



Havening Techniques for Healing Trauma

Guest: Paul McKenna

Alex Howard: So welcome everyone to this session where I am super excited to be talking with Paul McKenna. Firstly, Paul, thank you very much for making time to talk to me.

Paul McKenna: It's a real pleasure.

Alex Howard: So I'm sure the vast majority of people watching this will know who Paul is, but just for those that don't, Paul McKenna is the number one hypnotherapist in the world and is renowned for helping people treat the most difficult problems.

Recognized by the Times of London as one of the world's most important modern self-help gurus, Paul McKenna is the UK's most successful nonfiction author. *I Can Make You Thin* is the best selling self-help book in UK history.

His other successful titles include *Quit Smoking Today Without Gaining Weight*, *I Can Mend Your Broken Heart*, *I Can Make You Rich*, and most recently, *I Can Make You Happy*, which reached number one in the UK.

In 2010, Paul released *Thin*, *Confident*, *Quit Smoking* and *Sleep* and *Thin* reached number two in the US book charts only beaten by Barack Obama's autobiography. That's quite something.

Paul uses scientific psychological procedures to make dramatic and captivating changes in people's lives and has appeared on national TV shows including The Ellen Degeneres Show, Good Morning America, The Dr. Oz Show, Rachael Ray Anderson Live among others.

So like many people in the U.K., I've been aware of your work for many, many years. I remember being a teenager and watching the Paul McKenna show on TV. And it was for me, like a lot of people, my sort of introduction to the power of the unconscious and I think that was sort of a foundation for many people to realize that we're more than just our thoughts.

I thought it was sort of an interesting starting point, people often think with trauma that we can talk our way out of trauma, but that's often not the case.

Paul McKenna: It's not. I meet people who've been in therapy for years and they can describe their problems like a shrink, 'I've got this unexpressed and whatever it is', and it hasn't made a damn bit of difference to their behavior.

And so as a hypnotist and a healer and a havener, you know, sort of, um, I suppose modern psychological practices is what I use. I'm very much about practical change rather than just being able to explain it more articulately. So that's why I'm not a fan of things like analysis. But I am a fan of things like hypnosis, the psycho sensory techniques, you know, like Haverling, TFT, etc. They have a good track record and they're very, very good at helping people with trauma.

So the last 10 years, I've been in the trenches working with war veterans, rape victims, police officers, paramedics, people in the fire service, all kinds of different people who have a seriously traumatized. And so it's something I understand rather well after a long time of not just in researching it, but actually working with people to help them overcome the traumas that they've been through, which manifests in things like PTSD and the symptoms of nightmares, panic attacks, background anxiety, constantly, things like that. Also just emotional mood swings, things like that. And so I am able to help people.

You know, we're going to talk about it this morning, Alex, but then I would like to help you if you are traumatized to do some techniques here during Summit.

Alex Howard: So let's say a little bit about the difference between the conscious and the unconscious piece of what happens, because people experience something that's traumatic and they have the conscious memory of what happened so they can describe who was that, what happened. But there's an impact that happens, which is often much deeper than that, there's an impact that happens on the body, there's an unconscious way that that experience is stored in the system.

And I think that's often the piece which can be missed in more traditional therapeutic approaches. And I think back to some of my own early experiences of understanding that there was a whole world inside of me that I wasn't immediately in touch with, but that was sort of driving and impacting everything else that was happening.

Paul McKenna: Yes. So the difference between the conscious and unconscious, the conscious mind is the mind that we actively think with, you know, it's the one where we talk to ourselves all day long. The unconscious mind is the larger mind. The unconscious mind regulates your blood flow, your heartbeat, your thoughts. You know, you think about what you're going to do and it arranges the words. It's also a source of creativity and wisdom.

And so when we learn something as a child, like tying shoe laces or opening a door, we have to practice that consciously a number of times and once we've done it several times, we then

store the program, if you like, the habit in the unconscious mind so we can just do it automatically. Otherwise, you would have to every day learn how to go in and out of room or learn how to tie your shoelaces again.

So the idea that we learn something is a habit and we store it as a program is an efficient system. However, when we have a very negative experience, such as something traumatic, we store the program in the unconscious; so we know that something really bad happens so we can hopefully avoid that in future. So we put a hand on something hot or it burns the pain in that moment is uncomfortable, but it makes us learn - don't touch hot things.

The problem is that far too many people have these programs running that are generalizations about all dogs, all dentists, all elevators, all old spiders, whatever it is, and we wind up over surviving life.

