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## SEVEN

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### Treating Pain and Somatic Problems

**N**OW, WE'RE GOING TO ADDRESS pain and somatic problems. I want to play you a couple of examples, then have you do some work. First, we're going to play the audiotape of Joe Barber. And the nice part about Joe Barber's work, and this is one thing that we will have you practice, is that he does a lot of what we call interspersal—a lot of the marking out of words. You'll hear him mark out certain words. He'll be saying the word "attention" and he'll mark out the part of it that says "tension." And then he'll mark out "comfort," he'll mark out "relaxed." So, tension, relax—tension, relax. You might want to participate in this experientially. That is, you might want to close your eyes and settle in as he suggests to do and just participate in this experientially. Or you might want to just read the transcript and follow along, it's pretty clear. I'll probably be pointing out a few things here and there.

#### **Audiotape Example #3: Joseph Barber— Interspersal for Pain Control**

I would like to spend the next few minutes talking with you in order to see just how comfortable and relaxed you may want to feel. Now, it would be nice if you would let yourself

settle back right now and get as comfortable as you can. Just settle back in whatever way is most comfortable for you right now without having to do anything special about that and without expecting anything special about that. But just let yourself settle back and you might like to put your hands at your sides or on your lap. You might want to let your feet just stretch out and relax. And as you rest back, I'd like you just to begin noticing what it is that you're feeling now. And perhaps notice in what ways your experience changes from moment to moment. And as you continue hearing what I'm saying to you, I'd like you just to let yourself begin breathing easily and comfortably and I would like you to pay particular attention to your breathing. For right now, I'd like you just to pay attention to your breathing and just notice the feelings associated with your breathing. Notice for instance, that when you breathe in, there's a different quality to the physical sensations in your chest. Notice as you exhale how those physical sensations change. And as you breathe in again, feel the air coming in to your body and filling your lungs. And as you breathe out, feel the warmth of the air leaving you comfortably and easily. And there isn't any particular way that you need to breathe right now. I want you just to notice your breathing and to pay particular attention to the feelings associated with every breath you take. And as you continue, I'd like you just to let your eyelids close all the way and let them just stay closed. So that with your eyelids closed, you can continue paying attention to your breathing. And to notice the physical sensations associated with every breath you take. And as you continue, I'd like you just to notice, just to notice if as you continue, each time you exhale, you might feel a little more relaxed. Each time you exhale, I wonder if you noticed that you might feel a kind of warmth across your back and your chest. A very pleasant kind of warmth, a very natural kind of warmth. This can occur as you allow yourself to relax and allow your blood vessels to relax and to allow your blood to flow freely and easily all through your system. So that it's almost as if your body is just beginning to rest almost as if you're beginning to rest. Resting back with your

eyes closed. Breathing easily and allowing yourself to notice your experience from one moment to the next. And as you continue, I want you to know that you don't have to listen to what I'm saying to you. You will hear everything I'm saying to you, that's inevitable. Because you have good ears and I'm speaking loudly enough and clearly enough. But you really don't have to listen to what I'm saying to you. At one level you can hear what I'm saying to you—you hear the sound, but you don't have to listen, you don't have to pay attention if you don't want to. You don't need to. Your unconscious mind is hearing everything I am saying to you. So there's really no need for you to consciously pay any attention at all. Consciously you might enjoy letting your mind wander and drift. Consciously, you might enjoy a pleasant daydream about something that you have enjoyed doing in the past. Or you might prefer to enjoy a pleasant fantasy about something you would like to do in the future. Or maybe you want to listen carefully and critically to what I'm saying. I don't know.

Now we are going to go onto another one that will introduce a lot more in terms of specific pain control techniques. By the way, the only thing I would correct about what Joe Barber said, that I found a little intrusive, was when he said, "You will hear everything that I say because you have good ears." Not everybody thinks they have good ears, and not everybody has good ears. That would be intrusive for me.

### **Audiotape Example #4: Milton Erickson— Treatment of Tinnitus and Phantom Limb Pain**

Next is an edited example of one of Erickson's therapy sessions. In this session he works with a couple. The husband has phantom limb pain and she has tinnitus, ringing in the ears. The phantom limb pain is that the husband has gotten a limb removed, but he still feels pain in it. Which you may get in the spinal cord injury field sometimes. Mainly when people have had amputations and they still feel pain in a leg or an arm that isn't there or an arm that

isn't there. It feels at times that the arm is being twisted behind their back, but there's no arm. It's cut off. So, he has this experience. You might think, "Well, okay, sounds pretty good, he could do pain control with him." The guy has phantom limb pain, woman has tinnitus. So that's the specific complaint. Let's go to the class of problems/class of solutions. What's the same about both of them? Erickson's going to work with both of them at once. One way to construe it is the class of problems as noxious sensory stimuli. That is, they both have something in their sensory fields that is pretty noxious.

