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# The Importance of Chatting in Hypnosis and Psychotherapy

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# Rob McNeilly

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## The Importance of Chatting in Hypnosis and Psychotherapy

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From my friend and colleague, Rubin Battino, M.S., Mental Health Counseling

Over the past few years my style of working with clients has evolved from fairly structured sessions using a variety of approaches to essentially chatting, i.e, having a conversation. In my private practice I specialize in very brief therapy, rarely seeing a client more than one or two times. I recently watched a tape of Erickson doing a session in his office later in his life. Jeffrey K. Zeig provided commentary on what Erickson was doing, analyzing in minute detail Erickson's verbal and body language. There was much to learn from observing Erickson and listening to Zeig. Yet, since I was paying attention to all of this by "looking" through my chatting lenses, what I perceived was someone who brought about change in his clients by being an attentive and compassionate human being in *conversation* with them.

How much information do you need before initiating change processes? The late Steve deShazer and Insoo Kim Berg of the Brief Family Therapy Center of Milwaukee pointed out in their writings and workshops that if you openly and sincerely listen to your clients telling about their concerns at the beginning of a session, that they wind down after about four to seven minutes. (If you probe for problems, the client can go an *ad infinitum*.) Erickson was not a taker of long histories, but moved directly and indirectly to change language by engaging clients in conversation and by telling stories. These stories frequently involved self-disclosure about himself and family members. So, listen with interest for four to seven minutes (and, taken notes to show you are listening).

My clients and I *chat*, and personal items (relevant and irrelevant) are exchanged and shared. With respect to most clients both Erickson and I were/are so much older than the clients that these conversations can take on the nature of talking with a kindly older relative or

friend. Of course, we both know why they are here (elicited at the beginning of the session), and that I am a therapist who is interested in helping them. This knowledge or boundary does get fuzzy.

What do we chat about? The bulk of the conversation is connected to the client's opening remarks. We tell each other stories and bits of personal history. I make meaningful and sage-like comments from time to time since I have a large store of such sayings. Yet, it is in the nature of the chat that these are not pontifications or sermons, but rather observations about life that have grown out of my experiences. Generally, at some point I make reference to my years of volunteer work with people who have life-challenging diseases. I usually present the paradoxical statement that almost all cancer patients make at some point, "You know, having this \_\_\_\_\_ has been a blessing in some ways." I recall a friend who said, "Rubin, you know I have been married for twenty-five years, and I really didn't know what love was until I got this diagnosis." The diagnosis forces the person to ask those all-important questions regarding the meaning of life, "Why me? Why now? Why this particular disease? What is it all about? What is really important? What am I going to do with the rest of my life?" The client performs those same questions and begins to get some perspective on his/her presenting concerns and present lives.

The answers to these questions are invariably along two lines: people and Nature. Relationships are always at the top of the list. Since *life is with people*, personal relationships become most important. These involve: loving and being loved, touching and being touched, giving and receiving, forgiving and being forgiven, resolving old conflicts, and simply spending significant time with family and friends. Also, suddenly, involvement with and immersion in Nature becomes important. Taking the time to "smell the flowers" and walk in the woods and look at the sky become ends in themselves.

In addition to taking care of unfinished business (where possible) and cleaning out the accumulated garbage in one's life, a most desired activity is to consider one's unfulfilled dreams and hopes and daydreams. With age and the disease it is frequently not realistically possible to actualize those dreams. Yet, it is almost always possible to realize them in some parallel or symbolic manner. At this point, the "chat" has the client thinking about what is really important in his/her life, and what is realistically attainable.

What's next? My clients know that I am a hypnotist, and most wonder when the hypnosis is going to occur. With some clients I will talk about the nature of hypnosis at this time. With most I slide into the hypnosis part of the session conversationally. (I have implied permission to do this.) Generally, the first part focuses on having the client pay attention to breathing. Then, I suggest, "Within your mind now, you can just drift off to some safe and special place that is just yours. It may be real or imaginary. Yet, it is your learning and healing place. Enjoy being there." Detail is added as needed. For example, I may have already asked them about the nature of such a safe haven of their own. The themes of the conversation are then woven into the hypnosis session. New ideas and possibilities may be added. There are frequent pauses to allow the client time to process what they are hearing in their own way. Nature is introduced by simply mentioning a blade of grass, a cloud, a rainstorm, leaves falling, walking in the woods, the sound of running water, etc. I let the client's imagination fill in these natural phenomena. In

closing I mention that their minds are somewhat like a tape recorder, and that they will be able to remember whenever they need it whatever was significant in the session. After thanking them, they are re-oriented to the room.

Is “chatting” effective? In my experience, and with my clients, a single session of this kind of conversation seems to be all they need. (I do see clients for additional sessions if they so request.) Occasionally, it is useful to include Narrative Therapy or the Miracle Question or other approaches. I find this way of working rewarding as it frees me from techniques and interventions and relies more on a Me/You interaction. I encourage you to chat more.