

HOW TO CURE ANXIETY IN JUST FIVE THERAPY SESSIONS

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An Innovative Manual for Clinical
Hypnotists and Psychotherapists

Dr. Patrick McCarthy



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*How to Cure Anxiety in Just Five Therapy Sessions:
An Innovative Manual for Clinical Hypnotists and Psychotherapists*

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DEDICATION

This book is dedicated to my wife Celia.
She is an utterly amazing woman and I am so lucky to
have had her by my side for over 41 years.

I love her so much more than she will ever know.

I have made many thousands of decisions in my life
but asking her to marry me has always been
my greatest ever decision.

Her acceptance has been my greatest ever gift.

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PREFACE

Dr Pat McCarthy is a great and generous friend to the British Medical and Dental Hypnosis Society Scotland and is our Honorary President...It is no surprise to me that he has written this great and generous book on how to cure patients who suffer from anxiety in five sessions. Pat, is a fellow Scot, living in New Zealand for many years and an experienced General Practitioner, a Fellow of the NZ College of General Practitioners a past president of the NZ Society of Medical Hypnosis, Member of the International Society of Hypnosis and Director and Founder, Milton H. Erickson Institute of Wellington. He is a well-qualified hypnotherapist with over 25 years' experience and 20,000 successful treatments under his belt. That makes him a force to be reckoned with and someone who thinks critically and rapidly. Pat's generalist background has meant that he has dealt with a huge range of people, from cradle to grave, ensuring that he has experience of everything affecting the human condition. This has made him challenging and fearless in his study and application of hypnosis as a healing therapy. It has allowed him to develop his own unique therapeutic style. These skills coupled with his genuine compassion for his patients makes him not only a superbly effective clinical hypnotherapist but also a charismatic teacher. His generosity to his colleagues is demonstrated in this book.

Clear effective techniques explained in a straightforward way that allows colleagues to understand and use them for the benefit of their patients. His five therapy sessions to cure anxiety not only allows his patients to disinvest themselves of debilitating anxiety but to realise their own potential for healing and personal growth. Pat wants his patients to fly away and get on with their lives free from the negativity they have been living with, often for many years, despite multiple interventions. This is not an elaborate tome that you need to decipher but a clever clear and concise description of how to treat anxiety effectively in five sessions. This book is a must have for any clinical hypnotherapist. I highly recommend it to you.

Dr Kathleen Long

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Past President BSMDH (Scotland)

President European Hypnosis Society

GUIDING PRINCIPLES OF HOW I CONDUCT THERAPY

Anxiety in all its shapes and sizes and varieties, whether generalised or specific, is easily the commonest condition I am asked to treat in my role as a medical hypnotist. Anxiety and Panic now constitute over 80% of my consultations.

Anxiety and Panic are conditions I always treat with complete confidence.

I smile and I tell my patients who have a problem with anxiety I know I can help them. I want to cure them.

I say these words with great confidence as I know I have already helped many thousands of people with Anxiety and Panic over the last 26 years of practice. My confidence comes from this vast experience and the final session feedback from so many grateful patients who have told me they now feel completely cured.

If someone asks me how I seem so convinced hypnosis can possibly help them cure their anxiety or panic so rapidly, when many months or even many years of previous counselling sessions have already failed, and many other therapists have already tried a huge variety of approaches and yet have still failed to help them, I choose to reply to their quite reasonable enquiry in a very unexpected but deliberate way.

I pause and establish eye contact with them for a few moments..... and then somewhat theatrically look up and to my right as if being very contemplative about how best to answer this question.

I then look back at them and smile.

“Let me tell you an old joke by way of an explanation to your question.”

Once upon a time a very, very intoxicated man was staggering about looking intently at the ground underneath a lamp post.

A police officer saw him and politely enquired, “Are you alright Sir?”

The drunk then looked up at the police officer and replied, “No, offi-sher, I’ve lost my car keys and (hic).. and I can’t find them... anywhere.”

“You’re obviously in no way fit to drive a car!”

“I know that offi-sher, I’ve had a few too many... drinks. A few too many whiskies. I know that.....But I still need to find my..... missing car keys.”

The officer looks around at the ground—no keys are anywhere in view.

“Are you sure you lost the keys here?”

“Oh No, not at all. I lost them in that dark bush over there”. Pointing in the distance.

“Then why are you looking for them here?”

“Well because there’s a lot more light here under the lamp post.”

Most people smile! They tend to appreciate my unusual way of answering their question.

As I said, it’s an old joke, but I often use it when asked by patients to explain why I choose to use hypnosis as a treatment method and how it can potentially help. If possible, I prefer not to explain why I have chosen to answer

their question by telling them the joke or even explaining the underlying message unless they specifically ask me to do so.