You might say "noxious imaginary sensory stimuli" because he feels a feeling in his leg when his leg isn't there, and she hears this noise in her ear when there's no noise present. Let's just call it "noxious sensory stimuli" and then one class of solutions is you could tune out constant noxious sensory stimuli or the more formal name in hypnosis is **negative stimulation**. Then what Erickson is going to do is give a bunch of specific things, some anecdotes, and later he's going to do hypnosis to evoke the ability that each of them has to tune out constant noxious sensory stimuli. Now he uses several other classes of problems, classes of solution with this, but I've just picked out mainly the ones that are of this particular variety. So you can follow along and, again, I've edited out a lot of stuff. Initially the woman says, "Well this phantom limb pain, that's the main thing, if we could lick that, that would be great." Then Erickson starts right in telling stories.

WIFE: Well this phantom limb pain—if we could lick that, it would be wonderful.

ERICKSON: All right. Now I'm going to give you a story so that you can understand better that we learn things in an unusual way, a way that we don't know about. In my first year of college I happened to come across that summer a boiler factory. The crews were working together on 12 boilers at the same time, three shifts of workmen. And those pneumatic hammers were pounding away, driving rivets into the boilers. I heard that noise and I wanted to find out what it was. On learning that it was a boiler factory, I went in, and I couldn't hear anybody talking. I could see the vari-



ous employees were conversing. I could see the foreman's lips moving, but I couldn't hear what he said to me. He heard what I said. So I had him come outside so I could talk to him. And I asked him for permission to roll up in my blanket and sleep on the floor for one night. He thought something was wrong with me. I explained that I was a premedic student and that I was interested in *learning* processes. And he agreed that I could roll up my blanket and sleep on the floor. He explained to all the men and left an explanation for the succeeding shift of men. The next morning I awakened. I could hear the workmen talking about that damn fool kid. What in hell was he sleeping on the floor there for? What did he think he could learn? During my sleep that night I blotted out all that horrible noise of the 12 or more pneumatic hammers, and I could hear voices. I knew that it was possible to learn to hear only certain sounds if you tuned your ears properly. You have ringing in the ears, but you haven't thought of tuning them so that you don't hear the ringing. . . . And you can get so used to the ringing in your ears that you don't hear it.

Now so far you think, "Okay, what is this about? Maybe it's good treatment for the wife but they mainly came there for the husband for the phantom limb pain." You can see that using the class of problems/class of solutions that it's the same class of problems/class of solutions. He's seemingly working with her, but he's also talking to this guy: "You can do the same thing" essentially is the message.

**AUDIENCE:** Do you think there is any reason why he chose her instead of him to start with?

Well I think if you listen to the whole tape it's pretty clear she runs the show. That may have been one of the reasons. He liked to work indirectly, that's another reason. To bypass that resistance, that conscious sort of processing of things. If Erickson's telling these stories for this woman, the man doesn't have to think, "Oh, I can't do that," or "That won't work for me." He's just going to be very interested, "Oh, that's interesting. She can learn to tune out

her tinnitus." And all the while the husband's learning experientially as well. So maybe that's the reason. I really don't know for sure, maybe he just found an elegant way to work with both of them and that was a good way to start. Later, he does point it a little more to the husband. So he starts to tell more stories. Several other little analogies or anecdotes.

ERICKSON: On the "Tribal Eye" program on KAET, those nomads in Iran.\* How can they dress with all those petticoats and be comfortable in the hot sun on those desert plains?

Okay, that was analogy or anecdote number two. The first one was the one about the boiler factory, now it's these Iranian tribesman in the hot desert sun. They wear a lot of clothes, and they are comfortable, but how can that be? Of course, they learn to tune the heat out, because it's constant.

ERICKSON: I grew up on the farm. I had to be away from the farm for quite some years before I learned the barn smell on your hands when you live on the farm. I never smelled it when I was on the farm. I had to be away from it for a long time before I discovered the barn smell. . . .

Analogy and anecdote number three. That barn smell on your hands, it's around all the time so you don't notice it, but if you go away from the farm and come back, you notice. Erickson later says, "I wondered how long it would take me to lose that barn smell? It took till mid-afternoon." That's an indirect suggestion of how long it will take them to get rid of their pain.

ERICKSON: What people don't know, that they can lose that pain. They don't know they can lose that ringing in the ears. When I discovered that that barn smell had come back, I could really smell it. I wondered how long it would take me that day to lose it. Then by mid-afternoon I couldn't smell it.

\*This refers to a program on Phoenix's local public television station.

