Academy of PHYSICAL MEDICINE

Transcript

The Lightning Process
With Phil Parker

APM: We've got a slightly different routine tonight. Normally I have one guest, this evening I have got three, and I'll start by introducing the ladies. Just on my left I have Penny Sawell. Now you may know Penny. Penny's a graduate of BCOM. She's been an osteopath for 20 years, and she runs an excellent blog called Osteo FM, which I recommend you look up if you're not already a follower of Penny's blog. Penny, welcome to you this morning. Thank you for agreeing at the very last minute to be on the screen with us, on the camera with us, this evening.

PS: Well thank you for inviting me.

APM: You're more than welcome. I'm also joined once again by Gilly Woodhouse. Now Gilly was our guest in our last podcast. Gilly, I'm sure you know, runs Osteobiz. She's a social media expert and proved her expertise in the last podcast. Sadly I fear she's here under false pretenses this evening. She tweeted or broadcasted in her blog last night that she was expecting to join me for an interview with Peter Parker. Well sadly Spiderman was unable to join us at the last minute, but nevertheless Gilly you're very welcome. I'm glad you're here. But that leads me on to our main guest, which is Phil Parker. Phil, he's been an osteopath for about 29 years, a graduate of the BSO, and has established a very great reputation for himself as the proponent of the Lightening Process about which we will be learning a lot more later. He's also I've just learned this evening, he's got a couple of other ticks to his boxes, and one is that he's one of the two first osteopathic websites ever when he set up his web, and he's actually given a presentation in a field in Wales alongside Sir Tim Berners-Lee, the inventor of the internet. My word, it's a great privilege to have you with us, Phil. Thank you for joining us, and well we're going to start. You're an expert not just in osteopathy, 29 years of experience, but you are a master trainer in NLP, which, putting those two

together led you I imagine to the Lightening Process, but what's your clinical practice like at the moment? Is it one or the other?

PP: It's very mixed. So I have feet in many camps. I'm also a PhD researcher, currently hopefully finishing my PhD in Health Psychology. So I do research as well. But my every day for me is different. So as the Lightening Process designer, I spent a lot of time talking about the Lightening Process and writing books and having interviews, but it also means it's very varied. So we work for instance with people who are very, very severely ill. There's hopefully a picture just come up on the screen of one of the girls that we work with who is so ill that she was in bed and nobody knew what to do with her, and this was a big problem because she was part of the Norwegian Taekwondo squad, the Olympic squad. And they tried everything, nothing helped. In the end in desperation they turned to the Lightening Process. She got well enough. This is a picture of her winning the Taekwondo, the gold, the Taekwondo open in LA, and then last year she was at the Rio Olympics for Norway.

APM: Which is in itself interesting. She's in Norway and she's come across the Lightening Process. And you're lecturing around the world, aren't you.

PP: Yeah, we have practitioners I think in 16 different countries, so it's spread across the world. Actually I rarely do the Lightening Process now. I mainly talk about it and write books. I still keep my hand in, but mostly it's done by other people, which is also fascinating, because then people come up to me randomly in the street and go you and one of your practitioners have completely changed my life, or my daughter's life, and then I go, great. And it's really nice that ... One of the interesting things when you develop something new is quite often the person who develops it does it really well and everybody else does it quite well, and as it spreads it changes in its variety, but the Lightening Process, it seems to be very, very reputable, so whoever you see you get the same version of the Lightening Process. So that's Tina, and then there's a picture of Ed which hopefully has come up on the screen. So Ed was a guy that I had to work with who was the first guy in the whole world to walk the entire length of the Amazon by foot.

APM: The immediate question is why.

PP: Exactly. It was also not the best-planned expedition in the world. I think he was a marine actually.

APM: Well that answers the question.

PP: So they first of all, he did it with a mate of his, and they worked out they had to walk from source to sea, and what they found when they got there that there were four different sources, so they had to go to each source. They also planned it by Wikipedia and by Google Maps, working out they could walk

this far and it would therefore take 12 months. And it took 28 months in the end. So by 20 months he was like I'm done with this. I just want to go home. And I was called in as part of the psychological I was the psychological coach for that. So he's the first guy in the world ever to walk the entire length of the Amazon. There will probably not be a second person will ever want to do that. There's not much of an accolade to be the second person to do it. It's absolutely grueling. One of the things I say about Ed, you know what it's like when you go on holiday and you put on wet swimwear the day after having swam in the pool, he was wet every single day for 20 months, and that would be pretty grim for most people. And then I worked with various interesting corporates so I can't mention. So we do all that and we also work with people who have the least in the world, so we work with people in Kenya who are working with AIDs victims, and we're working with people who have got drug issues, applying similar technology to see what kind of changes people can make.

APM: Similar kind of technology or techniques?

PP: Yeah, the Lightening Process, a kind of model you can apply it for peak performance for chronic illness, for dealing with huge amounts of stress and pressure, and also for dealing with stuff like drug addiction.

APM: Gosh, quite a wide range. But you still deal with people with mechanical problems, as a standard osteopathic experience.

PP: I do, but I rarely do hands-on osteopathy anymore.

APM: Right.

PP: Because I have so many other skills it's like well, these are the things that are my specialty now.

APM: So we got you in to talk about the Lightening Process. This is going to be relevant to osteopaths I imagine, and to chiropractors, or therapists. So why the Lightening Process?

PP: Well it's kind of relevant because one of the purposes of the designs of the Lightening Process was what do you do, as we've all experienced, what do you do when you have clients and you don't know what else to do with them because all your brilliant magic tricks that normally would fix them are not working, and that's kind of the origin, really, of the Lightening Process. One of the things I'm going to talk about a bit is how it started, and one of the ways it started is when I was a first-year student in osteopathy, I had this really, really serious injury, which I don't know if the camera can pick up. You can possibly see that there. Have you got that? On my left wrist.

APM: So what we've got is some very nasty scaring around your left wrist there.

PP: And what happened was I had a really serious accident. It didn't involve sharks. Much, much more dangerous thing than that, it was a caravan, a 1970s caravan, and it got stuck in a rut. There was three people at one end and three people at the back end, and we were rocking it to try and get it out of this bump, and I was pushing no the non-safety glass, and my hands went through, so the people at the back stopped pushing but the people at the front didn't know what was going on so they kept on rocking it so my hands were through the jagged edges, just being severed. And because I was a first-year osteopathy student, I don't know if it was the same when you did it, but this is the first bit we studied, as we studied in portions. I was like okay this is not good. And luckily I missed the main arteries, but I severed the alma nerve in particular.

APM: I don't want to interrupt you but I wasn't an osteopath when you started studying, but even I would have known that that's not good having that part of your arms severed.

PP: And for me, I had two careers. My real career was I wanted to be a rock guitarist, and my osteopathy was just the day job until fortune shown on me.

APM: How's the rock guitaring going?

PP: Not too bad, but obviously having injured the alma nerve, which is also called the musicians nerve, I knew that I was in trouble. And I went to the doctors immediately and they said well you've severed your alma nerve. I was hoping I hadn't. I was hoping it was just tendons close to the nerve. So I said okay, so how long until I get back to being an osteopath and playing the guitar, and they went well you just won't, because you don't get many one-handed guitarists or one-handed osteopaths. So I was like well that's not the right answer, so I sought a second opinion. The second person said you'll never move your fingers ever again. You'll be left with a claw hand. And I was quite contrary anyway, as many osteopaths are, and I was young, and I thought well I'm going to keep asking until I find someone who agrees with me that I can get well, because this is really important for me. There's got to be a way around this. And I thought to myself, okay, if lizards can regrow toes or tails, then surely we must be able to do something. So I asked and I asked and I asked, and everybody said the same, and I asked everyone at the college, and they all said well you've severed your nerve, they don't regrow. And finally I found a physio, interestingly. She said yeah, I think you'll be okay. And I decided to believe her. And in the end I did recover full movement of my fingers, and ended up playing guitar with Eric Clapton and all sorts of other stuff. But it made me think a lot about, because I also saw a lot of people in clinics who had the same issue as me, and clinically who had the same severing of the nerve, who didn't recover, and I thought well what is the difference here? And I think part of the difference was, because we all had the same medical care, part of the difference was how determined and

important it was for me to get my hand back, and my belief that it was possible. And to be able to discard medical opinions that didn't agree with me. And that got me very intrigued by that other side of medicine. You know you've got the physical hands-on, nutritional medicine, but what is the effect of prognosis? What is the effect of diagnosis? What is the effect of the words the clinician use on recovery? And that's kind of an interesting area to work in. It's not very well studied. It's very hard to find research that looks into this. There is a few bits which I'll talk about in a minute, but it's an interesting area because in any consultation there is always communication. No matter what it is, whether it is surgery or acupuncture. So it's something that we need to attend to in a new way. So do stop me if I'm rattling on about stuff.

APM: No, I obviously have looked into what we were going to talk about this evening, and I think the way you got into this is very, very important. And that is a ... I don't know but you're going to explain to us how this has happened, I imagine you're going to, but it's a very significant aspect, I think, of the Lightening Process, isn't it? Which I never would have considered it before listening to you now. That you could regrow an alma nerve by ...