I thus allow them to infer the telling of the joke is indeed a very profound and indirect answer to their question.

This very unusual way to reply to their quite reasonable question is a powerful comical metaphor and conveys so much about the total futility of the types of unsuccessful therapy of looking in the wrong place, they have experienced in the past.

It also alludes to how a quite different approach from before could perhaps be extremely helpful.

Read the short joke above again and consider what the listener probably chooses to infer about me from hearing it. Would they still think I will probably be just yet another therapist trying to help them deal with anxiety in much the same old way?

I simply don't know of any faster way to allude to the huge benefits of learning to use hypnosis. Choosing to tell this joke as a reply to a serious question in perhaps even the first few minutes of meeting someone also paints me in their eyes as a bit of a joker with a sense of humour and a great degree of unpredictability and novelty.

I do not want to seem to appear to be like any other therapist they have ever encountered before who has failed to help them.

Some people however do need an explanation of the joke!

Many therapists when dealing with someone presenting with Anxiety or Panic look for answers and solutions under the light (within the conscious mind). They might decide metaphorically for instance, to conduct a systematic grid search. They might get out a large and powerful

magnifying glass or perhaps increase the intensity of the light bulb. Whatever they do they will still never find the solution. The solution is not to be found under the light. We have to go to the dark bushes to find the keys.

All of these logical search actions I have mentioned above are excellent search improvement techniques.

However if you are looking in the wrong place then you cannot possibly find the solution no matter how hard you try.

Anxiety, as we all know, simply does not go away or change much at all even with better understanding, or logic, or insight or reason all of which are skills of the conscious mind.

The best way to find the missing keys is to take an element of the light (a flashlight or torch) into the dark bushes and the keys will then probably be found.

I believe the solution to anxiety and panic lies within the dark bushes (the subconscious). That is why hypnosis, that works within the subconscious mind, using tools of the conscious mind, is the best approach to cure anxiety for the root and solution to all anxiety lies within the subconscious mind.

The purpose of this book is to carefully explain to therapists, who may perhaps have little or even no experience with hypnosis, an apparently simple hypnotic rapid therapeutic solution to anxiety and panic that works and often apparently cures anxiety and panic with most of the patients I see.

The therapy appears superficially to be simple but of course it is not as simple as it may first seem.

This book is a training manual explaining the structure of my unusual and unorthodox treatment approach to cure all types of anxiety and/or panic. Anxiety is anxiety and

the mechanism of anxiety is the same no matter the reason for the anxiety or the severity of the anxiety and these methods work for every variation of anxiety in almost all situations. It works for social anxiety, generalised anxiety and any somatic symptom that arises from anxiety.

In order to be innovative you cannot keep doing the same as always. Sometimes the way everyone is trained to do something is not always the best way. It's just the way it has always been done. It's the traditional way. It's what we were trained to do and what our trainers were probably trained to do. Improvements occur and they are incremental improvements but not radical. Radical requires thinking outside the box.

A good example of this is the high jump. Throughout athletic history and for hundreds of years every high jumper jumped forward over the bar whilst facing it. The most common approach was the straddle jump or scissors jump or some other forward jumping technique. High jump technique changed forever in the 1968 Olympics when Dick Fosbury utterly astonished the world of athletics by leaping backwards over the bar to win the gold medal. Media immediately dubbed this style the Fosbury Flop. This technique is now the most dominant high jump style used by high jumpers at elite level. That was a radical change.

What if there is a different way to rapidly cure anxiety. That would also have to be radical. What if we left the history component to the end or gave it little priority?

This book is not traditional therapy for anxiety. It takes a radically different approach to anxiety and panic therapy.

In a well-known movie, Forrest Gump's mother used to always say. 'Life is like a box of chocolates as you never know what you will get'.

I say people with anxiety and some other common conditions are also like a large box of chocolates. Every single chocolate in the box may well have a unique colour of shiny wrapper just as every patient has a unique personal story but underneath the wrapper you will always find a chocolate which contains cocoa, butter, sugar and a flavouring. With anxiety you will always find sympathetic overactivity, mistaken thoughts, making the mistake of believing them and pessimistic thinking. Instead of obsessing about and feeling the need to understand every detail of the wrapping I believe it is far more important to focus on negating all the common ingredients that are ALWAYS there. The wrapper (the emotional baggage) is not completely unimportant of course but what if that can always be scrunched up and discarded without even looking at it and no longer carried.

I have gone into detail to explain my specific methodology to achieve all of the above so hopefully my methods and approach (often simply referred to by my peers as The McCarthy Methods) are replicable and adaptable for use anywhere and by any therapist using hypnosis for a wide variety of conditions.