The Lanktons have suggested in several of their books to tell stories and stop the stories in the middle, giving some suggestions and then going back and finishing the stories as a way to induce amnesia for the suggestions we give people so that the suggestions are more likely to be processed by the unconscious. Here's an example of that. Erickson tells the beginning of the barn smell story, comes back and says, "People don't know that they can lose that pain, that noise," and then he goes back and tells the end of the barn smell story.

ERICKSON: All of us grow up believing that when you have pain, you must pay attention to it. And believing when you have ringing of the ears that you must keep on hearing it. . . . I'm talking to you while he is learning something.

He talks about a conscious belief people have about that. Talks about reframing that. "I'm talking to *you* while *he* is learning something." Again he's talking to the husband, linking over to the husband's experience by implication.

ERICKSON: He doesn't know what he is learning, but he is learning. And it isn't right for me to tell him, "You learn this or you learn that!" Let him learn whatever he wishes, in whatever order he wishes. . . .

"He doesn't know what he's learning, but he's learning." That's presupposition. Before he just attributed it, now he's presupposing.

ERICKSON: Now suppose you lean back and uncross your legs. Look at that spot there. Don't talk. Don't move. There is nothing really important to do, except go into a trance. You have seen your husband do it. And it is a nice feeling.

"Don't talk, don't move." That's pretty direct. By now he's gotten a bunch of responses by telling all these stories, she's ready to go into trance.

ERICKSON: Your blood pressure is already changing. You may close your eyes now and go deeper and deeper into the trance. You do not have to try hard to do anything. You just let it happen.

“You can close your eyes, *now*.” That sounds pretty permissive, but it’s pretty directive.

ERICKSON: And you think back; there are a goodly number of times this afternoon when you stopped hearing the ringing. It is hard to remember things that don’t occur. But the ringing did stop. But because there was nothing there, you don’t remember it. Now the important thing is to forget about the ringing and to remember the times when there was no ringing. And that is a process you learn.

Okay, now he’s pointed out that in their experience sometime in that day, she’s experienced tuning out noxious sensory stimuli. That’s the solution-oriented approach. He’s not going back and speculating about why he has pain and she has ringing in the ears, and searching for what function it serves in their marriage. Instead he is finding examples in her experience or creating examples in *her* experience of tuning out noxious sensory stimuli, and then creating those kinds of experiences for *him*. In another part of the session, he’ll do a formal trance with the husband and amplify the evoked ability to tune out pain.

Next he goes back and finishes the story he started earlier, one of the first stories. The Lanktons called this multiple embedded metaphor. A bunch of stories are embedded within each other and a bunch of suggestions are embedded in the middle of those stories.

ERICKSON: I learned in one night’s time not to hear the pneumatic hammers in the boiler factory—and to hear a conversation I couldn’t hear the previous day. The men had been told I had come in the previous evening, and I talked to them and they kept trying to tell me, “But you can’t hear us, you haven’t gotten used to it.” And they couldn’t understand. They knew I had only been there a short time—one night—and they knew how long it had taken them

to learn to hear conversations. They put their emphasis upon *learning* gradually. I knew what the body can do automatically. Now rely upon your body. Trust it. Believe in it. And know that it will serve you well. . . .

The moral of this story is that the unconscious mind can learn quicker than the conscious mind. The body can learn quicker than you can learn deliberately. Automatic learning is what he's looking for and pointing towards.

ERICKSON: You can go into a trance, I suggested, by counting to 20, and awaken by counting backward from 20 to 1, but each person should go into a trance in the way he *learns* naturally by himself. And you have *learned* an excellent way, and it's your way and be pleased with it and be pleased with extending the usefulness of that trance in many different ways. You both can learn from each other. And you can *learn* without trying to *learn*. There are so many things we *learn* from others, and we don't know we are *learning*. And our main, very difficult learnings we achieve without *knowing* that we are achieving those learnings. And you both are very responsive people. Which in less technical language means you both can *learn easily* things about yourself and *learn* them without needing to know that you have learned them. That you can use those learnings without needing to know that you know those learnings.

Now he's talking to the husband. He taught him a counting technique for going into trance.

ERICKSON: I am going to ask both of you to awaken gently and comfortably.

HUSBAND: Doctor, I'll say this. This has done as much good as that other one has done. This is going to be wonderful.

ERICKSON: You'll be surprised at all the new learnings that both of you will develop.

WIFE: Good, good.

ERICKSON: We will call it a day.



Okay, what comments questions or observations do you have on that taped example?

AUDIENCE: Had she given him information about having periods of freedom from ringing or was he assuming it?

No, I think he was assuming that and presuming that. Later, she talks about some experiences that he uses in a different way that are related to other pleasant experiences she's had with her ears. She remembers teaching a little retarded kid piano. Her husband remarked, "I think she enjoyed those lessons more than the little boy did," and Erickson has her remember the music that the retarded kid played in place of the ringing, but I don't think she'd told him anything specific about periods of relief from the ringing.

