have thought that we're weird.

So, I mention this just because there are many different ways of observing, of understanding and of helping the process of healing, some of which we know about and some of which we're still pretty ignorant about. But if I can remind us all, we actually don't know what's possible. We don't know the limits of the possibility.

So, thank you for listening to these ideas and my invitation is for you to play with them. When someone says that they've got a pain problem, instead of looking up a textbook about pain management, listen to your client, what is it for them that's missing for them and what happens when you start to explore with them what is it they think will be helpful to deal with this, and then play with helping to reduce the sensations if that's the issue. Help them to relieve the suffering if that's the issue or both, if they're both the issue and see what eventuates and see what benefit comes from that.

So, the invitation is to play with that and I'd be really interested to hear what you discover in that process.

Thanks.

phobias



Hello. Rob McNeilly here.

I wanted to make some comments about how we can best help people who have a phobic reaction to some event or some object. And I find that in dealing with phobias, it's really like dealing with any clinical situation, it's so helpful to remember that we're never dealing with a phobia. We're never dealing with a particular clinical situation, but always with an individual, always with a person.

And Erickson was very emphatic in saying that people are individuals and we need to tailor our approach to the individual rather than tailor an individual to fit our labelled theory. So, if someone is phobic about flying, spiders, dogs or whatever it might be, there's something about a phobia that let's us know that hypnosis is going to be very relevant and helpful there because when someone has a phobic reaction to something, they focus on it, they get so absorbed in it, and they disappear into it and we can think of it metaphorically as a bad trance.

If someone has a problem flying, if they're phobic about flying, really in order to fly in an aeroplane, all we need to do is to be able to walk and sit. If you can walk onto the plane

and sit and then walk off, then that's all we need to do to fly in an aeroplane. We don't need to control the plane and we don't need to control anything.

But when someone starts to have a phobia, or starts to become phobic about avoiding flying, then they start to think about flying, everything that can go wrong, they start to get absorbed in that and get more and more into the experience of a potential catastrophe, just like a hypnotic experience. I'm not saying that phobias are hypnotic, but there is a parallel there, which lets us know that hypnosis is likely to be very helpful.

So, instead of finding a way to treat a phobia, there are plenty of scripts out there that will specifically help with flying, or spiders or whatever. But instead of relying on a script, which is going to be a standardised approach to something, standardised approaches are fine if you can find a standard person. I haven't met one yet.

So, if we listen to someone who's got a problem with a phobia and we listen to how is it that this is a problem to you, what is it about the phobia that is causing this to be something that warrants therapy? Is it lack of control, is it a feeling of some kind of physical sensation? Sometimes when someone is anxious about something, they start to get physical symptoms. Their heart goes fast, they feel shaky, they feel dizzy and sweaty and so on.

And then the more they focus on that and be absorbed in that, the worse it gets and the escalation happens and we have panic, which actually keeps the phobia in place. So, sometimes, the phobia is not about the event, the plane, or the cat, the spider, the snake or whatever, but it's about the physical sensations. So, if the physical sensations are what is problematic about the situation, then that gives us a clue so that we can work and help someone to have a different physical, physiological response.

If someone is phobic because they are remembering some past event – I remember someone who said that he hadn't flown for 28 years because he'd had a bad flight 28 years previously. So, here this man had a phobia for flying, but actually, we could think of it as a result of trauma. He had a traumatic flight and that trauma was still alive in his experience as a memory, as a flashback and so, anytime he thought about flying, he got the whole catastrophe happening again. Again, I think it's helpful to realise that we're dealing with a person. So, if this man had a problem with flying, did he have a phobia and posttraumatic stress or was he just having an experience that needed some help.

So, that's my invitation. When someone says, "I'm phobic about this," for us to explore what is it about this situation that is particularly troublesome, problematic, limiting that this person wants help for? And if we can tailor our approach to that, then we're going to be more likely to be on track with them. And of course, when we explore how come this is a problem, that gives us a clue, and sometimes we need to be more explicit about this, but sometimes it gives us a clue or even makes it obvious what's missing for someone.

If someone feels out of control, then obviously what's missing is a feeling of control or a feeling of accepting being out of control and not needing to control. If someone is having physical or physiological responses, what's missing is to not worry about those physiological responses or to learn to have a different kind of response, physical and physiological.

So, if we find out, how come this is a problem and we find out what's missing specifically for this person, that is going to give us something concrete, something relevant, something

respectful to work with this client and in that relationship, the client will feel heard. They'll be inclined to trust us, learn to trust themselves and then learn to resolve this situation.

I remember a girl of 11, who had a dog phobia and she didn't remember, but her mother remembered that when she was about 18 months, a dog jumped up on her and knocked her over and she got frightened. And I had a very lovely session with this little girl. And she was reading a book, *Pigs Might Fly*. And I asked her about the book and the book had a story about someone getting lost in the wrong land and she was going to find her way back to the right land.

So, we had a very nice, quite short, maybe 20-minute conversation, hypnotic experience where she imagined that she could be in that story, be in the wrong land where she was frightened of dogs and then when she came back to the right land, came back home, there would be a dog there and she would be fine and she would be happy. And it was a very nice session. She was very happy with that. And two or three months later, she had a dog and 10 years later in a follow up, she still had the same dog, no problem at all. Now, I'm not recommending that's how you treat a dog phobia, obviously, but that was what was helpful for her.

There was another younger girl, who had a problem with spiders. I asked her what she liked to do and she said, she loved working on a project at school. It was something that she really got into. So, I asked her if she would be willing to do a project about spiders. And a week later, she came with this sheet of paper with all that she discovered about spiders. They've got all these magic eyes. They've got eight legs and so on. She was totally fascinated by the spiders. Instead of being frightened of them, she had a sense of wonderment and curiosity, and it was a complete resolution to that.