And so when it comes to trauma, you're absolutely right that the body does bear the burden, but it's all about how psychological events, or events that we perceive psychologically, could affect us, affect us physiologically.

And so I'll give an example; when you go through something traumatic, a hundred hertz wave travels from the thalamus and it phosphorylates what's called the AMPA receptors, so actually creates a biological change in the brain.

People say to me, well, you know, this thing happened once and I keep reliving it, and that's because of the way memory operates but also it's part of our survival mechanism.

So Mark Twain famously said, I've been through some terrible experiences in my life and some of them actually happened. What happens is our survival mechanism is not only reliving things that happened in the past to remind us of that and because it's just the way that the memory is stored and coded but then it's thinking about things that could go wrong in the future and catastrophizing.

So trauma is usually about a single event or series of events that happens that we still then relive and then we, if you like, generalize from there that other bad things like that could happen. So it's bad enough at once but to have it continually happen, happening and imagine it could happen even more is where the problem becomes amplified. And so the way that affects us physiologically is when, for example, we get stressed it's basically the fight or flight mechanism, which was something we inherited from our ancestors, where we had to fight a wild animal or runaway. Right?

So suddenly when you get really stressed, you produce a lot of adrenaline, lactic acid, you know, your mind starts to race. Your blood is pumped to your arms and legs away from you or your other organs. And your immune system's affected, your digestive systems affected.

Now, for an extreme emergency like the house being on fire or something, you want that, right? The trouble is, there's all kinds of little emergencies every day - someone cuts you up in traffic, you're late for meetings, someone annoys you and so you get stress like this and the cumulative effect of that has on your body over a period of time is not good, and also the effect it has on your mind.

So excessive stress, you know, from either things that are happening or perceived threats is really the big challenge and results usually in things like health issues, you know, stress.

Now, 50 percent, the reasons why people show up at the doctor are stress related. And it can also disrupt sleep, it can weaken the immune system. And it can affect our moods, you know, making us feel down and ultimately depressed.

So it's a very good idea to not just get over trauma if you have suffered that new life, because now we have the psychological technology to do that. And also it's not just this that is not just remedial. It's about actually having a better quality of life. So it's about health maintenance as well. So that's kind of why I've been in this area for the last decade, because we now have made a major jump forward. Things that used to take us months to cure, we can do in minutes and that is something I'm going to demonstrate for you.

Alex Howard: You said a phrase that I hadn't heard before. And it really really struck me, "People over survive." That's really interesting that in a sense, the way people respond at the time, as you said, is a necessary response to survive.

The problem is they are then continually surviving something which is no longer a threat and a danger. And I think often people with trauma, that's how they can experience that. They can experience this constant sense of danger and threat in the world. And the problem is that that program is outdated, that program is no longer needed. Maybe you can say a bit about how some of those programs are housed and stored within the system, like how the system is kind of constructing and holding onto those experiences.

Paul McKenna: Well, a very good example of this would be the largest phobia in the Western world now, public speaking. What happens is as a child, you get to stand up in front of the class, read out loud, someone points out all your mistakes and people around you snigger. So you feel judged, you feel uneasy. And then you carry that into later life because a phobia is a good example of a one trial learning.

As I mentioned earlier, you get bitten by one dog, was treated by one dentist, you had one bad experience in public speaking. And then the mind, as I just mentioned, would strive to survive. So it goes, dogs, dentists, public speaking, they're awful, we're going to generate a fight or flight response to get them out of here if we need to. And so that's what happens.

We bring unnecessary stress to environments where there isn't necessarily a threat but we are perceiving that there is. And so that gets stored at the unconscious level, and you're only born with two fears hard, one sudden loud noises and falling all the rest are learnt.

And if they've been learnt, they can be unlearnt. And so it's understandable that when somebody who's been through a horrific incident in their life, they would then have anything that reminds them remotely of the original incident would trigger off a fight or flight response.

So, for example, for years I was frightened of the dentist because as a kid, the dentist was a horrible man. You know, I'm a little kid and he said it wouldn't hurt. Anyway, even the smell of the dentist's room as I go into the waiting room would make me tense up and get scared.

Now, for some people, it might be that they had a particularly bumpy flight and just getting on the plane they start to feel tense and they spend the whole flight like this. And in the more extreme case, say somebody has been attacked and something awful has happened, they just walk through the park and there's somebody nearby and they start to tense up.