AUDIENCE: I don't know any thing about that disorder so I don't know if it ordinarily has periods where there's no ringing.

I've treated it a few times and people have told me that there are periods when it goes away or fades into the background.

AUDIENCE: So that was a safe assumption on his part on not intruding into her experience.

Right, it was a pretty safe assumption. The same thing happens with pain. People report it as constant, but if you actually get very specific, there are moments when they don't notice it or don't experience it.

AUDIENCE: Well, he also put a double bind to it, "When you are without it you wouldn't remember because you were without it." Like you never did have it.

Yes, it would be very difficult to note the ringing when it wasn't there. That was pretty clever, I thought. She starts to become convinced because he makes it pretty compelling logically as well as experientially. Probably at some time in that session she had lost

it, because she was in and out of trance. I've often found that when people go into trance, they do lose the ringing in their ears or they do lose their pain for at least some of the time. This is one of the very few examples we have of Erickson actually doing therapy on tape, because most of the time the tapes involve demonstrations. But this was a couple that came to him for treatment and was recorded. It's nice to have because it illustrates this model quite well. He was working to evoke certain abilities, resources and skills. To do that he told a bunch of anecdotes and analogies and then did a trance induction to amplify the evoked experience.

That example leads us into examining the use of trance for pain control and treating somatic problems. This is a handout (7.1) listing strategies on pain control.

Typically, there are 11 strategies that I use for pain control. Usually the way I work is to go through a smorgasbord of these possibilities for people. Because, initially, I don't know which one or ones will be the most compelling or experientially useful for that person, I go down the list and offer them the smorgasbord. As they respond they start to teach me that one or two or three are going to be useful for them. And so they'll come back the next time and say, "I don't know, I just guess there were times that I forgot I had pain." They're teaching me that they responded to the suggestions for amnesia. Or they'll say, "I had pain, but it was sort of distant from me." They're teaching me they used dissociation. Or they'll say, "I had some sensation there but it was sort of a tingling." They used the strategy of altering sensations. These are a bunch of strategies one can use, and they'll either show you right in the session that they are using them, they'll tell you after they come out of trance, or they'll tell you when they come back in for more sessions that they've experienced one or more of these particular methods of pain control. I start with a broad range of possibilities and then hone it down based on how the person responds verbally and nonverbally, right in the session and between sessions.

**AUDIENCE:** Do you think that for people who are using drugs a lot to control the pain, that there is a special way to deal with them?

Handout 7.1

STRATEGIES FOR PAIN CONTROL

1. **ANESTHESIA**—lack of feeling in all or part of the body
2. **ANALGESIA**—lack of pain in all or part of the body
3. **AMNESIA**—forgetting previous pain
4. **DISSOCIATION**—detaching conscious awareness or experience from some aspect of experience
5. **REINTERPRETATION**—changing the frame of reference or perception regarding the sensations of pain
6. **TIME DISTORTION**—expanding the subjective experience of time when the person feels more comfortable, condensing time when the person feels pain
7. **ALTERING SENSATIONS AND PHYSIOLOGICAL PROCESSES**—changing the sensations associated with pain (to tingling or coolness, for example) and/or changing physiological processes associated with pain (like muscle tension or blood flow)
8. **RE-EVOKING PAIN-FREE OR PAIN-INCOMPATIBLE MEMORIES**—getting the person involved in memories of more pleasant times or experiences or times when pain has been diminished or eliminated
9. **DISTRACTION OR ABSORPTION OF ATTENTION**—refocusing the person's attention on some experience other than pain
10. **DISPLACEMENT OF PAIN**—putting the pain in another location in the body or in the world
11. **CREATE A COMPELLING SENSE OF A PAIN-FREE OR PAIN-DIMINISHED FUTURE**—using presupposition, analogy, metaphor, age progression, and/or imagery (positive hallucination), get the person to open up the idea that the future holds the likelihood of less or no pain.

Erickson used to imply that, because he'd have people go off drugs for 12 hours before he'd do the hypnosis with them. I haven't found that drugs really affect the results one way or another for me. If they are so out of it they really can't pay attention and can't attend to what I'm saying at all, I think that would get in the way. If they are just drugged, but not out of it, I think they can get with

it. I would try hypnosis anyway, even if they weren't willing to go off the meds. That's just my sense of it so far.

Make sure you put in protections for people. I said to Wayne yesterday, "Eliminate all the unnecessary discomfort. Anything that doesn't serve a signal value or that's not useful for you." I think that people will protect themselves automatically, you might as well put those precautions in, just to be on the safe side.