PP: Well in fact the evidence is that nerves grow, and this is another interesting thing, and when we were at college, when I was at college, when you were at college probably, they still said neurogenesis, particularly cerebral neurogenesis, doesn't grow. Brain, once the brain is dead, nothing regrows. They've found that's not true anymore. They've identified hippocampal neurons regrowing. So all sorts of things changing. In fact, I'll get to talk about synapsis in a little bit. I've discovered when I was researching into it that they synapsis were only found in 1952. Before that they hadn't even guessed they were there, they hadn't identified them. So we're looking at quite new ideas within the long history of medicine. But yeah, that's what I was told, and I do think that when you get told stuff like that it can really stick, and that's very interesting. We'll come to that when we talk about placebos and what the effect is of placebos on health and not. So the Lightening Process, one of the things people often ask me is so can you summarize it. And it's not easy to summarize. It's a three-day training course, and the training bit is really interesting. We used to as osteopaths to do treatment with the idea that the person comes along and we understand and to some extent fix them, and with doctors people are used to that idea. But we know also now as clinicians that that's not entirely true. There is a bit that we do, but there is a bit the patient does. They can do the exercise, they can turn up, they can treat themselves well, they can relax, all those things on their part of the treatment experience. And there are also some people who you kind of have a sense that they're really going to get well really quickly, and there are other people you think this is probably going to take a long time. And it's not because of the condition. It's something about how they're bringing themselves to the treatment.

APM: So do you find, I'm trying to be careful of the language I use now, do you find there are conditions which are more challenging for the Lightening Process than others? Or more suited to it?

PP: That's an interesting question. With the Lightening Process what we're looking at is how can we re-stimulate the connection between the mind, the brain, and the body to change physiological processing. And any illness fundamentally is something going wrong with physiological processing. We have treated a whole range of stuff. The things we're most competent are the things we've seen the most of, so we see lots and lots of chronic fatigue, lots of ME, lots of multiple sclerosis, lots of depression, lots of anxiety, lots of migraines, lots of chronic pain, lots of OCD, lots of skin conditions, lots of all sorts of diseases. So we can say we've seen a lot of these, and what's interesting is people haven't said, and again this is another interesting thing we have about concepts and beliefs, well doesn't it take longer to get well if you've had a problem for a long time? And that seems to be a reasonable conversation to have, but there's no evidence to support that. If you've had a back problem for a long time and you've not had correct treatment, it won't go away, but if you have correct treatment, it will probably go away quite quickly. So longevity doesn't mean it's more complicated. How young or how old you are doesn't seem to make a difference. How severe it is doesn't seem to make a difference. So some of the slides I'll show in a minute of some people who are ill. We've seen people who are between seven and 93. It doesn't seem to make any difference how old they are, although generally kids, because it's a training program, learn quicker because they're more used to learning. We've seen people who are fed in tubes because they can't eat in darkened rooms unable to tolerate noise who get better often within a day. We've seen people who are in wheelchairs, often with chronic fatigue or multiple sclerosis, who recover. Not everybody. I'm not saying it's a magic pill that will cure everything, but people making huge changes where you'd kind of look at it, and I certainly would look at it before doing the Lightening Process, and would think that's going to be tough to fix. But actually it turns out that we all have exactly the same internal communication systems, and we can switch them on to retrigger good physiology. Then who knows what can happen.

APM: Out of curiosity, why call it the Lightening Process? You mentioned somebody getting better in a day and I thought that must be it, because it's quick.

PP: Yeah, it took me a while to work out what to call it. I was saying to these guys earlier. Eventually we settled on why I settled on the Lightening Process, because it's usually rapid. Not universally, but people are really making quite phenomenal changes really, really rapidly. It's enlightening. People kind of go oh, that makes a lot of sense, I understand things differently. And often they do this thing called post-traumatic growth which is where they kind of go you know what, that was actually one of the worst things that ever happened to me, but in some ways, really, really important because now my life is very

different and I probably never would have looked at things in this way. And we also say it kind of lightens people's loads. So that's why it's called it. And as I was saying when I was writing one of the books about it, I also remembered that still had that card that said lightening burns so I wonder if my unconscious mind was reminding me about that when I came up with it.

APM: It has nothing to do with that Harry Potter scar on your forehead.

PP: Nothing to do with the Harry thing, although quite often people say does it involve electrocution, and we go no. So in some ways I wish I hadn't called in the Lightening Process and called it something else, but there you go.

APM: Okay, so tell us about the development.

PP: It comes from a combination of osteopathic concepts. They're really core to the Lightening Process, so we often talk about osteopathy in terms of the Lightening Process and people go well does that involve manipulation or tissue work, and it doesn't.

APM: Can I say something just for a second.

PP: Yeah.

APM: I don't want to alienate half of our audience. Have you had, you must have had other practitioners on your courses, so clarify, and we talk about osteopathic concepts, but actually probably that putting relates to physios and chiros as well.

PP: Yeah, so I mean one of the things that distinguishes why an osteopath would do something rather than a physio would do something, partly would be what lies behind that. What motivates them to do that? So osteopathic in concept in terms of looking at some of the core ideas of osteopathy, the body as self-healing, which is not unique to osteopathy, but it is part of the holistic idea of osteopathy, that the body has the ability to heal if it's given a good chance, which again is not unique to osteopathy. But there are very guiding principles within osteopathy, and within the Lightening Process. It's a concept of facilitation, which again is not unique to osteopathy. Certainly chiropractic looks at that a lot, this whole idea of neurological input and output. But that was my kind of background, and when I was an osteopath I spent a lot of time kicking around with chiropractors and physios and finding we had much more in common than we had in difference, actually.

APM: Absolutely.

PP: But it does have that kind of idea of how the body works, holistic perspective on how things fit together, and that we shouldn't systematize bits like we did when I was a osteopathic student looking at the forearm.

APM: You have to start somewhere though.

PP: Yeah, exactly.

APM: We've actually had a question come in while we've been discussing this, and again it's really nice that people identify themselves on the questions. It makes it a bit more personal. But unless you do you are anonymous. This person has chosen to remain anonymous, but they want to know whether the Lightening Process has been used to help with motor neurone disease.

PP: I would have to absolutely check that, but I think it has. We have a database of every condition that we've ever worked with, so we say to practitioners if you work the condition we haven't heard before, do put it in. We certainly work with degenerative neurological conditions, and that's one of those. Whether we've worked with that exact one.

APM: Perhaps we can check that up afterwards.

PP: Yeah, yeah, we absolute ... Certainly worked with Parkinson's and non-Parkinsonian tremors. We've worked with a whole range of stuff, which from medical textbooks you should never recover from, and they've recovered. Interestingly, chronic fatigue, there was just an article out yesterday about some research where they found that they think the beginnings of biomarkers for ME, which is really exciting stuff. And they still class it as an illness from which you cannot recover, which is absolutely not true. We have seen 20,000 people over the last 18 years, and I know if somebody has chronic fatigue it's curable for sure.

APM: What's your success rate?

PP: 83.1 percent of people in the last survey of 1,200 people said by the end of day three they didn't have their problems anymore.

APM: So yeah Penny, do you need a microphone?

PS: Well I'm just interested ...

APM: Let me get you the microphone just to make sure.

PS: I've got it already.

APM: Oh I'm sorry.

PS: I mentioned the Lightening Processes to my GP this week and he hadn't heard of it. I mean how are you received by the orthodox medical world? And

you've obviously had a lot of people getting a lot better, but is the message getting through to the medical world?

PP: It is slowly. It's a slow process. As I'm sure you know, doctors are only really allowed to refer to nice guideline practitioners.

PS: Right.

PP: And without research, without lots of research, you won't get into nice guidelines. So we have quite a lot of research, peer-reviewed stuff, and we're waiting for a major RCT to come out, and those things will help.

PS: So is that being conducted at the moment?

PP: It's being conducted. It's waiting to be published.

PS: Okay.

PP: We've been waiting for the last three or four years for it to come out, so we don't know when it's coming out, but when it does that will be really significant, because RCT's and alternative medicine are pretty rare.

PS: Yeah.

PP: So that will be a major thing when it comes out.

PS: And is your PhD about this?

PP: My PhD is specifically in addiction, so it's a version of the Lightening Process called the Rediscovery Process, which is for addictions, and that is a RCT as well. A qualitive study. But what we find when we talk to doctors. They are like ... And we do a lot of work with teaching medics and teaching medical students and teaching GPs, is that they're really excited, because they have patients, particularly the kind of groups that we're talking about, who they keep on seeing and they don't know what to do with.

PS: Yeah, my GP was open to it. He'd been on a hypno-therapy course, but he'd just been on a taster-course, but he hadn't time to take it further. But I think he would have been somebody that would have been quite open to it.

PP: What usually happens is somebody does the Lightening Process, gets well, goes back to their GP, and their GP has their notes because they've been seeing them for ten years, and goes what has happened? How come you're walking? Oh well I did this thing called the Lightening Process. Because they know that the anecdotal evidence is right in front of them, that somebody they know to have been ill, and not pretending, and genuinely been

debilitated, is now well and asking them can you sign me off disability allowance? I don't need it anymore. And they're like this never happens.

PS: Right.

APM: So assuming the research comes out in the relatively near future. I don't know what the normal flash-to-bang time is on research itself.

PP: Depends.

APM: There is a good chance this will be picked up by NICE and they'll say let's save 10 years of BP work and give people the Lightening Process.

PP: I would say it's unlikely, because usually with NICE you have to have more than one study. And each study takes three to 10 years and X number of millions from grant applications and everything else, so it's a very longterm process.

APM: Yep.

PP: Where's osteopathy in there? How are they getting over that? I'm sure they're working harder with a much bigger organization and they've not achieved it yet. It would be great if we could. It would be fabulous. But we have to be reasonable and realistic as well.

APM: Interestingly osteopathy and chiropractic have been accepted as back-pain options within NICE, although certainly I think we had one of the many contracts that were offered for this, but they were withdrawn because they've got no money left. And that's a short-term approach because of course the alternative is a longer-term course of treatment through the conventional methods. And the same applies to you. And I'm certain the shame of it is the NHS will save money if people go and do the Lightening Process, but the patient will have to pay for the process.