Anxiety and Panic are easily the most common conditions I am asked to treat as a medical hypnotist working in Wellington, New Zealand.

I have used hypnosis with more than 30,000 people now and with over 15,000 people who have presented with anxiety or panic, most of whom continue to tell me they are now completely cured of their previously disabling anxiety.

To clarify that statement about my experience let me be crystal clear about one particularly important issue about hypnosis from the very start.

I do not believe that I have ever hypnotised anyone!

I do not believe in the word 'hypnotise'.

'Hypnotise' is a verb, a doing word. 'Hypnosis' is a noun.

I prefer to think of myself as a medical hypnotist as being like the conductor of an orchestra and the person in the chair opposite me is the orchestra which has been regularly playing some 'not particularly good music'. My words are to become the inspiration for the new music they will learn.

My job is to supply wonderful pieces of music and to be a world class conductor. The orchestra will play all the music. The conductor makes not a single note of music. The movement of the baton is silent.

The conductor obviously does not 'music' the orchestra, the yoga teacher similarly does not 'yoga' the yoga class and in the same way a hypnotist most certainly does not hypnotise. This fundamental truth about where power lies is quite different from how hypnosis is usually portrayed on TV and movies.

I facilitate people to learn how to best use hypnosis and how to hypnotise themselves.

I also do not use the term 'hypnotherapy'.

Hypnosis is an altered state of mind. Anaesthesia is another well-known altered state of mind. We do not talk about anaesthesiatherapy as we know that being in a state of anaesthesia is seldom in itself therapeutic. It is whatever skilled surgery that is specifically performed during the anaesthesia which is crucial and therapeutic.

Anaesthesia is an altered state of mind used by doctors because it allows surgical treatment which would be too difficult for the conscious mind to tolerate.

Hypnosis is an altered state of mind used by therapists because it allows psychotherapy which would be too difficult for the subconscious mind to tolerate.

It is what is specifically said in hypnosis that is crucial and not the hypnosis per se. Hypnosis is not a therapy.

Hypnosis is a means of delivering therapy. Hypnosis tends to bypass some critical awareness and doubts and so allows us to wonder.

I often say that being in hypnosis can help turn a pessimistic therapy ending “Yes But” mentality into a far more optimistic, “Why Not” mentality.

Hypnosis allows the therapy of Possibility.

What is therapeutic in either altered state is of course the content of the surgery when in anaesthesia or the specific psychotherapy content when in hypnosis.

Content is King.

That is why you will see so much focus in this book on the specific content of the psychotherapy techniques to be used before and during the hypnosis rather than on the methodology of inducing hypnosis. Words matter. They are the currency of hypnosis. The content of a hypnosis session is far more important than the experience of hypnosis.

Most of my many patients with anxiety come to me on the recommendation of their family doctors, family, or friends. Sometimes they have workmates who are very satisfied ex-patients and have already been cured of their anxiety or panic.

They know I am a medical doctor now working full time in medical hypnosis. They assume as a doctor I will be professional, competent and will practice with science, ethics, confidentiality and safety. They want to experience hypnosis and so they are a self-selected group interested in hypnosis who are more likely to be hypnotisable. Most have no experience of hypnosis.

My therapeutic goal is to help people achieve considerable improvement and even cure of their anxiety or panic in just five short sessions with me.

Most of my patients do not have comprehensive health insurance and they cannot possibly afford anything like ten or twenty sessions with me.

My patients can usually only afford perhaps just four or five sessions at most.

The financial necessity of my situation in Wellington meant when I started my practice I simply had to come up with a cure for anxiety or any presenting problem that could fit within their budget. If I only had the possibility of five sessions with someone then I would have to find a solution for each presenting problem that could be taught in just five sessions. Work apparently expands or contracts to fit the available time. Necessity is often alleged to be the mother of invention.

Each session with me only lasts approximately thirty minutes and so can easily fit within any standard hour-long session that you may have.

The five therapy sessions for anxiety includes the crucial intake session. This is the session in which the patient makes their initial assessment of me. They make an initial assessment in the first few moments with me. Initial impressions are vitally important. The intake session is the therapy session which is far less mentioned in hypnosis training. Most hypnosis training conferences I have ever attended tends to focus instead on specific hypnotic methods and techniques. The intake session chapter is easily the longest one in this book. I want to firstly explain my methodology and my goal of each anxiety intake session.

If we set out on a journey then we should obviously have a clear destination in mind. We start to move in the direction of our destination. That enables us to be more likely and able to reach the destination.

What should be the desired therapist destination of the intake session for anxiety?

That fundamental question has to be answered in order for us to direct the session in the desired direction.