In terms of the somatic difficulties people have, I have a generic sort of model in addition to the specific one we've already detailed in the Class of Problems/Class of Solutions Model. Say someone comes in for migraine headaches. They'll go into trance, and I'll tell them while they are in trance, "You know, you're an expert at getting rid of migraine headaches. I've never gotten rid of a migraine in my life because I've never had one, but you've had a bunch of migraine headaches and gotten rid of them. Now you've told me that the medication really doesn't help eliminate the migraine headaches. So somehow, somehow, those migraine headaches have gone away. Somehow, your body has been able to make changes; maybe it's made changes in the muscles, blood flow, body chemistry, or muscle tension. I really don't know what your body has done to eliminate the migraine headaches but, somehow, you've been able to do that. So what I'd suggest is the next time you start to have what would be a migraine headache, what I'd suggest is that you do the pattern of getting rid of migraine headaches right then. So, instead of going all the way through the headache, you might as well bring the pattern of getting rid of it right to the beginning of it and make those kind of physical, psychological, emotional changes, spiritual changes, whatever kind of changes happen, to eliminate the headache." I found that to be pretty consistently helpful for people with somatic difficulties. You know, I think the body has a wisdom to it, and what we are doing at that point is tapping into the body's wisdom. If I said, "How do you get rid of your migraine headaches?" they'd say, "I don't have a clue." But if you say, "But your body knows and your unconscious mind has access to that knowledge and can use that knowledge to help you in the future," you are empowering them and tapping into their healing abilities, their change abilities. That's the model I'd like to show you in the demonstration.



### Demonstration #3: Treating Pain and Somatic Problems

I'd like to have two or three people again, sitting in a chair, who would like to go into a trance, regarding a pain issue. A chronic pain issue if they have one, an acute pain issue if they have that. Things like migraine headaches, cluster headaches, arthritis, or a somatic issue. It should be something you haven't been able to take care of through medical interventions so far, and you'd like to do some work on it here. Make some changes here. So who's got some of that stuff? All right there's one, two, come on up. (Bill's comments are in parentheses.)

**BILL:** I'm going to ask each of you, when this is over, as you get out of your chair and you walk away, how will you know that what we did really made a difference for you, really made a contribution and helped? You might not know for a week, or two weeks, or a month, but ultimately or interimly, either sitting in that chair or getting out of that chair or a week from now, a day from now or six months from now, how will you know that we really made a difference in what you came up here for?

**SUBJECT 1:** I have chronic arthritis in my knees and my knees ache. I'll be more comfortable going up and down the stairs.

**SUBJECT 2:** Tension headache and sinus headache that I have today.

**BILL:** So, you'd notice an immediate difference. Are those things that you have had chronically?

**SUBJECT 2:** Pretty often.

**BILL:** So, you might notice a difference also in the future, but you'd certainly be able to check right here when you get off that chair. You could really notice it being much different from when you came up here. Better, much different better.

**SUBJECT 1:** The pain in my cartilage will go away, and then also when I get up and down it won't hurt so much; this front part of it.

**BILL:** Okay. Good. So I'd say the best thing to do is get yourself ready to go into trance in the way that you do, take off your



glasses. If you are going to close your eyes to go into trance, you can do that now. And if you open them as you go along, that's fine. It's really up to you. Initially you can just let yourself be exactly where you are, feeling what you are feeling, experiencing what you are experiencing. Not particularly trying to relax or feel more comfortable or make yourself go into trance . . . just letting whatever conscious distractions are there be there, whatever conscious efforts are there to be there . . . and letting yourself in your own way . . . start the process of going into trance in a way that works for you . . . maybe by remembering . . . previous trances you've been in here, or other trance-like experiences that you've had . . . and it might be that you begin to feel some of those processes . . . of change . . . changes in your perceptions, maybe an alteration in your feelings, sensations, maybe some of that alteration in your muscles of having that sense of muscle relaxation that you have sometimes with trance. Or that sense of the muscles being operated independently by your unconscious mind, by your body, dissociated with that, hand levitation, arm levitation, that automatic lifting, that process that you may have experienced before, that you experience again, as a way to evoke deeper trance further your trance . . . indicate to you, that you are in trance and because this issue is very compelling for you experientially, you really would like to feel better, feel more comfortable, eliminate all the unnecessary discomfort, that hand movement, that hand lifting . . . can be linked to that good feeling of knowing that you can trust yourself to go into trance and to let your unconscious work for you and give you a clear signal that it can come up with the resources you need to clear up the difficulties, to open up the possibilities of change, to help you feel better, more comfortable, and really maybe even have more fun. And it can be kind of funny to have that hand moving on its own, lifting on its own . . . but it really has a serious purpose . . . and that purpose is to really give you access to your unconscious abilities to be able to feel better, feel more comfortable, now you could change time to help you feel better, feel more comfortable . . . heal . . . change . . . and you could stretch out the time that you feel more comfortable . . . feel better. . . . They say a watched pot never boils . . . and that