PP: Yeah, absolutely. We had some, a lot of interest, from insurance companies who have been paying longterm sick-leave and went well this is worth a ton if it's going to cost us ...

APM: Interest translates into ...

PP: Clients being sent.

APM: Accepted. Which insurers in particular?

PP: Who was it? I think it was .. I might say the wrong name so I better not say.

APM: I wondered how many because there's obviously the big names like Boopa are very cagey about they accept.

PP: Yeah it wasn't Boopa for sure. So yeah it's interesting times. There are currently two qualitive studies, one published by Harvard and Kings, one published by a Norwegian university. The RCT, a proof of concepts study with the Multiple Sclerosis Research Center. Another one done with a university. So lots of stuff considering it's a profession of 60 people. That's extraordinary, the amount of noise. That means that people are intrigued about and researched. So that's a great thing. And we're very, very pro research. We know that the currency of whether something is good or not is currently measured by what's your evidence base, which is one of the reasons I'm doing a PhD in the matter.

APM: How many practitioners are in the Lightening Process?

PP: About 60.

APM: Just 60.

PP: In the world, yeah.

APM: Gosh.

PP: So it's really tiny, actually.

APM: We're not here to market your training course, but if you can convince us it looks like it's a very productive field to get into. Before we get on to talking about what we can do without doing your courses, or how we would go about treating, what is it? This is not simply a course of treatment for a patient, is it?

PP: It's a training program. So instead of calling people patients we say they are trainees or clients or participants, because we really want to redefine that balance. Instead of saying my job is to fix you, we say no, my job is not to fix you, my job is to teach you some skills that other people have managed to fix themselves with. This is yours, run with it. We'll support you in that as much as we possibly can, because fundamentally the person who has the most influence on our own physiology is us, particularly if you're teaching a technique that involves using your mind to influence your brain to influence your body. A bit like the weight-watchers. There's got to be a chunk of work that you're going to have to do to make those changes. So as it says on the next slide I've got here, part of the Lightening Process is the osteopathic ideas, concepts. The second thing is teaching people to coach themselves. Teaching people to have a kind of a mindfulness, except it's a lot more than mindfulness.

APM: So mindfulness is going to come up, and I'm always very adverse to buzzwords, and I kind of fell like mindfulness has developed a sort of a popularity, which may be as fashion. Is that the case?

PP: Well as we were mentioning earlier, mindfulness is the cutting-edge, new-fangled, five-and-a-half year-old Buddhist practice of becoming present. But yeah, often as we know with Western adoption of ideas they can dissect to something possibly smaller than what it is.

APM: Maybe it needs a new name so that people are prepared to accept it.

PP: Yeah, yeah, and if you look at it again, you know Jon Kabat-Zinn, who started ... Makes most of the research into mindfulness started 40 years ago, and now it's really popular. I mean he's been mining that for a long time, trying to push it, and now it's been adopted.

APM: What does it mean?

PP: There are a number of different definitions, but the simplest one is to say to be present, to notice what is, and to be detached from giving it any meaning. And we mentioned mindfulness. The Lightening Process isn't really a mindfulness practice in that we say more than be detached from it. Actually what you want to do is stear your brain in a very particular direction. So instead of just being in neutral, we would say if you want to be more peaceful, then you need to learn to be more peaceful. If you want to be more healthy, you need to learn to be more healthy. We're going to stimulate more red blood cells, well than you need to look at how you stimulate more red blood cells. So we're a much more deliberate use of the brain to point you in a very particular neurological direction.

APM: And you're saying that's possible, is it, to stimulate more blood cells?

PP: Yeah, it is. Yeah, we had a client who did the Lightening Process for chronic fatigue and in the celebration of being wellness she went to the what was it called ... The Inca Trail of Machu Pichu.

APM: Yes.

PP: Which you have to acclimatize to. She was up there, she had been practicing the Lightening Process before she went. He husband was like a dog on his knees and she was running around. So she must have increased her red blood cells somehow, because that's the only way you can carry that. The small amount of oxygen there is in the atmosphere. I don't know that for sure. We didn't take a blood test. But you know we can say something must be going on physiologically for her to be able to dance around at high altitude. So yeah, lots of stuff like that, which again really kind of flies in the face of everything that I was trained. That when people get well we find they start

walking miles, when normally in rehab you'd expect people to do it just small and gentle steps. It's extraordinary what people can achieve. And the other thing we look at is how do you switch on this linkage between the way the mind, brain, and body work, and what if you could do that at will? What if? If you think about it, let's say we manipulate someone or stretch their muscles. One of the models is what we're trying to do is reset the neurological thresholds, a synaptic level or a spinal cord level, and we're having to kind of do that for them. What if they could do that themselves? What if they could get inside that machine and somehow find a way to reset those synaptic thresholds? When in fact to some extend they're the best place to do that, more than us. We're outside, poking and pushing and pulling. They actually are in the machine. They are the machine. They are that neurological system. So is there a way to settle those synaptic thresholds?

APM: By which again are you saying that if I manage to master this process I can stretch my gastros, my hamstrings, without having to be manipulated or ...

PP: It would depend. It would depend. Let's say you got fibrotic changes that need someone poking them, then you probably need someone poking them. But if the problem is you're just constantly triggering some mechanism which is tensioning up, sometimes we find that as osteopaths we stretch them out and get them all nice, and then next week or next day it's back again. And you went okay, what's going on?

APM: And there is some research, is there not, to show that stretching muscles in clinic is a very short-term effect. We all think we've achieved something, possibly because we want to see that effect, but also, when it's been measured in research you get a few degrees maybe but it lasts hours, possibly days, and then the muscles reset.

PP: Yeah. I think if all we're doing is that then we're not being effective. What we need to be doing is somehow resetting the system so it has a new resting normal, and I think that's what we're trying to do, rather than get the muscle stretched here, is to try and put into the system so that is gets to how we should be.

APM: I don't about anybody here, but I'm certainly waiting until we find out how this happens.

PP: Well unfortunately the Lightening Process takes three days to teach a client. It takes about a year and a half to teach a practitioner. But, I do want to give people some sense of what they think about in terms of working with their clients, and I think the next slide is about ... Let's skip through this actually, because we've got lots to talk about.

PS: Can I just ... So you're kind of talking about getting people a bit more in control of what they're thinking. Do you think a lot of the illness is something to do with the fact that they're catastrophizing or they're thinking negatively?

PP: Partly, but it's more nuanced than that. It's not purely about emotional triggering, it's about what physiological pathways are they triggering as well.

PS: So there's a sense like what we used to call bio-feedback.

PP: Yeah, yeah.

PS: So it's that kind of getting them to sense their body and see what affect they're having.

PP: Yeah, and to to recognize what pathways, and I'll be talking about this in a minute, about how neuroscience is perceiving this now. Let's quickly talk maybe about some of these slides. One of the things people go well is it just all about positive thinking? No, it's not. It's about the physiological highway between our body and our brain.

APM: And again I'm going to interrupt because we have several questions in the audience saying get on with it, what is he going to do? In fact I'm sitting on the edge of my seat. And we are going to get on with what it is. As Phil says, we're not going to be able to explain the full detail of the Lightening Process in the remaining hour, but you're about to explain what it is.

PP: Yeah, just some science about the mind-body link. When people get embarrassed and blush.

APM: Yeah, I used to do that, yeah.

PP: I used to do that as a kid. That's a really good example of the mind, brain, body connection because a thought you're having like somebody's reading something in class and you can feel it, it's going to be you next, and you start to get red, that's your thoughts affecting your physiology affecting your capillary function. Also before people go into interviews where do they go? They go to the toilet. What is that? Well that's the stress response as we know. We also talk about this thing that if you plunge your hand in ice-cold water, which is a classic test you do in physiology and psychology to see how you respond to pain, if you swear a lot you can hold it a lot better than if you cracker that's warm or cracker that's cold. So we can see these really interesting influences between brain and body, and what's very interesting about it is that if we look at the gut-brain, so the plexus or the cervical plexus, all that stuff, they reckon there's a hundred-million neurons there, which is the size of a cat's brain, neurology there, and that the vagus nerve, they they reckon 90 percent the traffic travels out. So we're not just talking about this bit, we're talking about all of it and how does that interlink. There's another

nice study where if you take those little Yakult kind of yogurty things that it will change your brain function because it changes your gut, and the link between the gut and the brain is so strong that it influences a particular part of your brain.

APM: Has that been researched?

PP: Yeah, yeah. There's a reference to that as well. And it's particularly the part of the brain that is affected by hypnosis and meditation and all those kind of things, so there is really a kind of strong connection, both ways from there.

APM: I have to say out of an interest in impartiality, you mentioned Yakult, and there are other yogurts available.

PP: Yes, and I wouldn't recommend specifically Yakult. It's very, very sugary. But as one of those bio-yogurty drinks.

APM: Have you ever come across an osteopath named Matthew Davis?

PP: I don't think I have.

APM: You haven't. Well Matthew is one of our regular questioners, and he likes to be a bit controversial, so thank you for your question, Matthew. His question is what's unique or original about this Lightening Process? He wasn't quite as aggressive there.

PP: That's a good question. The Lightening Process has a few extra twists and turns. It does have some similarities with all sorts of stuff, Greek philosophers, osteopaths, acupuncturists, acupuncture philosophy, you name it. But what's interesting about it is the way it's brought together, and the changes that it gets. So quite often we'll see someone who is an osteopath and is an NLP practitioner, so they have like quite a core group of the skillsets that we are looking at, and they are still not well. And they do the Lightening Process and that helps them to become well, because what it does is it helps them to spot things they couldn't spot themselves. It helps them to identify the way they're using language, the way they're using their body, the way they're triggering pathways that aren't very useful for them.