A man had a problem flying, the fellow that I said that hadn't flown for 28 years. And he'd had a problem driving his car outside of the suburb where he lived. We did some hypnosis and he managed to impress the boundary of where he could and couldn't drive and pretty soon, he was driving wherever he wanted to drive. He then said to me that he'd been seeing clients and he wondered if he might be able to fly.

And I said, "Well, you didn't think you'd be able to drive outside of the suburb and now you can drive anywhere. So, if you can do that, maybe there's something there that can help you with the flying." And after a couple of hypnotic sessions, he said, "I think I'm ready to fly, but I want to pay you to come on a short flight with me just for insurance." And I said, "Oh, I think you're wasting your time. But anyhow, I'm happy to do that."

So, we had this shared flight. He was there, I was there and his wife was there. And the plane took off and it was going to be about an hour flight. I remember saying to him, "If you don't panic soon, you're going to miss the opportunity because it's only a short flight." And we talked about all kinds of things and the plane landed and I said, "You've wasted your money." He said, "Well, I don't mind."

The interesting thing was that although he was so comfortable on that plane, his wife was freaking out. So, it could be that he had picked up his wife's fear. I'm not sure. But in any case, she said that he now had a problem with flying. He couldn't keep off aeroplanes. I had postcards from him from the US, from Europe, from Asia and he and his wife even went in a small plane through the misty valleys of New Guinea in flights that I think I would have been uncomfortable with, but he was just fine. So, it could be that he'd picked up his

fear from his wife maybe, I don't know, but maybe she picked up the comfort from her husband.

But any case, I just mentioned these three people as examples of how none of them are routine protocols about how to treat phobias, but came out of me listening to them, finding out how come this is a problem, finding out what was missing and then helping them to reconnect with that.

So, my invitation is have a play with that, see what you make of it and it will be a pleasure to speak with you and find out from you, to hear from you either verbally or in an email about what difference that made, how that might have been helpful.

So, thank you for listening. Thank you for being part of this and I look forward to hearing what you are able to make of it.

psychosomatics



Hello. Rob McNeilly here.

I just wanted to make some comments about how we might be able to use hypnosis to deal with psychosomatic issues. And including in when we think of psychosomatic issues, we think about migraines, about chronic fatigue, tension headache, irritable bowel, pain, physical pain, immunity issues, maybe malignancies, burns, asthma, eczema, peptic ulcers. There's a whole long list of...

You know, we have a body and when we have a problem, it affects our body, it affects our emotions, it affects us as a totality. So, there are various ways that hypnosis can be used and used very effectively to help deal and heal psychosomatic problems.

One of the things that we can do when someone comes with some kind of psychosomatic problem is look at the emotion that is a component of their experience. For example, a woman told me that she was having a lot of problems with migraine. It was causing a lot of suffering, missing time at work and so on. And when we looked at the emotion that was part of the migraine – and I'm not saying caused it, but was a component of the migraine situation – she discovered in our exploration that she had a fear of being with other people, being in social situations. And the fear somehow, if she had to go out socially, the fear was always there and was part of the migraine. And I'm not saying the fear caused the

migraine, and I'm not saying the migraine caused the fear. It's just that the fear was a component consistently of her migraine problem.

And so, we were able to look in hypnosis about how she'd overcome other fears, about how the vulnerability that she experienced with groups of people, with strangers, how that vulnerability could be addressed to piggyback on one of Erickson's favourite ways of dealing with something is to develop callouses on her experience so that by gradually getting into unfamiliar situations, she could become less triggered and more able to just be herself. So, her fear, when the fear was dealt with, and she was able in hypnosis to get past that, to let that go and instead, to be curious, to be interested and to be open, to feel secure, to feel safe and so on, when she had those emotions, then she didn't need to have the migraine.

There was a man, who in his mid-30s had irritable bowel problems and we looked at the emotion that was always there when the irritable bowel was at its worst. And not surprisingly, the irritable bowel happens when there's an irritable person. He was getting very irritated. He was actually resentful of his family of origin, the way they were controlling, the way they were manipulative, the way they seemed to keep him young. So, he was angry, he was resentful about his reaction to his parents. And again, I'm not saying that the irritable bowel was caused by that irritation. I'm not saying it was caused by the anger, by the resentment. It's just that they were a component. The anger, the resentment was always there when the irritable bowel was at its worst.

So, hypnotically, we looked at how to deal with his resentment. And he found that by accepting, "Okay, my parents are my parents. They did what they did. They didn't know any better." He was able to feel more peaceful. When they started to try and tell him what to do and control him, he found that he could learn to be calmer and more self-contained and less irritable in himself and with that, the irritability of his bowel also subsided.

So, in looking at various psychosomatic problems, looking at the accompanying emotion can be a beautiful way to explore hypnotically in particularly, a beautiful way of exploring what preferred emotion, what solution emotion may be more useful instead of the problem emotion that was associated with the condition, with the problem.

Also, I think it's very much under-appreciated that hypnosis is a vehicle, is a way of helping to deal with physiological experiences directly. We can help someone in hypnosis to change their physiology. We know that if we say to someone, "What do you like to do?"

"I like to walk on the beach."

Okay, if we ask someone to imagine that they're walking on the beach, they can have the experience of walking on the beach. We know that. But also, it's possible if we ask someone to remember, for example, what it's like on a cold day, to put their hands in front of the heater and let their hands feel warm by remembering the experience, it could help to change the circulation and the hands can actually warm up.

We know that the sensations that can be painful, when we get some chronic pain, it can really [inaudible 06:59] and we suffer from it, but Erickson said, "A person can wear glasses and be totally unaware of the sensations of the glasses on the bridge of their nose and their ears. The person can be standing and be totally unaware of the sensations in their feet. They can be sitting and totally unaware of the sensations of where their body contacts the chair." The sensations are noticeable, but potentially noticeable and do not

have to be noticed. So, we know this and so, helping someone to change their physiology can be very helpful in dealing with the psychosomatic issues.