Many therapists claim that every intake session they have is unique and unstructured and largely depends on what the patient brings to the session and wants to talk about. They tell me they have been trained to listen to the agenda of the patient and the patient's agenda and wishes are foremost. Most happily claim to be patient focused.

Other therapists have told me they have been trained to take a detailed history of the problem and then seek to use this information to gain some insight into the causality of the problem so they can then seek to come up with a possible plan to help that individual.

The intake session is the start of a therapeutic journey we will take with the patient and whilst the patient's goal might be to find some help for their anxiety, we as therapists have to determine what our desired goal is for the end of the intake session. If you want to know about diagnosis then you will ask diagnostic questions. If you want to find out a history then you will ask historical questions. If you want to understand severity or duration then you will ask about severity and duration. Your desired outcome for the intake session shapes the questions you ask.

Failure to set a therapeutic goal for the intake session leads to a lack of direction in questions and an unpredictable outcome from the intake session.

This first meeting or intake session should not, I believe, be simply a passive information gathering session. I will show below how much therapy can be achieved, seeded and delivered during the intake session if it is carefully planned.

I must use the intake session to create a good impression and crucially to make people become quite keen and eager to return for the next four therapy sessions that will be required to complete their anxiety cure.

I passionately believe the therapist's principal goal of a first intake session for any condition should not be the traditional history taking of the presenting problem but should be **increasing eagerness to return to complete the full course of therapy** and to **raise expectancy of success**.

I want them to return for more sessions.

People who decide to not return for the next sessions with you generally do so because they leave the intake session without enough gained enough hope their time and money will be well spent on having subsequent sessions. They have not gained enough hope that you can make a significant improvement of their problem during the intake session. You may never see them again. You will never be able to help them.

Hope of improvement of their situation is what makes people want to return to see you again.

Hope and expectancy of improvement will inevitably be raised or lowered by the structure, goal and contents of the intake session.

Perhaps the best way to have people choose NOT to return for further sessions with you is to use the intake session solely to take a detailed history of their presenting problem without also imparting the crucial hope of improvement or cure. They thus will leave the intake session feeling listened to and perhaps, to some extent, feeling understood, but without feeling hopeful enough.

I would urge you to keep a note of how many single session patients you have. How many of your patients choose not to return for a subsequent session? I keep such a note.

I lose about 2 such patients a year.

These patients are my hope failures. They are my therapeutic failures. They push me to innovate.

They are a wonderful teaching resource as they point to how I can possibly improve my approach and become even more resourceful and adaptable in engendering hope.

In order to have so many people return I must impress each new patient and to over deliver their expectations of me and of the likely content of our initial encounter before the end of this first vital session.

I believe they have to leave their intake session with the possibility and hope of having their anxiety or panic cured and not just improved.

I cannot leave this vital therapeutic aspect of impressing them to chance. Hope simply must ignite in the intake session or there might well be no further sessions.

I therefore cannot possibly let the patient dominate the content of the intake session. The intake session is far too important for merely listening to their reason for seeing me. So I deliberately and carefully choreograph the intake session, as much as I possibly can, in order to control to a large extent the content of what happens during this first session.

The intake session only lasts 30 minutes and every minute of this session must be aimed at wanting them to return for without returning for the subsequent sessions they cannot be taught and learn the subsequent 4 crucial tools to be cured of their anxiety.

I have often heard it said that 80% of a domestic paint job is the preparation stage and only 20% is the application of the paint. The better the preparation work the better the paint job. Similarly in hypnosis I passionately believe the better the attention to the detail of the intake

session the better the therapy job will be. This intake session chapter is therefore unsurprisingly the longest chapter in this book. In the Stages of Change model as pointed out by Prochaska, Diclemente and Norcross behavioural change starts with Precontemplation, not yet thinking about making change. I do not see such patients. The next stage is Contemplation, thinking about change. All of my patients arrive in Contemplation stage. All of them. For every condition and issue. They would like to change but do not know HOW to change. The next stage is Preparation, that takes place during the intake session and in the time between then and the first hypnosis session. The next stage is called Action, and this begins with the first session of hypnosis and grows with further sessions. The next stage in behavioural change is the Maintenance stage and this is where they listen to recordings of the sessions. The next stage is called Termination, this occurs when they deem they no longer have the problem. That they are cured.

What follows is an accurate and detailed representation of what then happens in a typical intake session for any category of anxiety I encounter. My hope is I will impress them during the next thirty minutes and leave them hopeful and keen to come back. I have used this approach with many thousands of patients with anxiety!

I want to give you as much detail of my approach and methodology as possible.

You will, no doubt, be struck by the astonishing paucity of history taking I deem to be essential.

I do not want to appear to be like any other therapist they may have seen before. I want to surprise them and inspire them.

I want to be a welcome change.