APM: And we keep talking about language, and we mentioned NLP neurolinguistic programming a couple of times. One of the questions that has come in is is this the same as cognitive behavior therapy?

PP: No, not at all. There are some similarities. One of the similarities is with CBT they recognize that your emotional state is a result of the way that you're thinking. So some other models are just like your emotional state is just the way it is. CBT says the way you're thinking creates your emotional state. But with CBT what you're looking at is analyzing thinking, a lot about your

thoughts and how you might do things differently. It also tends to be coping with illness rather than how do you recover from illness. But the Lightening Process is what it's looking at is saying what pathways are you triggering that are not helpful to your physiology, and how can you change those. So that's a very different conversation. I've got a nice slide here, which looks at placebos. So placebos are a fascinating thing. The Lightening Process isn't a placebo, but it looks at what is happening when someone takes a placebo. So one of my favorite stories is they did a study, again another researched study, where they gave people chemo. So they're doing a blind trial. So one group would get chemo and one group would get dummy-chemo, but neither would know which they were taking. And the group who gets the real chemo, hair falls out as you would expect, but the group who got the dummy-placebo chemo but are not sure whether they are getting the real one or not, 40 percent of them will use all their body hair as a result of taking something that has absolutely nothing in it. And that's fascinating because that's showing that the only thing that can be active in a change in their physiology is their belief or expectations.

APM: That's an interesting trial though, isn't it? It's astonishing that people who needed chemo were not giving chemo, because surely how does that get past an ethics committee.

PP: Who knows? Maybe it was a long time ago. We'll come to some other interesting ethical things on this slide. If you give someone a placebo that is shaped like an asprin, then they will not nearly get as good a response as if you give them a placebo which is shaped like one of these, the red and white pills, because they are seen to be strong. Even stronger than that, interestingly, is single silver pills. Not gold pills. Gold is considered to be antique. Silver is from the future. Even more powerful, any guesses what's even more powerful than single silver pills? If you give someone an injection or an IV of nothing, because they're like there's probably meds in there. And top of the tree of course is surgery. So there are a number of examples of sham surgery. Talk about ethics, how they get these things through I don't know. So Leonard Cobb in the fifties did some heart surgery, placebo heart surgery, and he found that if you just gave someone a little incision it was better than doing the whole procedure. They did the same thing with knee surgery in Houston on veterans when they found that if you give someone half the stroke and just give a little cut, don't do anything but play a video to give them the sound once they're under anesthetic as the surgery. They will do as well as somebody who has real surgery. Which kind of really asks some very powerful questions about what is going on. How much of what we do is due to what we're doing, and how much of what we do is due to other factors? And can we utilize that for good? That's the interesting question. Instead of it being trouble, it's like well, if these things are making this much difference, how can we enhance those factors.

APM: We discussed this earlier. There's two things we talked about earlier. One is some excellent, very readable research by Ben Golday about placebo and the placebo facts which you just said. But also we had that discussion about our academic principal Laurie Harmon. Now Laurie is probably one of the most famous osteopaths in the world. He is the master over the technique. But I've asked him in the past how much of it is Laurie Harmon and how much of it is his technique, and it's probably a big combination of both, isn't it, because as you said he comes with a big reputation. He has the most extraordinary manner with patients, and of course he produces the noises in the room, and that must have an effect.

PP: It must do. And that's not to deny there is an effect from his technique as well, but we can't isolate those things from everything else, because we're not test tubes, and we are humans. We have all these interactions, but I think the conversation is how do we enhance that interaction. That's the interesting question.

APM: Again, two questions have come in from a lady who identifies herself as Cat3 and another one who identifies herself as Carolyn. She wanted to know how it works with different kinds of cancer. Then she asks how it works with Parkinson's, because you were earlier mentioning ...

PP: Yeah, yeah, yeah. Well with Parkinson's again there's some really interesting placebo studies where if you give someone placebo dopamine, so reduced dopamine, which is what you need to attenuate the tremors, they will get really good results. So we already know that there is some kind of interesting factor going on. And with the Lightening Process what we do is help people to address that, like how do you settle down in your logical underreaction, or whatever it is that's going on with managing the tremors. And does it help with everyone? No, it doesn't. But it does help with a chunk of people who make really extraordinary changes. And the same with MS. MS is a particularly interesting one where there's relapsing or remitting MS, which is often how it begins. And when you're relapsing or remitting you can have MS symptoms, very, very profound MS symptoms, and then they can completely go as you go into remission. And that remission as we know can last for a week, a month, six months, a year, or you can never ever have it again. But what's interesting is when you look at the nerves you'll see the scars are on the myelin sheaths whether they have the symptoms or not the symptoms. So it becomes quite confusing. It becomes well are they well or all they ill? How do we manage the situation? And is there a way to help them to shift from the relapse to the remission.

APM: And you said that you've done some research into that area as well.

PP: Yeah.

APM: Which does beg a question that Matthew Davis has sent in. How can you demonstrate that this is not just a placebo, which you said isn't going on.

PP: That's a good question. The only way you can really do that is to set up a trial where the control is some sham version of the Lightening Process and then do a real version of the Lightening Process. Then you might have some ...

APM: Is that possible?

PP: Bloody difficult. And that's the problem. When you're trying to do research into these sort of things, is the sham thing has to be convincing enough for them to think that they're getting the Lightening Process. So it's quite tricky. You can do a lot of pills. That's quite easy to do. But when you're doing it with osteopathy, or with anything that involves human interaction it is quite difficult to see. But I think the question is can we make this even better? Can we take some stuff from this and help it into our practice? Because one of the things I think we see a bit is when people get stuck into a stuck cycle because they keep on seeing people and they don't get any change and they just get like I did all those years ago, these prognosis like there's nothing that can be done. Whereas what they mean is there's nothing we can do. Rather than there's nothing that can be done. So really, really thinking about our language, how we use our language.

APM: Yeah, sorry.

PS: Yeah, I'm just interested. So the process takes three days, so it's quite an intense ...

PP: Three half days.

PS: Three half days. And then is that it? They don't have follow ups?

PP: They do have follow ups, because with any training it's good to support people in their training process, so they follow up as much as they want. There's three hours included in their package, but they can have extra if they want. There's loads of stuff on the internet. We use social media a huge amount to support people and remind people, because it's teaching them to think about their body and health in a different way, which isn't the way most people think about.

PS: But they've got the basic skills.

PP: They've got the tools, yeah.

PS: And then they go and practice those. But then people get results very, very fast.

PP: Yeah, amazingly fast. I mean when I first started doing the Lightening Process, and my colleagues shortly came on afterwards, we were like this is amazing, it can't possibly last. Particularly when we work with ME and chronic fatigue, which as an osteopath and hypnotherapist and an LP practitioner I found was almost impossible to make change with. You can make a small change it, and then it faded. And then we did the Lightening Process, and those people made amazing changes. We're going how long is that going to last, really. And it did last. Checking in with them, it has still lasted.

PS: So you said there's always a percentage that it doesn't work for. Do you think those people have a different kind of ME than the people it works for?

PP: The difference I think is how ready they are to take on some of these ideas, because some of them are quite conflictual with the other things that they've been taught. There's some interesting cases of people who did the Lightening Process that didn't get any results. Thought that's a lot of nonsense. And then kept on hearing their friends getting well and they revisited it and they went oh actually there's some bits that I wasn't understanding or putting into practice in the way that I wanted to.

PS: Right, because all of a sudden they were able to take it onboard.

PP: Yes, and then make changes. Will it work for everyone? I don't think so, because nothing really works for everyone. That would be kind of a ridiculous claim. But it does work for a large percentage of the people that we see.

APM: Can I bring Gilly? Gilly obviously works a lot with language, and what she does is social medias. Gilly what's your thoughts?

GW: I'm totally fascinated by this. In particular I have a son who had a stroke and he's 12, and he's still got severe right hand dystonia and he's in constant pain, so I'm just interested to know whether that could help him. I've been on a nine-year sort of hunt. They're about to cut tendons and nerves and I don't know. But I'm sort of fascinated by that in particular. But I also think on the social media side that that's the quickest way of getting information out now.

PP: Yep.

GW: I'll be sharing more of your stuff.

APM: But also on the Lightening Process, I imagine you would also have some observations which we won't have time for today, on just the source of language that you should be using and we should be using in our social media. I know we're going to come on to a sort of language-using clinic in a minute, because I'm already getting questions saying come on, come on, how does it make a difference?

PP: Yeah, which I think we should move on to. So let me skip through a few bits and bobs. Don't know if you want to show any of these pictures as we go. These are just some of the people, real cases, that made change. We've got this girl who goes from being fed through the nose and then she chewed, to being well.

APM: In how long?

PP: Three days. So there's 21 days between the two photos, but that's the third day of the Lightening Process.

APM: Now and we should emphasize I think, and I think I'm right in saying this, that virtually everybody who's got a favorite technique, a developed technique, they've all got star cases which they can show. People it's worked on very, very effectively. But actually you've got quite a bit of research to show. This goes beyond the one or two star patients.

PP: Yeah, absolutely. But I would also agree that it's not going to fix everybody of everything all the time. But what's interesting about the Lightening Process is it's a training program, it's not we fix you, it's like here's some tools that people use to change their physiology. We all have physiology. See what you can do with it. That's the kind of premise. There's Tina, there's a couple people in Artic and African conditions. A guy cycling the Alps, walking Land's End, running marathons, having babies when they were told they could never have babies. Which I really particularly like those stories. There's some research which I've talked about ...