For example, for some people who get irritable bowel, find that it's comforting to put a heat pack on their stomach. Somehow, the warmth of the heat pack helps to soothe and things settle down. Someone can be asked to imagine this, to remember this and they can then experience the warmth and have a physiological experience of their belly, their stomach feeling warmer and getting some relief.

I was at an international conference years ago and there were two experts there talking about the effectiveness that they found of using hypnosis with migraine using physiological approaches. One of them was from America and one from Scandinavia and one of them, I forget which, said that he had been very helpful to a lot of people with migraine by using what he called autogenic training where he helped someone to learn how to warm their hands up and cool their forehead. And when someone had learnt that they could warm their hands and cool their forehead, then that made a huge impact on the intensity and frequency of migraine sufferers.

The interesting thing for me was that the other person, who also had the figures to show how helpful his approach was, he taught people to have a different physiological learning to help them to cool their hands and warm their forehead, the opposite. Both had excellent results and each of them had their own separate way of doing this, which involved physiological changes.

My eldest son, when he was at high school, made some pocket money by curing his friends' warts. He got a reputation for being able to cure warts. And people used to pay him 20 cents and he would say, "I want you to close your eyes and just imagine that your warts are shrinking, that they're getting pale, that the blood circulation is going from them and you can expect that over the next week or two weeks that the warts disappeared." He got some good results. Now, he was not an expert hypnotist as a teenager, but he was able, using focusing and imagination, to help people to change their physiology and cure their warts.

The other aspect that could be so helpful with psychosomatic problems, when we have a migraine, we get migraine, or we get asthma, or eczema or something, we just want to get rid of it. And sometimes, it could be helpful instead of getting rid of something, to actually listen to it and just to wonder what might this problem be telling us.

I don't know whether you've heard that saying, 'death is just the body's way of telling us to slow down'. But I remember a woman, who had been doing secretarial work and she developed a repetitive stress problem in her right elbow. And part of our conversation, I asked her to listen to the elbow and to wonder what it might be trying to tell her. Now, it sounds like a crazy thing. She's got a pain, it's physical. What can talk and what can hypnosis do to help something that's physical? Anyhow, I asked the question and once she got past the strangeness of the question and reflected, she said, "I want to quit my job and have a baby." When she said that, her elbow, from that moment, began to settle and within a very short time, she had no problem with it at all.

So, in exploring what we can do with psychosomatic problems with physical problems, which may be a result or be associated with an emotional problem, or just be physiological problems in and of themselves, it's always crucial that we remember we're never dealing with, we're never treating migraine, we're never treating irritable bowel, we're never

treating asthma and so on. There's always a person. And because people are individuals, it's going to be hugely helpful to explore with each individual person just how come this is problematic to you. What's missing for you in particular as a unique individual that if you had access to it, that if you could connect with it, if you could reconnect with it, if you could learn, what is it that would make a difference for you? When we have that question, it helps us to refine, and define and clarify our focus and the effectiveness of our work.

So, I'm offering some ideas about what we can do here with psychosomatic issues. What I'm saying is not sufficient. It's not all-encompassing. It's not a matter of if you do this, you will cure everybody, but I'm offering these ideas in case they can be helpful to you as additional ways to bring in to your practice to be able to help people with these often very debilitating problems.

So, thanks for listening and I'd love to hear what you find useful when you try some of these ideas.

Thank you.

relationships



Hello. Rob McNeilly here again.

And I just wanted to make some comments about how we might be able to add to our effectiveness in dealing with conflicts within our relationships and with couples, with families. And just to state the obvious that we humans are relating beings. The Xhosa people from Africa say, "Because we are, I am."

And we can notice that when our relationships are going well, we're going well. When our relationships are not going well, we're not going well. So, relationships are a central concern for us humans and there's a huge amount of suffering that goes on for us when our relationships are not how we might want them to be.

When couples come, or a family comes for therapy, they generally come as a couple or as a group of individuals. When you say to a couple in conflict, "What's happening?" and he says, "Well, she goes out," and then she says, "Well, he does that," and then it's he, she, she, he. It's him, her, them and the family, "Oh, it's the daughter," and she's going, "Oh, it's the mother," or "it's the father," there's always a bunch of individuals.

And a lot of people are reluctant to work with couples or families because they say it's hard enough to deal with one individual, but when you've got a bunch of them, it's like, "Whoa, how do you deal with all that chaos?" And it turns out that there are ways that we can actually harness the complexity and help to simplify it.

For example, if we say to a couple, "What is it about being a couple for you as a couple that's important to you? As a couple, what is it that you like to do as a couple? What is it that you like about that? What's the problem that's happening for you as a couple that you would like to do something about? What is about you as a couple that has that problem be such a problem to you? What's missing for you as a couple that if you are able to connect with it, reconnect with it, learn it, then things may be a lot more the way you want them to be."

With a family, we can say, "What does this family like to do as a family? When the family does this activity that they like to do, what is it about this that is so good for the family that the family appreciates so much? What's the problem for the family that brings you here that you want to do something about it? What is it about this particular problem that it causes such a problem for you as a family? What is about this that troubles the family? What's missing for the family that if you, as a family, could connect, could reconnect or could learn if you'd be okay, what would that be?"

When we ask questions, which are addressed to the couple or to the family as if the couple or the family are an entity, simply asking those questions of a couple as a couple, of a family as a family helps to evoke from within the couple, "the coupledness". It helps to invoke within the family "a familiness" so that in the very response to those questions, a couple is created, a family is created and it takes away and it relieves us from having to go down the rabbit hole of, "Oh, what's the problem with you? And how come that's a problem for this other person? What can we do to compromise? We're happy to mediate this?" so that everyone will be begrudgingly accepting of some kind of minimal compromise. Instead of that, we can help to have actually connect the couple, connect the family members as a couple, as a family simply by asking those questions.