So we come back to what I said earlier, which is over surviving life. And so you need all of your ability to protect yourself and keep yourself safe but what you don't want to do is overdo it because otherwise you are living constantly in fear. And that's not good. That's not comfortable but it's also not good for our health because when you do that, what you're actually not paying attention to the proper signals because of the job of fear is to say be prepared. Say, you are about to step off the curb and there's a bus coming. I want fear to pull me back and keep me alive, but if I'm constantly in fear, looking for threats everywhere, then I won't be able to see the real ones because I'm so freaked out.

So actually, the whole idea that being prepared all the time is a good thing is actually false. And so what I try to do is help people who've been through extremely traumatic experiences to recalibrate their emotional equilibrium so they keep all of their ability to protect themselves and at the same time, they're not living in unnecessary fear.

Alex Howard: And we're going to come to you in a little bit, Havening, in this sort of new development of psycho sensory techniques. But maybe before that say a little bit about some of the developments over the years with things like neuro linguistic programming; N.L.P.

If we go back to some of the early days of N.L.P, some of the most sort of dramatic applications were around working with phobias. You mentioned we can do in sort of a short period of time, what would take months. Well, we're looking back in those days, people have been sometimes years, sometimes decades in therapy, endlessly revisiting and talking about traumas that had effectively been the cause of phobias.

So maybe a bit about how some of how, on an unconscious level, these memories and experiences are held and how they can be changed from that perspective. I think that then lays a nice foundation then to come into some of the psycho sensory pieces.

Paul McKenna: Well, I think that that's right and very, very appropriate, given this conversation, is the role that Richard Bandler and NLP has played in helping people to overcome phobias.

It used to be that psychiatrists, largely, were taking about six months to cure a phobia. And I would use something called systematic desensitization. So say you your phobias is spiders, what they do is make sure you have a picture of a spider. And then a few days later, they show you a colour picture and then you go to a room and, you know, next door there is a spider. And then a few days later, you get closer to the door and closer. And then maybe a week later, you look around the door and you see the spider in a case and then you get a little bit closer and closer. And after months of doing this, hopefully you're able to be right next to the spider without feeling terrified. And if you do not complete that, you could end up actually worse off.

Alex Howard: And quite a traumatic way to work as well, to endlessly be triggered into that response.

Paul McKenna: Yes, in fact, I'd worked with people who, you know, they've tried flooding with them. They tried to, you know, put them in a cherry picker, people who are scared of heights and take them up high and hope that they be like; 'huh, okay. Oh, so I survived it.'

You know, and I suppose for a proportion of people yes, that works. But the ones I've worked with who've tried flooding, they've come to me and gone I am now super terrified. Is what was done to me.

So what Richard did was he looked at people that had gotten over their phobias and he modeled the people that we were once scared but are now no longer. And he found that in the coding, the way that they remembered the event was the answer. Basically, people that have been through terrible things, but they can remember it in a disassociated way, so they can see it like it is happening to someone else can go, 'Yeah. Bad things happened. But I'm not freaked out by it' - The people who are reliving it like they're actually back there again were the ones that were in excessive fear.

So, years ago, I'm at a dinner party and I'm sitting opposite this lady. She's very nice - 'How are you doing?' And she was really badly injured in a motorcycle accident two weeks ago in Thailand. And it was just awful. 'I can't get over. I've been having nightmares I can't stop thinking about'. And so I say, "well what is it you are thinking about?" And she says, "Well, I can just see the bike there and the blood and on my boyfriend".

And she's still inside the movie. It's still going on and on and on. Yeah, she's not outside it, she hasn't re-coded it yet. So why don't you just try this as an experiment; just for a moment, just float out of the movie that you're inside right now and drain all the color out and then run the movie backwards really fast.

Suddenly the color came back into her face. The muscle tone is relaxed. And she went, "oh, my God, I can remember it was really bad, but I'm not freaked out by it anymore"

And all we did was a simple re-coding. And this is, um, you know, one of the things is great about an NLP is which stands for neuro as a neurology, linguistic as a language communication programming, just like a computer has programs that it runs. So do we, which are, you know, based on memories and imagination, things like that and habits. And so once she re-coded that she wrote to me, said, "oh, I've been out of state, which is fine. I know it was bad, but I'm just not thinking about it like I used to."

So sometimes a very simple change in the way we think about something makes the difference. You know, one of the fathers of modern stress control, Dr. Hans Sellier, said that it's not what happens to us, but the way that we choose to perceive it that makes the difference.

So sometimes in my work with people, I'm just getting them to change the coding so that they can keep all of their ability to remember that that's a bad thing, you don't wanna go near a data who you don't wanna stand too close to the edge of the cliff but they don't over survive it in future.

Alex Howard: And these techniques can be enormously effective, and I know many, many people, they've had traumatic experiences, they can have a major impact on reducing the way the re-traumatizing is happening with that response.