means when you are really looking at something and watching it, it seems to take so much longer . . . and that could also be a resource for you, that you've been able to learn to stretch out time so that you have all the time that you need in there to make all the changes that you need to make. And I'm really not sure what those changes are. They could be perceptual changes. They could be changes in sensation. Did you ever live any place with a colder climate and go out without your gloves on? When you come back in your hands are feeling kind of numb, from the cold, and then you put your hands under a faucet, and you can't tell whether the water is warm or cold, because all you can do is notice this strange sensation that you really can't interpret right, 'cause the brain doesn't have enough information from the nerves to interpret it, so sensations are just sensations . . . until the brain interprets them . . . and that interpretation can change . . . just as you've changed interpretations of other things in your life. And sometimes in directive hypnosis people use the image of little colored switches in the brain, colored switches, that are the terminals or ends for the . . . nerve and you can switch off just the ones . . . the yellow ones, the blue ones or the red ones . . . the ones that are giving the unnecessary signals . . . the ones that aren't necessary for you, so in that traditional approach they say, "You should do that, you will do that." But I just say that you *could* do that, that that's one possibility . . . or sometimes it's like you grow so used to the discomfort that you develop calluses to the discomfort. . . . When I first started to play guitar, my fingers would hurt after a few minutes of playing guitar. Now I can play guitar for hours and my hands are comfortable. Part of that is that I developed calluses on the end of my fingers, so that I feel more comfortable playing now, and your nerves in a strange way and your synapses can develop calluses because they've become habituated to a certain level of sensation and, after a while, I guess it exhausts the chemistry of the synapses . . . and it just doesn't transmit the information any more because there is no news there . . . or sometimes it's like it takes a bigger sensation to jump across the gap, it's like a spark plug because it's been made bigger. You can gap your synapses in a different way, that's another possibility. . . . And how will you

first notice that you are feeling more comfortable? . . . that you're feeling better? . . . what kind of changes will you notice first? Do you think that anybody else will notice right away? Or will you have to tell them about it? Will your conscious mind notice? Or will it take a little while for your conscious noticing to happen, and what will you be doing when this is no longer an issue for you, when you've left it behind in the past? . . . and you're really confident that your unconscious has been able to help you feel better. Now will that hand move up? Even more? Will it stay exactly where it is? Will it lift up to the face? Will it meander around on its way up to the face? Or will it stay exactly where it is? You don't know exactly consciously but you can find out consciously as that hand continues . . . in its own way on its own journey and you can just validate yourself for the response that you are having while your unconscious mind is learning to uncover your ability to feel better, feel more comfortable . . . to eliminate the discomfort. To clear up previous difficulties . . . to open up . . . to what your unconscious knows and what will be useful for you right now, to know . . . and to say yes to . . . or to say no to . . . now there's nothing particular that you need to do to make yourself feel more comfortable, although you could make some conscious adjustments to feel more comfortable, the brain has the ability, the mind has the ability, the body has the ability, to make various alterations so that you can continue to trust your body, to take care of what you need to take care of . . . to help you feel better, feel more comfortable in a way that you don't need to know about consciously, exactly how it happened, but that you can just experience the results. Now, and in the future, just continuing on your way towards a better sense of well being . . . of health . . . of healing . . . and when that hand completes its journey, there could be a pleasant surprise awaiting you . . . only you don't know what that is consciously, although you may have some suspicions and the conscious mind can doubt the results, doubt the response, and it can continue to have those doubts, those skepticisms, those thoughts, as you continue to develop the resources you need, to feel more comfortable—to feel better now and in the future . . . eliminate all the unnecessary discomfort, evoke, experiences

of comfort, maybe of being on vacation, holiday or getting a back rub, getting a whole body massage, listening to music . . . and getting lost in the music . . . or smelling some of your favorite smells. I was talking at lunch, freshly baked bread is one of my favorite smells. It seems to flavor my whole experience when the house is filled with that smell. I have an automatic breadmaker that I can set so that I can wake up to that smell of freshly baked bread. That's a nice thing to wake up to. And how do you take care of yourself? And what are your pleasant associations? And good connections? That's right. Just continuing that activity at the unconscious level, at the bodily level and letting it go where it will . . . letting your unconscious give you a hand at healing and feeling better. And maybe you could see yourself in the future as it were the now, feeling better, feeling good, telling someone how you eliminated the discomfort and what it was like and then feeling that image pull you towards it compellingly like a magnet . . . and knowing that I think your unconscious will protect you in any way that you need to be protected, physically, emotionally, psychologically, spiritually. . . . You can open yourself up to new possibilities, changes, reorientations, new associations, and now I'd like to one at a time, invite you to experience what Wayne experienced yesterday, and that is when I touch you just lightly, on the hand . . . to come out of trance from the neck up and you might listen to the other people talking and you might just drift away into your own thoughts or you might do both sequentially. So, one at a time, I'm going to ask you to have your body be in trance and to come out of trance from your neck up and ask you what you are experiencing now, or what you've been experiencing.