Now, 'what do you like, and what do you like about it?', 'what's the problem?', 'what's the problem about that?', 'what's missing for you as an individual?', that's an approach that I like to use and I like to share with other people and a lot of people find that's helpful.

So, the examples that I've given in relation to what do you as a couple or a family like and so on is a function of the way I like to work. But if you have a way that you like to work with a family, my invitation is, instead of trying to work with the individuals in whatever way that you happen to be working with them, as individuals, if you start to do what you would normally do with an individual and treat the couple or the family as an entity, my invitation is to do that, to try that and see what difference might occur.

I have found that by using this approach, two individuals can come in with conflict and within a surprisingly short time, they can then begin to resolve the issue and have a desired outcome as a couple. Families come in and they usually have a designated client, "Oh, it's the daughter who's not eating or it's the son who's messing up. And if we ask these questions or we treat the family in whatever way you like doing, as an entity, the family begins to be creative, begins to emerge, begins to happen as an entity.

Now, it's very simple and my invitation is for you to play with this. Nothing complicated. And it would be a pleasure to hear from you about what you found to be useful about that, what was beneficial about that.

So, thanks for listening and have some fun with exploring the way it can be easier and more respectful when we do this.

Thank you.

sleeping



Hello. I'm Rob McNeilly and welcome to this talk about how we can use hypnosis to help people with a sleeping problem.

And for those who don't know who I am, just a few words of introduction. I was in general practice, medical practice, in Melbourne for 10 years and got interested in hypnosis. I had the privilege of spending some time with Milton Erickson towards the end of his life and learnt so much from him. And I've had the pleasure of incorporating what I learnt from him into my practice, and also in teaching my interpretation of what I learnt from Erickson in workshops throughout Australia and other places in the world, in Asia, Scandinavia, in Britain and the US.

So, in talking about how we can use hypnosis effectively to help someone with a sleeping problem, I think it's important to recognise that not everybody is the same. I mean, that's an obvious thing to say, but just to emphasise it. And what I've noticed is that some people, in using hypnosis to help with sleeping problems start with some idea of relaxation.

So, they'll get someone to learn how to relax their toes, relax their legs and so on. And then, with the idea that when someone then gets into bed and they're ready to go to sleep, then they can run through the same procedure. They can relax their body. And the hope

with this is that when they do that, they can just fall asleep. And sometimes, this is useful and when it is, great. And sometimes, it's not.

So, I wanted to explore with you some additional options that we can explore that we can start to examine and see how we can match what we're offering to someone in the hypnotic experience, match it more fittingly to the particular person and the particular dilemma that they're having in relation to sleep.

And so, I found it helpful to make a metaphoric connection between hypnosis and sleep. We know that hypnosis is not sleep. We know that. But if we can invite someone into an experience of hypnosis and they can learn how to be in a hypnotic experience, then it can be an easy translation from that into their sleeping experience.

And so, I've noticed with people who have come for help with sleeping problems, sometimes have trouble going to sleep. Some other people have trouble staying asleep. Other people have trouble, if they wake up in the middle of the night, going back to sleep. And some people sleep, but wake up in the morning and feel no more rested than when they went to sleep the night before.

So, using this parallel metaphorically between hypnosis and sleep, if someone has trouble going to sleep, we can invite them into a hypnotic experience simply by asking to focus on something in the room, in their body as a memory of something that they enjoy doing, to focus on that and then become more absorbed in that. And then we can encourage that process by commenting on physiological changes that we can observe.

For example, we might notice that someone's breathing is just a little slower, a little deeper. We might notice that their eyelids are blinking slightly slower, or they might even close their eyes. Their facial muscles might smooth out. That often happens. Sometimes, the shoulders drop a little. There's often a lot of immobility. So, by commenting on these changes, that helps to encourage them, to accentuate them and to make them into a more bodily-felt memorable experience.

Now, when someone has done that, we can ask them to come out of hypnosis and then ask them, "Now, when you went into hypnosis then, what was the experience like for you? Can you show me?" and invite someone to remember to recreate that experience that they've just had of going into hypnosis. And that's something that we can invite them to do when they get to bed and they want to go to sleep. They can remember the experience of becoming focused and absorbed in something pleasant so that they can then fall asleep.

Now, some people have no problem going to sleep, but after an hour or two hours, they wake up and then that's it for the night. So, if someone has a problem then staying asleep, we can piggyback on the metaphor of hypnosis in relation to sleep by inviting someone to go into hypnosis. As I mentioned a moment ago, getting them to focus and become absorbed in some pleasant experience, comment on the physiological changes to encourage them.

And then, when someone is nicely focused and absorbed in this experience, we can offer the idea that even though they are in this experience, it could be very easy for them to reorient to the room, to come out of hypnosis and invite them to notice that even though they could do that, that they don't need to, that in fact, even though it's possible for them to come out of hypnosis, they can continue in the focused, absorbed experience that they are having. And so, that can give a hint to someone who has trouble staying asleep about their

experience of staying in hypnosis. And I've noticed a lot of people make this transition very easily.

Another dilemma that people bring in relation to sleep problems is the situation if they happen to wake up in the middle of the night to go to the toilet or for whatever reason, they come back to bed and they're in trouble. So, the problem getting back to sleep, again, if we come back to the hypnotic metaphor, we can invite someone to go into trance, invite them to focus, invite them to become absorbed, comment on the physiological changes and ask them to enjoy that and notice how good it feels, and then to invite them intentionally to come out of hypnosis and have a conversation with them as we would in a normal way.