APM: And you didn't mention, but all of those prior to the photographs were ...

PP: In wheelchairs or in bed. Yeah, absolutely. Yeah, yeah, absolutely. I talked mostly about the research on that side. So one of the questions is when should you refer? Particularly when you have a non-responsive clients. The Lightening Process is not the first point to call, but if you've got someone that you think they should be getting better, I've done the right things, and they haven't. That would be a good time. And particularly conditions chronic fatigue, persistent pain. You were talking about chronic regional pain syndrome, MS, digestive issues, or auto-immune issues. We've got some very, very good results. Again, I'd say not everybody all the time, but very, very promising results, as well as emotional based stuff. Anxiety, depression, and OCD.

APM: I quite like this question that has come in. The questioner hasn't given his name but I have a suspicion that we know who it is. The devil's advocate in me sees how a persuasive practitioner could get a spectacular short term result, like a televangelist healer, but is there any data for long-lasting effects? If there is a long-term effect, does it require the client's continue the therapy or is the result a one-off. And you answered a little bit about it.

PP: So what's interesting because it's a training program, they have the tools. If they make the changes with the tools, if they continue to use the tools it's reasonable to assume they will continue to make the changes. Do people always continue to use the tools? No, humans are humans. But when they do, yeah, long term. And I know people who did the Lightening Process 12, 14 years ago and I'm still in contact with them and they're still well. Is that true of everyone? I doubt it. But yes, there is longevity. The qualitive study followed people up over twelve months. The RCT, over twelve months, but that's not published yet. The proof of concepts, yeah, there's a chunk of research about it. It's a good question. It's a reasonable question to ask. And what's interesting to me is the whole televangelist charismatic healer thing is very interesting, but for me it's like that would be a distraction. If it completely revolves around some magical person, then I'm not that interested. What I'm really interested in is can we teach people to be able to take an independent responsibility for their future health, because that is the most interesting thing.

APM: So in your three half-day program, what's the process? What are you taking your patients through?

PP: So we're taking them through a series of concepts and ideas about how first of all, about how they could influence they're health, because we're taught that we can't influence our health. How language is important, which we're going to come into in a moment. How the way you use your body is important. Which neurological units you're activating will have an effect on your physiology, and training through that again and again and again and again until they get it.

APM: So to the layman you're teaching them this degree of anatomy and physiology.

PP: Yeah, yeah.

APM: Yep.

PP: They don't need to know much anatomy and physiology but they need to kind of understand why doing these things would make a difference.

APM: Okay.

PP: It's quite difficult to explain, but if anybody's an osteopath or a chiropractor or a physio is interested in observing the Lightening Process they're very welcome to just come and watch it. That's the easiest way to understand it. Just come and observe. It doesn't cost any money.

APM: Three days is a long time to cover what you've just mentioned.

PP: Yeah.

APM: Three half days, yeah.

PP: Yeah.

APM: In terms of language, just as an example, what would you be telling me. I've got chronic pain.

PP: Let's come to some of the slides. They might be useful.

APM: Yep.

PP: So can I come back to that?

APM: Yes.

PP: Because I think it will fit. How are we doing for time? So one of the things we generally talk to people about is the idea of states. And the question with states is what bit of your brain is switching on right here right now? Because we're always in one state or another. So classically in traffic jams, what state are people in most of the time? They're stressed, anxious, annoyed. Does that help in any way? No it doesn't. It doesn't help the traffic jam, or improve it. They're more likely to crash the car, have a heart attack, have an argument with someone. So we can see that very often we're in a state that is not the most useful one to be in. And some of the states are physiologically quite damaging for us. Some of them are damaging emotionally, some of them are damaging in terms of our relationships. And this is one of the problems we have as humans, that we are always in a state. The question is is the state we're in the most useful and is it triggering good physiology or triggering poor physiology? So there's a lovely video I'd like to show briefly which is an octopus, and the reason I have to warn people is in case someone has a phobia of octopuses. Is everyone okay? If you have look away now. So this is a video a friend of mine, Roger, who's a marine biologist, and he's near this rock, and he sees little fish, and then all a sudden this happens. So this octopus is being camouflaging himself. And what the octopus introduces us to is this idea of the ability to really transform physiology by the way we think. So the octopus is hiding initially, and when Roger gets too close he switches to plan B, which is to change his physiology and scoot away. But if you watch him, he completely disappears. It's incredible how much they can alter their physiology. And if they can do that, then the question is what could we do? And the other thing that is interesting about it is if you were swimming near that wrong you would assume that rock has rock-like properties, that's all it's going to do. You don't realize half of it is a living thing. So we quite often end up having a version of the way the world is that's maybe not as accurate as it should be. One of the things we want to

look at now is this. If we can show this slide, this of course is a dentist-light. Now, as long as again you don't have phobias of dentists or any issues with dentists, this is a really interesting experiment to check out. If you're watching this on an Ipad it's even better. If you take your Ipad ... Can I bring it up just for a second? And you hold it up like this so that the dentist light is in the dentist light position. And you girls can help out. If you lean backwards and open your mouths and imagine the dentist is saying ... You got nice light to look in there. And the dentist says I'm just going to make this a bit more comfortable for you. I'm just going to give you a little, what do you call it, injection. So open your mouths. Imagine then, take your fingers and pull your cheek away from your tooth just like the dentist would do. And he says I'm just going to make it more comfortable for you and you start to feel that anesthetic spread. How would you describe that feeling? It's kind of a thick, fat feeling in your mouth. And what you'll find, you guys watching this and you guys here, at least probably 50 percent of you will start to get a slight change in the sensation, and some people a profound sense of anesthesia just a result of recalling the dental experience. So just stroke both sides of your cheek.

APM: Which sounds like hypnosis.

PP: It is hypnosis. But that's what happens when you go to the dentist. As soon as you lean back and he says that your brain will go oh I know what to do here, and it will start to generate anesthesia. Now is that hypnosis? Well we were just talking about going to the dentist, and that's where this whole conversation about what's hypnosis and what isn't it is quite interesting anyway. Hypnosis is about helping people to change state. Well that's what we're doing in any conversation. If I say to you what's it like being in the marines. Where have you gone? You're no longer here. You're now thinking about what's it like to be in the marines.

APM: I'm very glad I'm here.

PP: So we're constantly switching states.

APM: Yes.

PP: So in this case what we're doing is switching physiology. And hopefully some people out there will have noticed a change in sensation. And the more we do that the more change people will get. Which raises this interesting conversation once again if we can show this. For many people, I don't know if you guys here, when you were teenagers and maybe drunk something that you can't face anymore because it was bad. What was it?

APM: Well it was gin at one point.

PP: You've got over it now.

PS: Piccardian Coke, I seem to remember some unpleasant.

PP: So now when you think about Piccardy what happens? Does it still get you?

PS: Yeah. Well I felt an immediate kind of ...

GW: Cointreau.

PP: So what we got here is the memory is enough to change our physiology, and quite often people go can you just put that slide away please if it's one of their particular drinks.

APM: I think we've got a lot of people here saying that actually we understand that the brain's very powerful. It triggers memories and so on. I've come in with my chronic pain. Actually the Piccardy's not doing anything for me. What is it you're going to tell me to do that's going to help me with this chronic pain? What language, what linguistic process?

PP: So the thing to remember is in these cases, remembering cointreau, the word is enough to trigger a physiological response. Well it's exactly the same. We have to remember that all medical consults are very state changing. Quite often people come out of a consult and their friend goes what did the doctor say they go can't remember a thing. What did they say? And that's why they often take a friend with them. So they get themselves into a hypnotic or a very different altered state. Quick word about neuroplasticity, because this is important in answering your question, which is I don't know how familiar people are with neuroplasticity, but I spoke at a GPs conference and only about 15 percent of people knew what neuroplasticity was, so it's worth mentioning. Neuroplasticity is the ability of the brain to change dependent on how it's used. So if you keep on triggering this pathway, which let's say into pain, then the pathway will actually physically change to make that synaptic gap smaller, and that pathway will run quicker, and the pathway to comfort, relief, ease, relaxation, will be much more difficult.

APM: And there's good medical evidence, or good research evidence to show that.

PP: Absolutely, this is not made up. This is what physiology does. And equally, the good news about neuroplasticity is if you start triggering positive pathways or healthy pathways they will become the dominant pathway because neuroplasticity doesn't really care. The problem you've got of course is we think about our problems a lot. And even, and this is a classic thing, you've got a little picture of a goat here, if we ask you to not think about a goat wearing purple wellies with Einstein riding the back of the goat with a backpack with an octopus, and in each of the octopus's tentacles there is an ice cream. What flavor are the ice creams? Then if we ask you not to think about that then obviously you start thinking about that. We know this, this is

a well-known experience. So when people say oh I haven't got any pain today they're thinking about pain. When they say I have got pain today they're thinking about pain. And this is one of the problems I was asked to talk to some pain consultants. And I said to them right, what do you want for your patients, without using the word pain? And they went got it. They came away 50 minutes later and they said can we have another five minutes. Twenty minutes later they came back and they were saying yeah I think we got an answer and the answer is pain-relief. So well do you notice ... And they went oh yeah. And they went away for a bit longer, and they could not come up with a word for anything to do with what they wanted and didn't reference pain. We want freeness for the patient. Free from pain. Which was fascinating. Because these are the guys who haven't even got pain. They're just swimming in this world. But for somebody who has an experience of chronic pain, what are you going to be talking about a lot of the time? What are people going to be asking about? What are your internal conversations likely to be? It's normal and natural that they'll be about the symptoms. Nothing wrong with that apart from neurologically. Neuroplastically you are triggering the pathways you don't want to be triggering. So the person goes to the chronic pain consultant and there's a little leaflet says come to the chronic pain car park, so they park in the chronic pain car park, and then they go to the chronic pain reception area and they sit in the chronic pain waiting room, and they get told read a leaflet while you're there, which is all about chronic pain and how to cope with the pain. And then the receptionist says the chronic pain consultant will see you now. You want to go down the corridor and there's a door that says chronic pain consultant, and knock on the door, and the guy says I'm Stephen, I'm your chronic pain consultant, how are you feeling? And we know that neurologically, there's some great research into this by Vice and his team, that if you say the word pain you will trigger the neurology, you'll get FMRI scans lighting up all over the place of areas that are linked to the perception of pain. So we need to be thoughtful of this. Now this is a big issue for us, because as clinicians, particularly people coming in with pain we have to ask some questions about this, but each time we do, we're actually adding to the problem. So how do we manage that? And that's one of the things I'd suggest thinking about. What words could we use that don't reference pain, and how many times do we use those words? So in the study by Vice it wasn't just the word pain, it was words like intense, and burning, and throbbing, would also be lighting up these areas. And we need to ask ourselves how many of the questions we're asking are useful? Do they have a value? And could we ask it in a different way? So there's an interesting slide here of the visual analog pain scale. Hopefully this is being shown. If you have a look at it notice all the words in this very brief and very well-respected scale that could trigger the wrong kind of neurology.