But my sense is that, I'd be curious to actually to hear from you, that in your work when you came to the hovering where perhaps there was a category of people that that wasn't going or the way that it could do or I guess I guess my question to you is, what was the origin of the evolution for you?

I know havening was something you discovered from a personal experience.

Tell us a little bit about how that opened up and that sort of transition into this additional piece, let's say, in the tool kit, which I know you also sort of merged together sometimes with some of the N.L.P. pieces.

Paul McKenna: So how that all came about was I had a psychic read. Right. And the psychic pulled a book off a shelf and said, this is for you; I went, 'no, thank you'.

'No, you understand, you can work with this man. This is important, right?'

And the book was *Tapping the Heel Within* by Roger Callahan.

And so I said, 'OK, thanks very much' and I had to fly to New York the next day and I'm sitting on the plane and I'm reading this book, where apparently all you do is go tap area and it helps with phobias and compulsions.

And I am sitting next to someone who says "I am dying for some chocolate" and I say "here, you have some."

"No, I don't want to."

I just turn the page and I say, try this, a tap here and a tap here and she's gone!

I noticed the woman across to me was kind of nervous. I said, "Excuse me. Hello, Dr. McKenna here, you look like a nervous flyer"

She said "I'm terrified."

So I said "Try this, tap here and tap here" And we did all this.

Anyway, she I feel so calm. And, you know, I did a couple of other people. I mean, first class. I didn't get back into coach, but...

Alex Howard: I was going to say, this is all upfront I imagine.

Paul McKenna: But when I got to New York, I went to visit my dear friend, Dr. Ronald Rudan. He's a medical doctor. He's also P.H. and neuropharmacology is a really interesting mix of operator and researcher. And he's really smart, real smart and just a great guy.

I said, Ronnie, I read the weirdest book on the plane. What was that? I said it was about tapping you, tapping these acupuncture points. And I said I tried on a bunch of people and it worked. He said, wow, have you got the book? Anyway, he took the book away. He read it. He emailed me, said a few days later "I've cured phobia, a urinary frequency. I've treated trauma, all these different things."

And he then starts a program of research because he wants to know why the touch of certain parts of the body, one, might affect what's going on in the brain. And I then decided to study with a professor, now the late Professor Roger Callahan, a brilliant man, and learned about it.

And I became a big fan of TFT. I still am. Right. I'm not such a fan of EMDR because this is alpha up here and the philosophy doesn't work for me. So TFT I am a big fan of. Anyway, Ronnie tells me that he has cracked it, he says there are certain parts of the body that we touch that create a change in and basically create more delta waves.

And so I went to visit him in New York, and I had a bad experience actually just prior to this.

I was dating a girl while I was living in Los Angeles and I let her stay here in my house in London. And she brought another man back here one evening when she'd had a few drinks

and she opened a bottle of my Chateau Latour to drink with him and she took him to my bed. So I was pulling that up.

Alex Howard: I'm not surprised you reacted to that.

Paul McKenna: And then so I said, Darling, it's over. And she then ran off with the husband of one of my best friends. So I got right to New York and Ron says "I've cracked it, I've got the algorithm, is there anything you're upset about?" And I say: "Yes. I'm a mixture of sadness and anger."

Anyway, he does the Havening touch sequence with me. 15 minutes later. Boom. I can think about it and I go "Yeah, it was bad, but it doesn't bother me."

And the picture of the young lady's face, which was like ARGH, suddenly it moves and its like a black and white stamp, is like a penny black. It's over there. And it's never moved since 10 years later.

So I was really amazed by this. And he says, look, come over to my apartment tomorrow and we'll put up some coffee, read the research. For six hours, we were reading all this research and then by the end, I realize; to put it simply the touch of here, here and here creates a lot of Delta.

So as I mentioned earlier, when you go through a traumatic experience, a hundred hertz wave travels and phosphorates the ampa receptors. So when you touch here you are hardwired when you touch here to produce more delta, it feels nice, comforting. As a baby, your mother rocked you like this, and so when you do this, you can also touch here but we're not doing that at the moment because of the, you know, the virus.

But some of these areas are lateral lines, not up, but lateral, creating a massive amount of delta that dephosphorates the ampa receptors. It creates a biological change in the brain.

So in a simple way of something in our dealings, the thought from the feeling. So if something bad happens, I was attacked, I can remember too vividly. And it makes me feel upset, even thinking about it. I didn't feel like I had any control because I just got flashbacks. What this does is this de links the support feeling. So you go, yeah, something bad happened but doesn't bother me anymore.