Then, since their dilemma, their problem, their stuckness is going back to sleep, we can simply say, "Now, you've come out of hypnosis. If you wanted to go back into hypnosis, how could you do that? What would be the first sign that you would notice? What do you start to focus on? How can you become...?" And then, just by inviting that and allowing the person to go back into hypnosis, they have then had their personal experience going into hypnosis, going out of hypnosis and going back into hypnosis as an experience which then can be translated easily: going to sleep, waking up and going back to sleep.

Another situation that people have trouble with and want help with is not so much getting to sleep, staying asleep or going back to sleep, but rather when they wake up in the morning, there is a feeling of tiredness as if they haven't had the rest that they're wanting to have from the sleep. So, continuing this metaphor, let's go into hypnosis and this time in hypnosis, we can invite someone to focus on something and get absorbed in something that is very pleasing, very restful.

If someone likes chopping wood or riding a bicycle, well, let's find something else that they might like. Do they like reading a book? Could they like the experience? Do they like the experience of sitting looking at the garden or sitting in nature, doing something passive, something relaxing, something refreshing, not something energetic.

And then by asking someone to be in this focused, absorbed experience, again commenting on the physiological changes, we can invite the possibility of them being in this as a restful, refreshing experience and then invite them to sit in that for as long as they need. And they'll know when they're ready to come out of hypnosis because, when they come out of hypnosis, they can feel rested and refreshed. So, using the metaphor to link hypnosis with sleeping, we can offer an experience where someone can have the bodily-felt learning going into hypnosis to get some rest, to get a sense of refreshment.

Now, these are areas of concern that people bring that I'm offering some ways of playing with. Now, most people will respond to them, but not everyone. So, we want to have as many options as possible. The more options we have, the more useful we'll be. If we try the various options that we have and we run out of options and the client is still not satisfied, we're all in trouble.

So, one additional option comes out of Erickson's work that Jay Haley made a big focus about and he called it ordeal therapy. When someone comes to see me, no matter what problem they bring, like for example, if they have a problem with sleeping, I like to ask, "What do you like to do?" because when someone does something they like, they've got their resources.

In sleeping problems, when someone says, “I have a problem with sleep,” I like to ask them not only what they like to do, but what do they hate to do. And I listen for something that someone really dislikes. Now, again, this needs to be something that’s quiet, that’s passive, something like ironing shirts, balancing a cheque book, dusting shelves, folding washing, cleaning the tiles in the bathroom, something that they can do that’s not disturbing that they really don’t like. And then, if we ask this person, “Tonight, if you have trouble going to sleep or if you wake up and have trouble going back to sleep, then here’s an opportunity for you to balance your cheque book, polish the tiles, do the ironing, fold the washing. Whatever you don’t like doing, this is something to do if you wake up.”

And it is predictable. It seems a little quirky, but it is predictable that if someone dislikes some activity enough and we tie that to being awake, very likely, that person will go to sleep in order to avoid the ordeal.

A man told me that he had trouble going to sleep. He would go down to the kitchen and have a cup of coffee, and then wait for a while, and then he’d get sleepy and then sometimes he could go to sleep. But that was not working for him. He wasn’t getting as much sleep as he needed. So, I asked him what he hated to do. He was learning French and he had a book of irregular French verbs. He said, “I have to learn this. I have to study it and it’s so boring.”

So, I said to him, “Well, tonight, get into bed, put that book of irregular French verbs next to your bed. And if you are not asleep when you think you should be, if you have trouble going to sleep or if you wake up and you can’t go back to sleep, don’t stay in bed. Go into the kitchen. Don’t make coffee. Just go into the kitchen and read your book of irregular French verbs for exactly one hour. Now, one hour doesn’t mean about 50 minutes. It means 60 minutes, 3,600 seconds and so on, precisely. And if you feel a little sleepy when you’re doing this, stand on one leg. Do anything you need to do so that you stay awake so that you can study those irregular French verbs.”

The very first night, he put the book on his bedside table and he thought, “Oh, I really don’t want to read that book.” He went to sleep and years later, he still had that book beside his bed and was still sleeping well. So, I mentioned that as an example and something for you to play with.

The overall principal that I’m wanting to share with you here in this talk is to find out what’s missing for this particular individual so that we’re not ever treating insomnia. We’re never working in a general way with people having trouble with sleep, but rather with this particular person, what specifically is missing for them that if they had it, they’d be okay.

And I’ve spoken about some common experiences that are missing, going to sleep, staying asleep, going back to sleep, waking refreshed. But there are other times that when we ask, “What’s missing for you?” that someone will say something that might be unexpected or surprising. Some people might say, “My mind goes too quickly.” So then, what’s missing for them is a slowing down what they think. We can explore that.

If someone says, “I have trouble worrying. I’m worried all the time,” then we can play with that about worrying. Give it a particular time. “Don’t bother worrying at night. Wait until the morning. You can do it then. There’s more time, less pressure and so on.” So, then we can deal with the worrying.

Also, one of the buy-ins that any person can get into is trying to go to sleep so hard that actually, it gets in the way of going to sleep. Going to sleep is a natural, automatic function. And if someone tries enough to go to sleep then that's very likely to keep them awake. We know, if I say to you, "Try as hard as possible now not to think of a blue elephant," and the harder you try not to think of a blue elephant, the more that blue elephant is right in your face. So, if someone is trying too hard to go to sleep and that is being an important part of them staying awake, then we can invite them to do something differently to lessen the trying, to be more allowing, to be more curious so that way, the trying can be dealt with as something that's particular to this person.

So, there's a lot more that could be said about this issue, but my invitation is to explore, if you listen to this and see what connects with you, what's helpful, what you can do differently and then, if someone comes with a sleeping problem, to be informed by this idea of what is it that this person that is going to be helpful? If they need help going to sleep, staying asleep, going back to sleep, waking refreshed, do they need some other particular help? Do they need an ordeal so that they can somehow learn to avoid the ordeal as a way and as a way of avoiding that, stay asleep?