**SUBJECT 1:** I need to find my voice. I'm aware of the heaviness of my head. I'm glued here, stuck. (To the chair?) Uhum, and it's comfortable. (Comfortable. Good. Anything else?) No.

**BILL:** All right, that's fine. You can close your eyes and go all the way back into trance. What have you been experiencing?

**SUBJECT 2:** Floating, no real feeling, just heavy at the moment. And I noticed a change in my breathing, I became clear of where I can breathe and a feeling in my neck . . . feeling better already.



(Anything else particularly?) Yeah, the chair's hard. (The chair's hard, we maybe can do something about that when you go all the way back in, anything else?) (*Shakes head*)

**BILL:** Okay, you can close your eyes and go all the way back in, and I can tell you a couple of things. One thing that reminds me of when you said the chair was hard, was a time I did body dissociation. I had to use a secretary's office, and she usually didn't have people in her office for very long but she had a chair for salespeople or something like that. But I had to use that office one night, so a client and I had to sit in these chairs that were sort of rope chairs, sort of like a hammock but a little harder. And after about a half hour—it was the first time the client had ever been in trance and she came in for breathing difficulties associated with pregnancy, so I decided it would be a nice thing to have her experience a body dissociation since I was feeling the chair as being very uncomfortable after about 15 or 20 minutes. About a half hour into session, I suggested that her body could be dissociated and glued to the chair and that she could be comfortable in her body and her body could take care of that breathing in a way that she didn't need to know about consciously. All she could experience was the result. And it was interesting because for me the chair was so hard the whole hour but for her, she said it immediately became a lot more comfortable. I don't know whether that will happen with you but I think it could happen with you. And you could breathe easier knowing that your unconscious mind could make some of those changes automatically, So, just continue that, and I'll let you know when it's time to complete the trance.

Wayne, what are you experiencing, what have you been experiencing?

**WAYNE:** Um, hand feels heavy, cold a little. (The one that's up?) Uhum, both are numb, I feel more like I'm trying hard today. (Bit of an effort?) Yeah, thinking more about images of healing and what I may want to be doing in a couple of months and imagining myself playing tennis without pain and in my leg back without it hurting. (Doing a little more conscious processing today; all right, anything else in a particular? Okay, that's fine. You can close your eyes and go all the way back in trance.)



**BILL:** And now, at your own rate and your own pace, start to do what you need to do to complete this particular trance in a way that's right for you, at a rate and a pace that's right for you. Maybe make arrangements with yourself for in the future, while you sleep . . . when you dream or any other way to continue to work on . . . or maybe to leave in the trance what you need to leave in the trance. And so when you are ready just start to complete the trance, if you haven't already and have your hands go back down to the positions that they were before. Start to reorient your body in the chair and you being in your body sitting in the chair or wherever else you are. And return to the present time and present place in a way that's right for you . . . when you are ready to come all the way out of trance just open your eyes and re-orient all the way. . . .

All right. A couple of minutes of questions and questions and comments and then we will have you all do an exercise. Anything in particular any of you want to say right away or do you want to wait for a little while?

**SUBJECT 1:** I didn't want to come back to my body because when you were talking to him about the chair being hard, and the end of my spine was hating the chair, and I thought, "It might work for him but it's not going to work for me," and then it was like I wasn't sitting here, it just quit hurting. And when you said come back to your body I thought, "No, I'm not going to do that."

**SUBJECT 2:** I think I sort of lost it at the point where I had to talk.

**BILL:** Talking—yeah, that really brought you out a bit. I noticed that.

**SUBJECT 2:** Because before that I felt like my hands were just floating and also got kind of surround nothingness. I don't see images, but it's almost you can feel it in front of your face.

**SUBJECT 1:** One of the images I had at the end was taking a box with pain in it in the trance and leaving it and taking another box with the future images with the good ideas and putting that under my arm walking off.

**BILL:** That's a nice image. Okay, all right. Any questions or comments on that process, that experience? Did it have anything to do

on the handout I gave you about strategies to use for pain control? Did you hear me do any of those or many of them? Good. I always like to demonstrate something that's relevant to what I am teaching.

**SUBJECT 1:** I don't have any idea what you said so somebody will have to tell me later.

**BILL:** It was profound and wonderful as usual. I don't remember what it was either, so somebody will have to tell me later. I'll be able to read the transcript later and think, "Wow, that was pretty good, I like that."