I would remember I would keep all of my ability to stop that happening again, but I'm not going to live my life continuously, continually going over and over and over. So...

Alex Howard: Sorry to interrupt you, but I think that's a really important point, because I think sometimes people can be almost afraid to let go of the emotion of the trauma because

there's a belief that they need that to protect them from going into a similar situation in the future.

So sort of like your example with a breakup, it's like, well, I can't get over this because maybe I'm gonna get hurt again by the next person I date. So I need to hang on to all of this emotion because that's what's going to protect me and keep me safe.

Paul McKenna: That's absolutely right. So the secondary gain, if you like, is the protection. What you don't want to do is throw the baby out the bathwater. We want to keep the ability to protect, but what we don't want to do is have to live in the past and unnecessarily re-experience it over and over again.

So that then what I did was I began practicing Havening. We did a we did a study with Kings College here in London with spectacular results. And there has been a number of other research studies as well. And of course, you can imagine that some people go 'Hang on, I've been trained as a psychologist for years and apparently all you do is this and you get over it? Bleugh!"

And so we've seen that a lot of resistance early on. But, you know, we were, all of us in the havening community worked really hard at trying to get the message out that this is a significant breakthrough in the world of mental health.

And nowadays it is mostly practiced by health care professionals because sometimes during Havening, people get very upset, not for long, but they do. And so somebody that's used to dealing with that reaction is the right kind of person to be doing it.

However, there's a simple havening which is one bad thing, happened and then you use a protocol that is perfectly safe for everyone to use. That's that's really that can't do any harm. All that can do is make you feel better or in the worse case scenario, not.

But some of the more advanced applications of havening, it is better done by health care professionals and I have to say, having been doing it for about 10 years now, along with hypnosis, an LLP, sometimes I mix them up, creating a little hybrid, I'll use one technique here, another technique.

And also, I've learned stuff from my friend Genpo Roshi, you know, the creative big mind. He's got a fantastic technique which I'll demonstrate in just a moment; where he creates more emotional equilibrium.

So I learned from some really great people and then I treat my own funky versions of these techniques.

Alex Howard: So I want to come to the kind of demonstration of the havening piece a minute. But out of personal interest I want to just pick up something. You said that therapeutically someone can train in a particular modality and a particular approach and they sort of see the whole world through the lens of that approach that they have. And one of the things that I've always admired about your body of work over the years is there seems to be this sort of ongoing curiosity, which is always, how can I do this?

Well, I suppose I'm going to ask you what drives that? But what it appears to me like is, how can I always improve or how can I discover something new to make this work better? I'm just sort of curious for the practitioners that are watching; what drives that, because I think that that's a really interesting and important ingredient?

Paul McKenna: Well, first, we just pick up on what you said. I think you're right. If all you have is a hammer, everything is a nail. So if you are used to only ever medicating people for things, then of course, that's what you're gonna think is the only choice available to you.

Fortunately, there are a lot more open minded people these days than they were years ago when I first started down this road and people thought hypnosis with witchcraft and voodoo or something, you know? And we had to convince people that it wasn't. It's a very modern psychological technique or set of techniques.

What drives me is I've always been interested in people and, you know, like some people have got a natural affinity with a computer or guitar or cars or something like that. Mine has been people.

And I think you're absolutely right, as you mentioned at the beginning of this webinar, I started out in entertainment and I use hypnosis for entertainment. But at the same time, I was still developing my interest in it for self-improvement and therapy.

I suppose you're right, I am quite a compulsive person. So if I decide I'm interested in selling, I get engulfed in it. And the neat thing is about, I suppose, therapy, self-improvement, psychological technologies, it's advancing. It's advancing really well, actually. I mean, if you think about it, years ago, if you wanted to make a phone call, a phone was the size of a brick and all it did was make calls. Now it's the size of a bar of chocolate. You can watch television on it. You can have your record collection, your office. You know, the technology has improved dramatically and the same happened in psych-tech.

So things that used to take us months, we can now do it in minutes and with far less pain - because I know some people go no pain, no gain, no no pain, no gain is my motto.

And so I suppose Alex is just it's in my nature, if you like, to be naturally inquisitive and curious. In fact, Richard Bandler was asked once to describe an NLP and I think he said it's

an attitude, a curiosity about human beings, a methodology that leaves behind a trail of techniques.

And so I have that naturally inquisitive mind but also, again, specifically learning from NLP where you learn about behavioral modeling. So I'm able to see what it is that somebody does this upsetting them or if I'm modeling a model of excellence, I'm able to look at somebody is really good at something and figure out in a short space of time, relatively speaking, how it is they do what they do and then learn that or codify it so that people learn.