APM: And it's a scale that we all on many occasions may advise to use, rather than a numerical scale they say it's much better to use a visual analog scale. But it's still a pain scale.

PP: Yeah. So if we highlight the words it's pretty obvious now. We've got the word pain. We've got severity, which is also a pain-based word. We've got the word pain. We've got no pain, and pain as bad as possible. Pain as bad as possible makes us think of the most extreme pain we've ever had, which is kind of a weird thing to ask someone who's got pain. Think about the worst time this has ever happened to you. And we've also got the word visual analog, which is kind of a confusing. People are like oh, I don't even know what you're talking about and they go into an altered space. Another one here is the fatigue scale. This one specifically is used with fatigue issues, particularly chronic fatigue. A very well-respected scale. If we have a quick look at this, again I'm going to skip through this relatively quickly because you're probably getting the idea, but look at all the words here that light up that are problematic in terms of fatigue. If you're somebody with fatigue your neurology is already quite facilitated along the pathways of fatigue. This, and this is only a portion of the scale. There are more questions than this. This will encourage that neurology. This is another one. This is a irritable-bowel disease or bowel disease fatigue website, and the word fatigue is mentioned something like 78 times on this single website. So one of the things we need to do is we need to think okay, what are we doing? Could we be cleverer? Could we be smarter? Could we be triggering better neurology, triggering better neuroplasticity. A classic example is Lisa Ranking, I was talking about earlier. She's a doctor and she said that she learned that instead of saying to somebody, there's a 75 percent chance of you dying from this she would say there's a 25 percent change to completely recover from this. And she noticed there was a difference in response when she told her clients this. So we need to think about our language in a slightly different way.

APM: So when you're in clinic, when you were in clinic with a patient when you're training your practitioners, your Lightening Practitioners, to deal with patients, instead of asking how about your pain this week, because you need some measure of how they're progressing.

PP: So what would we ask instead?

APM: How much better are you doing?

PP: Yeah, how much more fantastic is the movement and the suppleness that you have in those joints now?

APM: Is that in itself enough to generate change?

PP: Yes, actually it is. Because neurologically you're completely directing their neurons in a very different way. And if you keep that kind of conversation up ... Now there is an interesting conversation here as well because we equally don't want to completely destroy rapport with a client, but if you can maintain a relationship with a client whilst asking them questions about, okay what's changed since we saw you last time? How much more comfortable is

that? You'll still get answers if they go, there's absolutely no difference they will tell you, but they'll go actually no it was a little bit better. The other thing we often get of course is at the end of the consultation or the treatment people often say that might hurt a bit afterwards. You may get a reaction. That whole conversation. And you wonder how much of that is triggering a reaction, because people are like oh I didn't know that.

APM: Which that shines on the very topic of osteopaths in particularly, where it takes us into the realm of our communications that we have to warn them about.

PP: Yes.

APM: If we have to tell them they might be sore after treatment, are we not therefore triggering a bad response.

PP: I think there's an interesting conversation to be had about that, because if the purpose of that is to help clients, are we helping them? Just talking to a colleague in Oregon this last week, and she was a midwife, and one of the interesting things she was saying was that I have to teach that women is fundamentally it's going to happen, it's going to be easy, just get it out of the way. Just get out of the way, it will happen. And then she told me about some ... She works with this Amish community. And I was like oh, that's really interesting. She was saying yeah, there's some really interesting stuff. She said there was some girls in the Amish community, and when she was helping them through the midwifery process she said look, just stop me if I'm being stupid but do you know where babies come from, and they went no, we don't how it's going to come out. And I said to her well that's amazing, and she said, no that's brilliant, because that means they have absolutely no conception of what birth is going to be like. And so I can tell them how it's going to be, and because I'm the expert, that's what it will be. So I say to them, it's as easy as pie, just have to do this, breath in, it will be fine. And they all do. Because she's speaking with this authority. This is how it's going to be. They've got no model of how it is going to be and that's what she finds.

APM: So the Lightening Process is all about getting practitioners to tell patients, to ask patients questions in a positive away and telling patients not to think about pain.

PP: No, not to not to think about pain.

APM: I'm being pressured to get some detail about what the Lightening Process actually is.

PP: Partly no, but it is about training people to think about how do they trigger useful neurology. If we ask them not to think about pain, guess what they're going to think about immediately? So even in the question, it's like spotting

for yourself, oh, hold on a minute, I've just done exactly what Phil's been talking about, which is triggering pathways that aren't useful. And what's fascinating about these doctors, and with patients, is how when we don't use pathways, much like muscles, they atrophy. They don't work anymore. And so when you ask people what do you want and they kind of go not pain, not pain. Say it in a different way. And they find it really intriguing and a struggle to even come up with words to describe what they want, because that is the neurology they've been swimming in. And then you think well if that's the neurology that's being triggered all the time in every thought they had, that must have an affect on them. If we can switch that ... So in terms of what can you take away from the Lightening Process and from this conversation, it's like really think about your language as a clinician. We see a lot of physios in particularly, and chiropractics and osteopaths, but particularly physios that do the Lightening Process training and it like revolutionizes their day to day client work. They're not even doing the Lightening Process with the clients, they're just speaking to them in a different way. And they go the change is just extraordinary.

APM: Yeah, we've had two questions on the same thing, which is what should we do better? Are there any other takeaways we can have other than don't talk so much about pain and how much worse it got this week.

PP: Yeah, instead talk about what's changed. Think about your language. Think about what you're triggering. Think about ... We know some of this already. If somebody comes in bent over like this and saying oh my God this is the worst pain, then they're looking to you to go, call the ambulance, or it's going to be fine. And we know that. We know how we respond to people's terror, how we respond to their issues, all very much dramatically effect how confident they are that they will recover. So if we say that they'll never get better from this, then some people will never get well. I remember a client once who came to see me as an osteopath. An 18 year old. And he'd been told by somebody, some well-meaning doctor, you've got the beginnings of osteo-arthritis in your neck, which is probably true. And he said what's that, and he said it's like spikes growing out through your bones, and this guy was like what? And he was fearful of moving his neck even the slightest bit for severing something with these spikey bits growing out. So we have to be really careful with our metaphors, with our explanations, and really up our game about how we talk about things.

APM: One of our viewers wants to know what you do, or what you would do, in terms of warning patients about treatment reactions. You say there's a 99 percent chance that you won't suffer a reaction for this.

PP: Well I don't do those kinds of treatments anymore so I don't have to explain it, luckily.

APM: But your pupils, your students.

PP: Well the Lightening Process people don't. We say this is a training program. You have to put this into practice. We say it's likely to make a good change but you have to put it into process, and past successes are not guarantee of future successes, but yeah, it's about looking at the language. I think it's a really interesting and difficult area, the whole medical legal inform and consent thing where we're saying if you do this there's a chance you may be paralyzed. What we're triggering there. And then if you don't go to manipulate someone, when you've said that, is that going to be more risky or less risky? I think that's some very interesting questions that I don't have the answers to.

APM: This one came in some time ago, and I kind of saved it up a little bit. Whoever it is wants to know are we talking about accessing and gaining a degree of active control over the autonomic nervous system.

PP: Yes, yes. Yeah, yeah. Which I think partly is what we do as osteopaths, physios, and chiropractors, is we're trying to reset autonomic nervous system, and nonautonomic as well. If we could do that voluntarily, consciously, then that would be a really valuable thing.

APM: We've also got one that again came in quite a while ago. I thought I'd let you run a bit further with what the process is before you answer this one. The question it wants to know what would the general osteopathic counsel, which also would be the general chiropractic counsel, think of this being within our competence as osteopaths or chiropractors. If we offer this while we're presenting as an osteopath, where would we stand in a regulatory sense if the results were disappointing?

PP: Okay. The Lightening Process is separate from osteopathic technique, osteopathic treatment. It has it's own register, it's own insurance category, and all the rest of it, so you would do it separately. So you'd say now I am doing this as a Lightening Process practitioner, in the same way as if you're an osteopath or an acupuncturist. Those things will be managed in those ways.

APM: Can I just ask of the 60 practitioners are they mostly osteopaths?

PP: No.

APM: Oh they're not?

PP: No.

APM: Can anybody do it?