Something to play with. So, please have a think about this. Please try it with different people and see what you make of it and it will be a pleasure to hear from you about what you discovered in this that was new or that was familiar, in particular to discover in this experience, what can be useful for you.

So, thank you so much for watching. Thank you so much for being part of this and it would be a pleasure to hear from you about what use you are able to make of these ideas.

Thank you.

trauma



Hello. Rob McNeilly here.

Just a few words about me before we start to get into this conversation about how we can do something useful to help someone heal after trauma.

I had a medical background originally. I was in a family medical practice in Melbourne, Australia, for 10 years. Then I became interested in hypnosis and was so fortunate to have the opportunity of spending some time with the late Milton H. Erickson in the later years of his life. And one of the things I learnt from him that applies to all of my work and in the teaching that I've done around the globe, people also tell me that it's helpful for their work is to remember that people are different. People are unique and we can't really have a standard way of treating any condition, because a standard approach would be useful for a standard person. And for the 40-odd years that I've been working with people in this way, I haven't found a standard person yet.

So, rather than trying to find out how can we treat trauma, how can we treat PTSD, how can we find a way of dealing with the condition, instead of that, if we can have the question within each individual person, what is it that's happening for them, what's their particular experience, in what way is the trauma still happening, still troubling and then we can explore what's missing for them and then help to find it.

Usually, when someone comes for some help with their suffering about trauma, the trauma has well and truly stopped, the trauma is in the past, but there's something still active in relation to the trauma that creates the suffering. So, in that sense, it's not the trauma now that's the problem, but it's the way that this particular person is responding to the memory to the experience of that trauma. So, when we start to look in that area, we have a chance of really honing down our focus and getting to something that's going to be helpful so that someone can get to a place where they're not just managing their trauma, they're not just having it treated, but so they can actually heal it and really, really be whole, really be over it totally.

Of course, that's not always going to be the case, but very often can be. And this is much more likely to happen when we find out who this particular person is, how the trauma that they had is still affecting them and then find out what's missing so we can help to connect them with that experience so that then they could be okay.

The first thing that I've noticed about people who come with trauma, and this is perhaps a general comment, is that there's often a conflict. People will say, "It's in the past. Just get over it. Just pull up your socks and get on with it. Think positively and so on. It's over. Forget about it." But when someone has been suffering for some time, there can be some conflict within that person when they realise they are still suffering. Maybe they shouldn't be.

So, it could be so helpful to really validate their suffering, to really acknowledge just how much this has hurt them, to be sincerely appreciative and respectful of their degree of suffering. And it can make a huge difference with a client is that we really acknowledge that their suffering is real, it's substantial, it's been really awful.

So then, once we've validated that, if that's necessary, and often it is, I just mentioned this in case, but once we have validated the legitimacy of their suffering, that can help to dissipate any conflict about it, any guilt about it, any bad feelings about it, so then they can start to feel solid in themselves and legitimate in their suffering. So then, we can start to move on with them and find out how best we can help.

And I've noticed that some people, when we say, "How is the trauma that happened, how is that still troubling you?" there's a whole litany of responses and they're not consistent. And so, that's why it doesn't make sense to have an approach. When we say, "What is still active for you?" some people will say, "I get flashbacks." Some people will say, "I've got some kind of vague blankness" and maybe feels uncomfortable about it.

Some people say, "I can't sleep. I can't go to work. I'm frightened. I can't do this. I can't go out like I used to." There's some kind of limitation in their activity and very often, there is either a sense of being on the brink of an overwhelming emotion or sometimes there is a kind of a numbness, a complete lack of emotions. So, there's such a huge variation in how people respond and because of that, it makes so much sense if we can find a way of adapting our approach to meet these specific requirements and individual differences that people have.

So, for example, if someone is haunted by flashbacks, sometimes they'll even say, "I wish I could just forget it. I wish I could just get it out of my head." So then, what's likely to be missing for someone in this situation is finding some way of helping them to forget, to let it be in the past, to leave it back where it was and so on.

I remember a woman telling me that she had a problem with flying and this had happened because of a bad flight some years before. And the flight was between London and Paris. And so, we did some hypnosis and what she found helpful was the idea of acknowledging the fear that she had in that flight where she was frightened she was going to crash, frightened she was going to die. It was legitimate, but it was on that plane, it was on that flight and the idea of her being able to send that fear, real as it was, send it back to London. Send it back to that aeroplane, send it back to that time, that place, that experience and that resolved it.

Sometimes, people, instead of being haunted by the images and flashbacks, there's a kind of a blankness and it's like, "Something happened and I'm kind of vague and I can't remember." If that happens, this is one of the rare occasions where it can be helpful to actually help someone to go back to the event and maybe with a little bit of emotional distance to just see what may have happened, to fill in the blanks. This is for me the only time when it's helpful to go back to the actual event.

Sometimes, it can be helpful to go back to before the event. For example, when an adult comes with a problem because of childhood sexual abuse, the abuse has nearly always, very, very rarely has it not stopped, so that the abuse has stopped, but something's still hanging around. So, it could be helpful to help someone go back not to the abuse, but to before the abuse. And I'm not recommending this. I'm just going through a list of options so that we can explore and have the possibility of doing this, that or the other.

So, we can go back to before the trauma, before the abuse and we can even ask the person to go back as an adult to be with the child and say, "Something terrible is going to happen and I can't stop it, but I can be there with you and support you, and I can tell you because I know you are going to get through it. You're going to come out the other end and it's going to be okay."