Alex Howard: So let's come into Havening. So you've kind of mentioned a bit about some of the science of how it works and you also reference some of the actual process.

Do you wanna just take us through a bit, step by step for people? I think it is an important caveat that we're primarily talking to people here who've got a single event trauma, which is not completely and utterly overwhelming to them. But, yeah, just to kind of run us through the sort of sequence.

Paul McKenna: OK. It could be something that is overwhelming. But, yeah, I would say pick something that's really strong, something that happened to you, that when you think about it now, it still upsets you. And you kind of want to go to the very first one or the biggest. The biggest or the first.

And then what you do is you put one hand here, one hand here. And I want you to begin, which in just a moment is pretty best if you close your eyes but you are going to stroke the side of your arms here.

So close your eyes and think about that event that traumatized you and call it to mind. I'd like you to rate the intensity of the upset on a scale of one to 10, one being the least, 10 the most, and then close your eyes, concentrate on the upset and clear your mind.

Clear your mind and imagine we're walking on a beach with each footstep and you're taking the sand, now we're going to count out loud from one to 20.

Keep stroking the side of your arms.

One, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve, thirteen, fourteen, fifteen, sixteen, seventeen, eighteen, nineteen, twenty.

Now, I'd like you to, with your eyes either closed or open, doesn't matter, move your eyes laterally to the left. Laterally to the right, eyes to the left, eyes to the right, eyes to the left, eyes to the right, eyes to the left, eyes to the right, eyes to the left, eyes to the right.

And then close your eyes again and imagine you're walking in the sunshine in a beautiful garden; each footstep that you take in the grass.

We count out loud from one to twenty one, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve, thirteen, fourteen, fifteen, sixteen, seventeen, eighteen, nineteen, twenty.

Then eyes to the left. Eyes to the right, eyes to the left. Laterally to the right; eyes to the left, eyes to the right. Eyes to the left eyes, eyes to the right, eyes to the left, eyes to the right.

Now I'd like you to think about a time when you were feeling good, maybe with friends, laughing, maybe you'd fallen in love, maybe just relaxing on your holiday and recall it like you're back there again. Now, see what you saw. Hear what you heard and feel how good you feel. Make the colors rich and bright, bold sounds loud.

I'm feeling strong and good. Eyes to the left, eyes to the right, eyes to the left, eyes to the right. Eyes to the left, eyes to the right, eyes to the left, eyes to the right.

And then just relax and open your eyes and come on back out.

Now place your palms like this and I'd like you to close your eyes and in your right hand, I want you to get in touch with the emotion that was overwhelming. It might be fear. It might be anger, it might be guilt, could be any number of things. And in the same way that we go, part of me wants to go to the cinema, but a part of me wants to stay at home.

It's not as though there are two people inside you. These are just ways of describing your thinking of persons.

So I want you to put in your right hand; let's assume it's fear you're putting your right hand to get in touch with the fear. That's right. And any fear, any feelings you pushed away. That's right. And just let it. That's it. Let it be in your right hand for now. That's it.

Fear, tension, stress. That's it. Get in touch with that.

And then. In your left hand, I'd like you to put peace. Peace, comfort. Peace, comfort.

Now, move your attention up above your head here. That's it. Up above your head. And now experience the fear and the peace.

Stress, the comfort. Keep your tension above your head. Stress. Fear. Peace. Comfort. Stress. Fear. Peace.

Just relax.

Now take a new reading and see whether the stress of the upset about that incident is on a scale of one to 10 should be significantly lower. And for some people, it shifted a bit.

So you see, you practice it several times until it reduces. For other people, it's wow, in a few minutes they go 'I just don't feel bothered about it'.

You know, sometimes I'll go; 'Well try and get upset' And they'll be like 'I can't!'

And of course, the majority of people, the people in the King's College study, it was seven in 10. Seventy percent of people were just over 70 percent of people from one session had a full 180. And we took some of these people who were very traumatized; they were depressed. They were in a terrible place. And suddenly they are free.

They are free from the upsetting, emotional states that are making their life so very difficult. So I hope that's a view to most people. I put on the Internet a load of videos of Havening.

You know, if you go to my YouTube channel, I put most of my trance stuff up during these rather challenging times. People can use those for free. The sleep one is the one that is being viewed and listened to the most at the moment, about quarter of a million and quarter of a million listenings or viewings. There are havening techniques available too.