**AUDIENCE:** While you were doing that, I was taking a free ride of sorts but can you when you are in trance make your own decisions to do things? Like when you were doing that I wanted to see whose hand was doing what, but I had my eyes shut, and I thought "I won't open my eyes," and when I did that it was like, "oh wow"—my arms and legs were tingling, numb, and I went back down again.

**BILL:** I think you've answered your own question very adequately. Yeah, you make your own choices. And you could have come all the way out of a trance. You came partially out of a trance to look to be able to notice whose hand was up and then you went right back into it. I think people do make their own choices inside and that's real important. I'm not controlling people. Joe Barber has this joke, "If trance could control people I'd have this little army of people following me around doing stuff I don't want to be doing in life." I'm a good hypnotist but I'm not good at controlling people. I think people always have a vote on what they do. And regardless of whether you use trance or not. Controlling people is a different matter.

**AUDIENCE:** It felt like my fingers were touching each other funny. They felt funny but then when I went to try to consciously move them they were like numb. Like I was imagining that feeling or something.

**BILL:** Yeah. Okay, any other comments or questions?

**AUDIENCE:** Do you almost always have a hand or arm levitation occur whether you are directing or not?

**BILL:** No. And even if I direct it, I don't always have it occur, as we talked about before. But I think it's nice to do for the workshop, to get it so people can see that. It's nice to do for somatic difficulties because it involves automatic processes with the body. I always like it for that kind of thing. But I don't use it all the time for everything. Some people have never done it, and I've never suggested it to them. Other questions?

**AUDIENCE:** On one of the Erickson tapes Monde was doing a lot of smiling. These folks didn't seem to do that. Was there a reason for that?

**BILL:** Yeah, it wasn't very funny this time, but I think you saw that, in earlier demonstrations, sometimes I said something that was funny, and sometimes people would smile.

**AUDIENCE:** She seemed to do it not always in response to anything.

**BILL:** Right, sometimes she may have been feeling self-conscious. And then Erickson would use it and say, "That's right, it can be an enjoyable thing." I think people can smile and laugh in trance. I just don't think I was profoundly humorous this time.

**SUBJECT 1:** I noticed at one point I made a decision that I wanted to go deeper. I told myself I want to do that and when I did, it did.

**BILL:** You sort of took control of the process or influenced the process. It can be really a mixture of conscious and unconscious. You can consciously think, "I'd like to go deeper," and you might. Sometimes you'll think that, and you won't. It's really a mixture of conscious and unconscious processes sometimes, at times mainly one, sometimes mainly another.

**SUBJECT 1:** I noticed along with that I would start to attend to my hand, and when I would begin to think about that I would start to get into conflict. I didn't want to think about that so much. I wanted to attend to what you were saying or think about something else.

**BILL:** Right, I actually gave that suggestion, 'cause "a watched pot never boils."

**SUBJECT 1:** So I tried not to watch.

**SUBJECT 2:** Permission to leave. When you said that we were going to become conscious from the neck up I thought, "Oh gosh, when that happens I'm probably going to laugh because my hand's in the air," but that didn't matter.

**BILL:** That didn't matter for you at that point.

### Exercise #6: Inviting Body Dissociation

I'd like you to do an exercise and experiment. This time I'd like you to include some of that verbal feedback I was talking about while having people go into trance. I'd like you to again speak on the exhalation. The second component, this time, is to invite them into trance, and the third component is to ask them after they get into trance to awaken from the neck up and tell you what they're experiencing. That word "experience" is important because it doesn't pin them down into feelings or visualizations or sensations or thoughts or anything like that. It's vague enough to give them maximum freedom for how and what they report.

Even before they come out of trance from the neck up, though, I'd also like you to ask them on an ongoing basis, "What are you experiencing, and what have you been experiencing?" so that you can guide the process based on their comments. What I mean by that is you'll say a bunch of hypnotic things and then you'll say, "What are you experiencing right now?" Don't ask them to come out of the trance from the neck up. Just ask them, "What are you experiencing?" If they say, "I'm seeing colors," then you start back in based on what they've just told you. "You are seeing colors, and maybe you could see even more colors, and those colors could lead to other things and to you going deeper into trance." Just link to what they tell you. If they say, "I'm having a conflict about my hand going up because I'm paying attention to it," you could say, "That's right. You can continue to have that conflict, or you can attend to something else, as you continue to go deeper into trance and as that hand lifts up." So link it, and include it into their trance.

**AUDIENCE:** How about asking them if there is anything you can do for that?

That's a nice thing. "Is there anything that I could say to facilitate your experience, or is there anything to do right now?" That's perfect. Good addition, I like that. So do the exercise now.

*(The participants do the exercise.)*

Great! I was observing lots of trances and levitations.