PP: Anybody can do it if they ... We have some entry requirements, but mainly it's the assessment procedure through the training process. And then we

have a clinical, a written exam, a CPD, so that portfolios all the kind of things you'd expect. When I first started getting involved in non-osteopathic alternative medicine I was shocked at how poor the management of the professionals was, and how variable the training was in all sorts of fields. So I chose a course when I did a LP in hypnotherapy and psychotherapy which was clinically based, because I was like well, you can't be commissioned if you haven't had clinical training. But there is still quite a lot of that out there. So it's very important when we set this up that we did it as properly as we could.

APM: So would you say that the unique thing about this is that you've kind of taken a lot of useful tools ... Pain education is quite a new thing, isn't it, in manual therapy? And it sort of ties in with what you are talking about a lot.

PP: Yep.

APM: And language and hypnotherapy and LP, and you've just tailor-made it into quite a powerful package.

PP: There are some things that certainly you can sort of see where they come from, and they've been changed, and there's some extra things as well which I'm not sure I'm going to have complete time to talk about it. So the stuff about language is very specific to the way we do things. And a lot of the stuff what's interesting in pain education is much later than the Lightening Process. It's come more recently in the last 18 years. So it's interesting that those places are going that way, and partly it's because of the neuroscience. They used to think neuroscience was fixed, and now they're saying neuroscience is much more malleable.

APM: Yeah, because a lot of these things you're talking about I've seen coming up in physiotherapy and certain osteopaths.

PP: Yeah.

APM: Yeah. Would you, if you could go back and look at the undergraduate training now, osteopathic undergraduate training, I know the BSO has a new curriculum, and Alcom has a new cirriculum, but how would you change the undergraduate training in the light of what you know now?

PP: Quite radically I think. I can't comment on how it is now. I don't know what it's like now. But how it was then, there were some great things and there were some things where I would change it quite extremely.

APM: Another question about dealing with patients' beliefs. This has come up with seminars lately. I've seen discussions like this before. That there's the possibility that the patient is going to think you're telling them it's all in their head, and of course we understand that's where pain is realized, but patients

don't like to be told it's all in their head I imagine. Have you come across that? Do you deal with that problem?

PP: Yeah, the way the Lightening Process works is before they come on the seminar there's a four hour audio program that they listen to which talks about a lot of these concepts and these ideas so they're like okay, they've got a chance to get their head around it and ask questions about it so that it's not news to them when we start to talk about it. Because that's part of the journey with often any healing process, is to go from this is the way the world is to oh, hold on a minute, this is the way the world is, and how you bridge that gap is a lot of the skill of any journey. So when I was a teenager I remember getting the encyclopedia for Christmas, and I think I was just training as an osteo. And I looked up osteopathy excitingly and it went quackery. And that's how the world was. Now hopefully it doesn't say that. Hopefully it says something else. But slowly these conversations change and people start to realize that actually ... And one of the things that people often accuse us of is saying we are making light of these conditions, saying it's all in them. You're just pretending to be ill. And we're saying that's not the conversation at all. What we're saying is your physiologically ill. The question is are there ways to use your brain and body connection to shift that physiology.

APM: If I were to turn to your training courses, and we've had a mixed response, people who are enthusiastic about a new approach to getting people better, and other people saying well I still don't know what this is really about. We're now talking about a 12 month course.

PP: Yes, I think that the shortest you can do it is about 16 months I think.

APM: And that's doing how much learning per week?

PP: They have to attend I think it's 15 days of training, and they have to attend a full day clinical program, and they have to do a lot of work in between and have a lot of coaching support as they get their heads around it all.

APM: And are you simply teaching NLP?

PP: The first set of modules is NLP coaching and hypnotherapy and self-hypnosis. And then it moves on to advanced stuff, and finally the Lightening Process. So there's a kind of structure, and people can kind of go oh, I don't want to do the next bit, I've finished at this point.

APM: Okay, so actually now the Lightening Process is separate from the NLP?

PP: Yes, it's post-graduate too. You have to have those skills in order to then move towards it, yeah.

APM: What does the Lightening Process do with them?

PP: Do with?

APM: With these skills that you've learned in the preliminary process?

PP: It uses them, because they're a kind of part of the bedrock of the Lightening Process, so you need how to manage clients. You need to know how to use language to a degree. You need to know how to recognize when somebody is in a good state or not a good state. You need to know a bunch of techniques. And you need to be a useful clinician before you can move into post-graduate, the Lightening Process, which teaches you an extra set of skills which particularly focuses on language. There's a new verb called todo, which I don't think we're going to talk about today, but there's lots of free videos about it on the internet if you want to look. We look about how you manage beliefs, particularly around health, understanding health physiology and health psychology. All those things all come into play. And then also, teaching a course for people who are having to move on that journey from I've got a physical illness to we're going to talk about stuff and learn to use your brain in a different way that will help you to change your physiology. Which is quite a leap for many, many people. And I was the same. We've grown up in a Western world where physical things need physical treatments. And moving that conversation.

APM: Let's take a hypothetical patient. Let's say an elderly patient who has been told he has osteo-arthritis virtually everywhere. Hasn't necessarily been told he's got spikes growing out of his neck, but he knows that this is wear and tear of the joints. They're not going to get better because he's been told that by his consultant. He's possibly been told that he has got degenerative disks between his lumbar vertebrae. He has chronic sciatic and back pain and he can't see any way out of this. When he comes into the osteopath we all try and relieve some of that pain in the usual way by rubbing a bit here and manipulating a bit there, to simplify matters considerably, and he still doesn't get better. When he comes to see you, or your practitioners, what are they going to do to him? They're going to say right, stop talking about pain.

PP: Well I think we all know the research into the correlation between osteo-arthritis bad scans and symptoms, that there is a correlation, but it's not as strong as if you got this you'll always have this. So we've got that variability in what do we find on scans and what is actually occurring. So you know if we scan everyone here we'd probably find all sorts of problems, but do we have symptoms? No, so there's a difference between having issues that we can see and having symptoms. So that gives us a little bit of an area to work in. It's always different there. And is there a way to switch back to a different way of responding to ... Most of us are damaged to some extent, but do we experience that all the time. So that's what we'd be looking at, and we're looking at okay, what can you do to learn how to really not only switch your

muscles so they're relaxed, but also possibly to turn down the sensitivity of areas that don't need to be triggering? There's a matter of difference we know between acute pain and chronic pain. With chronic pain you often have got left with the signals, when the actual issue, the injury, has often disappeared or wasn't really as significant. In that case what we're looking at is changing the neurological pathways. Those are the kinds of things to be looking at.

PP: How? How do we change neurological pathways? By learning to desensitize them, to dis-habituate them, to de-facilitate them, by using language in a different way, by thinking about which pathways are we triggering and how can we change them?

APM: Okay. Some questions coming in from the audience. They always come in right at the end. The first one I think is quite a quick one. How different are you from NLP?

PP: Quite different. Quite different. There are certain similarities between NLP and the Lightening Process. The Lightening Process is much more focused on health. It's much more focused on teaching you how to change your body by using some skills. But there are certainly some overlaps.

APM: Okay. Tom, good evening Tom. Thank you for the question. They say what resonates with me and my approach and belief systems, but I haven't had such immediate and lasting success. Is it due to the actual manual intervention hindering the possible effects of the purely psychological?

PP: No I don't think so. I would think it's ... A lot of what the Lightening Process does is get people in a place where they are ready to hear that information and understand oh, I do have a say in this. So a lot of what the Lightening Process does in that journey. And then teaching them some very, very specific tools that seem to be very, very helpful and easy to take on, for people to make change. So I wouldn't suspect it's the manual stuff getting in the way.

APM: Okay. Diana asks ... Good evening, Diana. Asks if people have varying susceptibility to hypnosis, which can be seen in various demonstrations, does that mean that someone needs to be suggestible for this process to work.

PP: First of all I don't agree that people have varying susceptibility to hypnosis. I think if you say to anybody oh, tell me about your holiday, they'll be able to tell you about their holiday. And what they're doing there is leaving this current conversation and disappearing back to wherever their holiday was. That's state change. Or if somebody is scared of dentists, that's state change. Or if someone's stressed in traffic jams, that's a state change. So when they look at the test for hypnotic suggestibility what they're normally looking for is some ambulistic trance which is where people do that. And that is rarer. But

people do shift their state all the time. So it's not about suggestibility, but it is about learning how to manage which state you're in, which neurological bits you're firing. Some people find that easier than others. In terms of, say, meditation. I'm a dreadful mediator. I just find it so boring. I find it really difficult to say focused on it. But I don't find any difficulty in shifting my state, so it's not even are you good at meditating, it's like somebody interest you enough to help you change your state, and that's partly what the Lightening Process ...

APM: How do you work out then the likelihood of success in your patients, because you said obviously nothing works for everybody.

PP: So there's an assessment procedure that we take through people through to identify is this likely to work for them. And the things we're looking for is if they come going this will never work for me, well it probably won't then, because it's a training program where you're going to have to put a whole bunch of energy and effort into it. If you're thinking what's the point in this, you're probably not going to put that energy into it. If you come because your mum said you should or your doctor, then again, it's the same with osteopathy. If you have a client who goes oh, my doctor said I should come, they could get better. Certainly can. But you know it might not be as easy as somebody who's like I really want to ... Those things do make a difference. We know that. Not just in osteopathy. It makes a difference in surgery. It makes a difference in response to drugs. So we shouldn't ignore these things. And what we're interested in is okay, what is going to help somebody to get the most from this? In fact, one of the things we say to people is that we won't take you on the program unless you think this is going to be likely to help you. And we don't get it right all the time, but we do get it right most of the time.