If you want to learn more about havening, just go to www.havening.org

Alex Howard: Something that struck me Paul, as you were doing that, is that firstly, thank you for that for that piece, that's going to be enormously helpful to people. Something that struck me is there is something also beyond that touch and that's the sort of science that you talked about, there something also about one's relationship with one's self and that sort of act of soothing and nurturing oneself.

And often one of the things that happens when we're in a trauma response is we tend to do the opposite. We tend to be judgmental and critical and harsh towards ourselves. I just wanted your thoughts about that act of self care and that act of gentleness towards one's self in that place.

Paul McKenna: Well, you're absolutely right. First of all, the Havening touch when I did somebody else, my intention, which is to heal them, is conveyed in the way I touch them. The touch of a predator is different to the touch of a healer.

So when we do that for ourselves, this is absolutely right, Alex. I mean, far too many people these days are so tough on themselves. You know, first thing in the morning, they look in the mirror and they go "fat face, funny face, big nose", you know, and they give themselves a bollocking, basically, and then go out for the day.

I mean, most people talk to themselves first thing in the morning mirror in a way that they wouldn't put up with anybody else talking to them. Or they make a mistake and go 'you silly idiot' and they beat themselves up and they criticize themselves. They don't remember to praise themselves. So this act of self care is very important.

In fact, I made a video for first responders, for doctors, technicians, nurses, etc, when they come off their shift many of them have seen some pretty heavy stuff and they've got to go back home. And so this is a simple protocol that Dr. Rudan devised where you do this while you're replaying the significantly traumatic events day. Doing this as well. It starts here and they're saying 'safe, peaceful, hopeful, calm, safe, peaceful, hopeful, calm'.

See in the process of doing this, you change your state, you're affirming something new, which is, you know, a different perspective on that. So this is to help people to stop getting PTSD.

Alex Howard: In fact, when I was researching this interview last night, I saw that. It's a great, very short video that I think could be very, very helpful for people in that instance.

I'm mindful of time, Paul. But one of the things I wanted to ask you about; when I first reached out to you about this interview, part of what had sort of triggered my thinking about it was I saw an interview that you've done with Michael Neal, I think I was on his Facebook page and there was a lot of humor and lightness in there.

And one of the things, as someone who's been a sort of passionate student of NLP and some of the things that have been related to that, things that provocative therapy and such things over the years, that it strikes me that sometimes trauma can become a very serious business and people can become sometimes unhelpfully serious and heavy.

And of course, there's a very important place of one being sincere about what's happening.

But perhaps to say a bit about why play lightness, humor can actually be a very important ingredient, both therapeutically, but also in one's own relationship to that trauma.

Paul McKenna: Well, I think you're right. I mean, there's far too much seriousness in the world, and me and Mike have known each other more than 30 years. So, you know, we have a banter, but he's brilliant. He's one of these brilliant life coaches, I mean, he's just phenomenal. And he's got a great sense of humor, I like to think I have to.

I mean, not everyone tells jokes well, but pretty much everyone's got a sense of humor. And so I like to laugh every day. In fact, years ago, I'd be doing this health expo with Deepak Chopra in Dubai. And there was a doctor who came on and his whole thing is laughter - Dr. Madan Kataria, and he came on and he basically explained why a regular amount of laughter is really good for you, for you, your immune system, you know, if your psychological well-

being always will stop. And then he had everyone pulling silly faces at each other. We were laughing, we properly laughed. And so I've always thought that, you know, laughter's an important ingredient, not just in helping people to see things from different perspectives but very often people would think the world is cynicism. You know, I joke with them.

Richard Band that does this a lot, you know, I mean, you mentioned Frank Farrelly, sadly, no longer with us, Mr. Provocative Therapy. You would just say you say funny things until you just can't take the world too seriously anymore.

I think back on that brilliant experiment Robert Holden did for the BBC about 20 years ago, where he took three people who are clinically depressed because they monitor the activity in the left prefrontal lobe on an MRI. And although he didn't usually do that, he talked to the two minutes, you could tell they were depressed.

He had to do three things. He had them take physical exercise, get endorphins going. They had to sit and laugh every day, even if they were pretending. You sit there and go hahahaha. But if you can find things that genuinely make you laugh, great, it stimulates the release of serotonin endorphins.

And he hadn't put these, um, stickers all over the house, shaving mirrors, on phones, in the kitchen areas and when they saw them they just stopped and thought about some that made him feel good, who do I love, who loves me or something I could look forward to. What is something I remember that made me feel really good. And so literally, you are forcing the hands then of the landscape of somebody's psychological well-being.