If someone has a problem in their behaviour, if they can't sleep, instead of thinking if we resolve the trauma then they'll be able to sleep. Maybe, if we can help them to sleep, that will help them to resolve the trauma. So, there are other ways that we've explored previously, or you can explore independently to help someone to go to sleep.

If someone has trouble going to work, what is it about that? Are they embarrassed? Have they been away so long and they don't want to talk about it? Are they frightened that something terrible is going to happen? If we start with, "I don't know what's happening here," and then we begin to explore with each individual person, then we find out and they find out what is missing and then we can go looking for it.

Very often, when something has happened in the past that is still very active in the present, very often someone starts to think about it and there's a feeling of a tsunami of emotions that's going to wash over them. There's a feeling that if they just get anywhere near the memory of it, there will be a flood and they'll drown in it. So, naturally, you're going to try and avoid it and of course, anything we say, "Oh, I don't think [inaudible 12:01] and I'm going to avoid this. I'm not going to eat chocolate." As soon as we do something like that, it becomes kind of like an obsession.

So, if there is an emotion that's very strong and overwhelming, then we can help someone to look at a situation in a rather detached, dispassionate way, so then they can start at the beginning, go through it and then come out the other end of it.

I remember a woman telling me that she had been driving to work and day and the roads were wet. Then she drove around a bend in the road and the car skidded and it turned over three times. They ended the right way up. She got out and she was okay. But it all happened so quickly and she was scared. She had been unable to drive. She had been unable to go back to work for several months.

So, what we found was helpful for her was to ask her to imagine if she was standing on the side of the road near that bend in the road and to watch herself in the car approaching in slow motion, so she could watch it and be a detached, dispassionate observer. And she was able to describe to me, "Well, here comes the car, coming to the bend in the road, starting to skid. It's turning over. A second time. A third time. It's landed the right way up. There I am, I'm opening the door and I'm getting out and I'm alive." And for the first time since that accident, she had the experience of being alive. That had been missing. Anytime there was a hint of it, the possibility of driving, the possibility of going to work, the skidding was just there, waiting to happen.

So, because she was able to be somewhat disconnected and it was slowed down so that she wasn't overwhelmed, that was what was missing for her. She was okay. She was able to drive and able to go back to work.

So, I mentioned a whole range of possible ways that we can explore. And my invitation is when someone brings a problem with a past trauma to you, instead of treating the trauma, start by having a conversation with them about, as respectfully as possible, helping to find out in what way this problem is still active for them.

I found it helpful to say, "I can imagine that something like that happened, how it might affect you, but I actually can't know what your experience is. So, could you help me so that I would be better able to help you by letting me know just what is it about that experience that is still troubling you." And I found that asking something like that can be very well received, a lot of relief, even some clarity in responding to that questions. The client starts to get clear and that in itself can be a good start to the process of healing.

Okay, so there's a lot more that could be said about this, but I hope that by exploring these together, you can start to be curious about what additionally you might be able to do, perhaps be affirmed that you're already doing this. It's nice to know that because all we're wanting to do is to increase our options. The more options we have, the more useful we'll be to our clients, the sooner everything will be back on the road, back on the job.

So, thank you for watching. Please, if you have some thoughts about what's happening. Give it a try in your clinical practice and I look forward to hearing from you about what you've been able to do in relation to this, how you've been able to do something additional, something different.

Thank you.

getting unstuck



Hello. Rob McNeilly here.

Thank you for joining in this conversation, which I found to be so important as a way of really adding to the effectiveness of our work, and also relieving a lot of our professional suffering, burnout, overwhelm and so on.

So, just some words about me for the people who don't know, I was in a medical practice in Melbourne, Australia, for 10 years and became interested in hypnosis. I spent a little bit of time with the late Milton H. Erickson towards the end of his life. And what I learnt from him changed my whole attitude to therapy, and to hypnosis in particular, and it informs all of the clinical work that I've done and all of the teaching that I've done in various parts of the globe.

So, in this talk, I want to say something about getting unstuck. Some clients come and they say, "I've got this problem and I want your help," and we have a conversation, and things start to move along and everybody's happy. That happens. Not always, but it does happen. When that happens, we think, "Oh, that's right. That's why I'm doing this work. That's I like it so much."

But not everybody is like that. Sometimes, someone will come and they will tell us about their legitimate suffering, but they tell us about it in such a way that there's no kind of access to it. And typically, we see this when, in a marital situation where we say, "What's the problem?" and one partner will say, "Oh, it's the other partner. If they would change, I'd be okay." And of course, the other partner says, "Yeah, but if you would change, I'd be okay."

So, the dilemma there that we don't recognize is that we are looking for something where it isn't. If someone says, "I'm fine. It's the other person," and particularly, if the other person is not even in the room, well, that's an interesting challenge to say the least. We have to learn to do some work through ESP or something. So, if we try and make a difference to someone who's not there, of course, we are going to get overwhelmed. It makes perfect sense.

And also, some people come completely reluctantly. "How come you're here?"

"Well, someone said I should come: my spouse, my doctor. Someone said I should come." They're not really there for themselves. They're there because they've been sent to us. And very often, when someone's been sent, if we don't recognise that, pretty soon, we'll start to get frustrated.

"Can't you see that you need to do something here?" and just to make light of it, to emphasise this, I would like to say that the people who come with a problem and things move, we fall in love with them. The people who come and we start to feel overwhelmed, we feel suicidal. And the people that come because they're sent and don't respond to our wisdom and our good advice, we get homicidal. So, I'm kind of being a little foolish there, but if you get my point...

So, there are two beautiful flags, warning signs that we can notice in our response that could be so helpful. If we feel overwhelmed, it's very likely that what's happening is that we are picking up the mood of overwhelmed-ness from the client. They'll say, "I've had this problem for a long time and I've been to a lot of people and no one's helped me. And I don't know if there's any way of helping."