So what you're doing is because, when you have an idea where you think about anything, these electrical impulses fire off down neural networks. And the more they do that, the physically bigger the neural networks become too, so you become hard wired to that way of thinking. Just like the more you use a muscle, the bigger it gets. I think the way people hardwired themselves negatively, they feel stress, go for cigarettes. Ahh, they calm themselves. So after a while; I feel stressed, so I have a cigarette rather than I feel stressed, feel relaxed or feel creative or whatever it is we want to program ourselves for takes place.

So Robert did it, it was a remarkable experiment. And after a few weeks, these people who are clinically depressed are no longer the extreme optimists. And the independent psychologist who was monitoring the BBC demanded that the MRI machine be recalibrate because he just couldn't believe it.

And actually, the BBC did something very responsible, they said we're going to hold this program for six months to see if these people are still in that good shape. And six months from now, of course, they were. And so very often, simple things like that, you know, just

remembering to exercise, laugh and think about good things can make a big, big difference because our psychology can affect our physiology.

One of the things I do every day is a gratitude list. And you can be big things like health. My wife, my dog, where I live in the world. Yeah, I live in paradise here in the Western world. But there are simple things like that first cup of tea that tastes good, doesn't it? And so I do the gratitude list and also things I want to look forward to.

And so, when I'm feeling a bit down, I just go back, reread again and go; Oh yes, there's plenty to feel good about. And so when I've been talking to people during this time, some of our friends have been a bit down because they are thinking about what they don't have and what they can't do. And so my questions were quite simple. I go, do you have your health? Because some of them have been through some health challenges, but they have health right now. If you can tick that box, that is a big one, you have to go.

And so then I would go, well, do you have friends you can connect with your human connection? Very important. We know from the research into depression and loneliness. And so even if you're skyping or facetime, connect with people.

The next question was, do you have food in your fridge and a roof over your head? Wow, that's good.

And then I go, do you have a purpose? Because it's not just the same as a job, a purpose is a big deal. Viktor Frankl, the legendary Scotch psychiatrist who survived Auschwitz, said that purpose is the cornerstone of good mental health. And I firmly believe that, too.

So coming back to you right about being light hearted, you know, several times I've been in a very challenging business thing, and I did make some lighthearted jokes and people said, 'we're never gonna solve this with you making jokes'. I said, 'I think it's the only way we will sort, to think outside the box and lighten up.

Clearly, there are some times to be very serious you know, but I think humor is a very important tool in good mental health.

Alex Howard: That's a great place to finish Paul, we've covered a lot.

The people that want to find out more about you and your work, you mentioned your YouTube channel, do you want to say a bit about what's on there. You mentioned that you've just uploaded many of your hypnotic recordings. And also people can find out more at your website, just a bit about what people can discover.

Paul McKenna: Sure, yeah. If you go to www.paulmckenna.com you'll see things that I'm up to. I'm doing a number of webinars and different things and events later in the year. I recorded early this year a fantastic stress control program with Mind Valley and great guys. I love the ethos of Mind Valley. It is called *'Everyday bliss, freedom from stress and anxiety.'* and all my best techniques, techniques and the techniques of other people that I've learned are on this program, it is a 21 day program. I recommend that.

But, you know, if you want to, I'm doing a program of positivity with alternatives. I teach hypnosis with Richard Bandler.

Also I do a podcast which has become very popular, called *Positivity*. Now, I began this about 18 months ago, and it was a psychological interview about 30 minutes and it's well-known people with international names at Simon Cowell, Anthony Robbins, Ryan Seacrest, Prue Lees, Mel B, Blumenthal, Gary Lineker, Warren Davis, Harry Redknapp, all sorts of interesting people. And I unpack their positive mindset, their success mindset and find it will keep some positive. And when the lockdown occurred a couple of months ago, it was suggested to me that you've got these massive audiences - Podcasts, why don't you record some podcasts to help people with the challenges they're facing?

So it's things like controlling stress, it's comfort eating. It's better sleep. It's saying being happy in your relationship is getting motivated and being positive. So they are for free, you can download them. They've gone ballistic in the last couple of months. I mean, it's huge now. So that's my way of being out again to do what I can in this particular time. So those are all the things I'm up to.

And I just released a book earlier this year called *The Seven Things that Make or Break a Relationship*, which is, again, something that I have worked on for a long time.

And yeah, so on, even though the world is very different to how it was a few months ago, I'm still pretty busy.

Alex Howard: Certainly sounds like it. Paul, given that, thank you so much for making some time for us today. Really appreciate it. Thank you.

Paul McKenna: Pleasure. All the best, God bless. Bye bye.