And if we listen to that, we start to think, "Oh, well..." and we catch their overwhelm. It's hardly helpful for us. If the client's overwhelmed, then we feel overwhelmed, they're paralysed, we'll get paralysed, everybody's stuck.

So, what we found a very helpful preliminary step, before we do anything to help someone move towards a solution is to give up all hope to begin with of finding a solution to just down tools and validate, to say, "You've had this problem for a long time. You've been to a lot of people that haven't helped you yet. It's caused a lot of suffering for you. It's been really terrible for you. I can't even begin to imagine just how bad things have been for you with this situation."

Now, if you notice, saying something like that somehow goes against the common sense of our work of us wanting to help someone resolve a situation, move away from the problem and move towards a solution. But if we start to encourage someone to move towards a solution before there's been sufficient validation, we actually add to their problem and we could paralyse them.

Until we validate their suffering as a first step, not as a final step, but as a first step, until we do that, everybody's stuck. And then we want to refer them to someone else and then they become more and more despondent. "Nobody can help me." And then pretty soon, everybody's in despair.

So, before we do anything to help connect someone with their resources, to move towards a solution, when we feel overwhelmed, let's stop, let's validate, let's acknowledge, let's be respectful of just how bad things have been. And I've noticed, when I've done that, that some people have been so relieved to hear that someone at last is hearing just how bad it is. Their relief is palpable and I've even seen people weep with relief just, "Oh, thank goodness. Someone gets just how bad it's been." So, it's a great first step.

And also, if someone has been sent and we start to feel frustrated, and I'm sure you're not the only person who's had that experience, typically with a teenager. "Well, why are you here?"

"I don't know."

"Well, what do we talk about?"

"I don't know."

"So, how come you're here?"

"Oh, someone said I should come [inaudible 07:58]. Can't you be responsible? Can't you see you need to do... You know, you really need to...." And if we do that then we just become another haranguing voice in their head and just keep them stuck and they feel even more hopeless than when they first came in.

I remember a couple bringing their 15-year-old son to see me. And he'd been suspended from school because someone at school was teasing him. He was activated. He got into a fight and then the school organisation came down on him because you're not allowed to fight in the school grounds. Okay, so that's the problem. So, the parents bring him and he's sitting there, looking around, thinking, "What am I doing here?" and I said to him, "It must be very boring for you to have to come and speak to someone like me."

And he looked at me. I said, "I'm sure you've got a lot of other things that you'd much rather do, like football with your friends, or something like that." He made eye contact. Then he started to talk. There was a connection because I had acknowledged his reluctance. He didn't want to be there. When I acknowledged his reluctance to be there, we were on the same page.

So, he told me that he wanted to do well at school because he wanted to get good marks. He wanted to go to university so that he could get a degree and make a lot of money. He had his whole future planned out very clearly, except this trouble was getting in the way. He was fighting and the school was stepping in.

So, having made that connection with him so that we were on the same page, I was able to say to him, "Now, what can you do to get the school off your back? If you don't do something, they're going to keep doing what they're doing. And your parents are going to be troubled, and they're going to keep dragging you back to me or see someone even worse than me." Then he had a slight smile on his face.

So, I said, "What's the smallest thing that you could do that might make some small difference here, something that you could do to get your parents off your back, to get your school off your case so that then you can just get on and do what you want to do?" Then he was thoughtful and then he said to me, "Oh, I know what I can do."

He said, "I'll tell that kid, when he teases me," he said, "I'll tell him, 'I'll see you after school.'" His parents were horrified. They didn't want him fighting after school, but this 15-year-old was quite happy with the idea because he could have the fight, but it would be off the school grounds, out of their jurisdiction. He wouldn't have a problem with school.

So, I encouraged the parents and they somewhat reluctantly agreed to give it a go. So, the next day, he goes along to school and sure enough, the kid teases him. And instead of fighting, he said, "I'll see you after school." And of course, by the time after school had happened, the whole day had happened, and the whole thing had fizzled and so there was no fighting. And I had intermittent contact with him over a number of years after that and there was no problem.

So, he was able to do something, and he and I were able to make a connection only after I validated his reluctance. And so, when someone is overwhelmed, if we validate that, legitimise that, if someone is reluctant to be with us, if we validate that and legitimise that then there is a connection and then things can start to move along.

My friend, Bill O'Hanlon says that we have one foot invalidation and another foot impossibility. If we're saying, "What difference? How can you improve or start to talk possibilities?" and then someone baulks and they say, "Oh, no, I couldn't." Okay, validate, validate, validate until the ground under their feet is solid and then we can start to take a step with possibility.

"Well, maybe..."

"Oh, yeah, okay."

"Oh, but I couldn't do that."

"Okay, stop," validate, validate.

So, there is a balance there. Anytime there's a 'but', anytime there's a stuckness, anyone someone baulks, anytime someone says, "Oh, I couldn't do that," validate.

And my experience is that if we do this, not only my experience, but other people have told me that with their experience that when we do this, not only do we get better results with our clients because there is a connection, it makes perfect sense. Not only that, but the therapist themselves relieves a lot of their own suffering and it's actually very effective in preventing our burnout. If we are constantly hitting our head against a brick wall, we'll get a headache. But if we can acknowledge someone else's suffering, if we can acknowledge someone else's reluctance, we are with them, they are with us, then we're on the same team and then there are some possibility of things moving along. And when things improve, maybe we can feel the satisfaction there. We don't get burnt out.

So, there's a lot more that we could say about this, but my wish is that exploring what we're doing will give you some additional options, some additional ways of joining someone, additional ways of engaging someone so then things can start to move on.

So, thank you for watching this. Thank you for being part of this and I'd love to hear any comments that you have. I'd love to hear about any results that you get, any questions that you have. That will be a pleasure.

So, thanks for watching.



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