APM: Okay. Question here about the cost to the patient. You said it takes three half days to train a patient to use this effectively. Does that have to be three half days of one on one, or is it done in groups?

PP: It's done in groups. But it depends on how many people are available on that day to do the group. But it's quite interesting working with groups of people. Seeing other people make changes is a very interesting thing, particularly if they've got a different or the same issue as you.

APM: And what is the general cost to the patient?

PP: It depends. Everybody sets their own price. But it's about 600 pounds.

APM: Okay, so that's three half days ...

PP: So it's three half days of training, assessment and coaching before, and three hours of support afterwards.

APM: Okay, you've got a challenge there, haven't you, because a lot of people would say that's a lot of money to commit to something, and I don't know it's work. Because I'm doing the Lightening Process so therefore I'm not in my positive frame of mind.

PP: It is a challenge. It is one of the unfortunate things about the Lightening Process. People go, well that's a lot of money. Well actually most people probably spend that on acupuncture or osteopathy, gym memberships, over the course of a year, but it doesn't feel that way because you're spreading it out. But with the Lightening Process it is a three day training program, so that's unfortunately the way it is. It would be nice if it wasn't.

APM: Sadly. It would be able to say you have your money back if it doesn't work. But I'm sure it would be very easy to say it hasn't worked.

PP: Those are the problems. We looked at this a number of times. I talked to some other people who do offer money back guarantees in their programs and they said it's a very, very difficult thing to manage. And there's also a degree of commitment. It's like this is something you'll have to put into practice, not just for three days but for a chunk of time afterwards. If you can get your money back as a result of not being happy with it, that does suggest that maybe that wouldn't help the commitment. Not universally, but it's an issue.

APM: Before we finish, if I may I was going to bring Gilly in again into the conversation, because Gilly's very much concerned with what people put out in their social media, in their blogs and other posts. Is there something we should take away in terms of the language we're using in that sort of publicity material rather than what we're saying to the patients?

PP: Well there's a really nice couple of slides here, which I don't know if you've seen these, Gilly, but they did in Penn State University, they did a study of looking at big data, which is looking at Twitter feeds from a chunk of population. And what they found is this is what young teenage girls generally, and the larger it is and the brighter it is the more frequent it's used, and compared to ...

APM: So these are words that they would use in their Twitter posts.

PP: Yeah, compared to young men at the same age it's this. They did an even more interesting study where they looked at death certificates for heart disease and then they plotted them again. More deaths, red, less deaths, green. In a portion of America by region. And then they compared that to Twitter feeds looking at words of aggression. So angry, pissed off, hate. And what they found is the correlation was very, very strong. In fact, the

correlation predicted by Twitter was stronger than knowing whether people had smoked or didn't exercise or aerobics. That strong.

APM: What conclusion do you draw from that?

PP: Well there's two interesting conclusions. One, we need to be more mindful of even casual conversations where we're using language and triggering neurology. The other thing that is interesting is on the left hand side we've got people dying of heart disease. They're probably likely to be 50, 60, upwards. On the right hand side we've got Twitter users, demographic is much likelier to be 20, 30. So we're seeing some kind of social thing where behaviors are being expressed by the kids of the people who are dying. But there's obviously some linkage between them.

PS: I was going to ask this because I've got a really bad habit of always going oh, I'm really tired. And I've noticed my children, my children have started saying it in exactly the same tone. So are they basically conditioning themselves?

PP: We model all the time.

PS: Yeah.

PP: In the same way if you have teenagers if you turn your back you can't tell which one's talking. If there's a group and they all sound the same. And that's partly we have these neurons called mirror-neurons that are designed to make these social animals ...

PS: So part of what you're doing is de-conditioning people, do you think?

PP: Yeah, yeah. And one of the things you have to do when you work with people who are ill is also train them to train their family, because their family will go do you need chair? Are you feeling alright? You look ill. Which is natural, because they're trying to care. But actually those trigger all the wrong kind of pathways. So there's a whole really interesting field of when we're already doing really good work, doing our standard work, that we can additionally assist just very simply by looking at language. It's kind of amazing, the kind of changes that you can get just by doing something that we all do, which is communicate, in a different way.

APM: I suppose if we're really cynical about this, Gilly, what we want to do in our blog posts is use the negative language so that when our patients come to us we can use positive language ...

GW: You're the kind of osteopath who pours water on an icy pavement. I know your type.

PP: But you're advising people. What sort of material do you see in the general blog posts of the untutored healthcare practitioner.

GW: Yeah, there's a lot of talk about pain, in particular, and I do try to flip that and try to portray positive images of people jumping for joy and saying would you love to feel like this again? Because I just think that that's where you're trying to lead them to. Not to sort of stay stuck.

PP: On social media you sometimes see people's names, like Twitter names, being like Tired-Gilly, or Fatigue-Someone. And in their names are painful-someone. Because that's become so much part of their experience of life. And at that point it becomes an identity statement. They don't realize they're doing it, but every time they log on that's the first thing that comes up.

APM: Well actually after I was introduced to in a blog post yesterday as interviewing Peter Parker, the next one was signed off as Silly-Gilly. So any other takeaways for us? Anything that we can put into immediate practice and make a big difference?

PP: The first thing I would say is we always communicate. We always communicate. So just to think, don't be hard on yourself, just take it easy, but just start to clock what are you saying. Whenever I talk to osteopaths, chiropractors, doctors, physios, they suddenly go oh my God, Jesus, I say that all the time. And they didn't even know. We just get into these routines. So start to become aware of that and just start to shift it. Also start to clock how much your clients or patients say it. I sat in with a consultant in a ME clinic and the patient said fatigue and pain 12 times, but the consultant said it 45 times in the same. So that's, between the two of them, nearly 70 times. Or 60 times. So think about your words. So when you're doing this straight leg raising test, for instance, instead of saying does that make it worse, go does that make it better when you flex the foot. And you'll be amazed at how many people go that really helps. If there was meningeal irritation it would still hurt, but it's interesting how we lead clients in very interesting ways without noticing it. And if you're interested in more in this then come and see us on Facebook. We post regularly. Lots of interesting stories of people who have had issues, that when I was an osteopath I would just kind of go I don't really know what to do with this, making huge changes.

APM: Right.

PP: So a really exciting opportunity for lots of people to look at well, how can I make a small change that might make a big difference?

APM: Okay. What about the material we have in our clinics? Not just the verbal stuff, the aural stuff. What about the pictures on our walls, the leaflets on our shelves, and things like that?

PP: I would look at them and see what ...

APM: There's models of spines with bulging disks. Are they useful or are they ...

PP: I would probably hide them most of the time. But also sometimes it's useful to explain, but it depends on what you say. If you go yeah, these things never go back in, this is the way it's going to be, which I hope nobody would say, but those kinds of conversations are very powerful. Remember that we somehow find ourselves in this interesting position of authority where people take what we say as truth rather than as medical opinion or osteopathic opinion or physio opinion.

APM: And one thing I saw on Gilly's website the other day is that you come across a lot of osteopaths who doubt themselves because we always feel that sort of oh my God, can I make all these people better? And if you doubt yourself you're liable to convey that to your patients as well, aren't we? Instead of being more positive about it.

PP: Yeah.

APM: But I suppose there are still people, there are many people, who are concerned that what we say matters, and we could be held to account for it if we give a false impression to a patient.

PP: Yeah, you don't want to lie to them. But if you can say something in a way that is more health-giving than health-stealing, then that would be a useful way to say it.

APM: Would it be fair to say that anything we can do to make a clinic a more pleasant and bright and cheery place to visit will help with our ...

PP: Yeah, definitely. I think most people do that. I think osteopaths, anybody in the private sectors, has already clocked that.

APM: Yeah.

PP: Giving a good patient experience is important for people to go that was nice. The NHS tries to do that, but it doesn't have the same resources, and also they're maybe not thinking in quite the same way as we are.

APM: How do we deal with the pain of having them to relieve them of 50 quid at the end of the treatment. Serious question, you know, because I mean that's a downer at the end, isn't it? I have just had some treatment and I'm feeling a bit better, now I'll go hand over this money. Do it first, or?

PP: I don't have to deal with that thing anymore. How do you deal with that?

APM: I don't really like doing it. And actually sometimes I forget. I totally forget and I have patients coming back in knocking on the door saying I forgot to pay you.None of us like doing it, and that will affect our language. I'm awfully sorry but I have to ... Is that a negative to hand over the patient?

PP: It's probably okay because you're expressing how you feel about it, yeah.

GW: I think it's just fair exchange, isn't it?

APM: As long as the patients take it that way, yeah.

PP: Fair exchange, yeah.

APM: We are at the end. We have had a very interesting run through the effectiveness of the Lightening Process. I know that there are still some people who are saying well what is it, what is it.

PP: And I think that's still a very reasonable question. And in an hour and a half it's not possible to say it, but if you really are interested, either drop me an email or come and see a practitioner. They're very happy to meet with you or let you observe a seminar, and that's the best way to find out what it is.

APM: So to sum this up I'd say that the takeaways I'm getting from this are first of all, you're open to people coming to see this process in action, and they can just email you. You're available on the internet. That's easy, so they can do that. There are some simple things we can do in clinic to make sure that the outcomes will improve, even without the Lightening Process.

PP: Yeah, definitely.

APM: It's the linguistic terms that we're using. And the fact that we have long believed that psychology is very important in healing, but actually you've given us some serious research that shows that it's effective. And also that there is continuing evidence of neuroplasticity, and so one, which all should be very reassuring to our practitioners. So there is quite a lot to take away from this, for which we thank you. But that doesn't mean this is the end of it. Look Phil up on the Facebook. Email him if you want more information about how you can find more about the Lightening Process. And implement what Phil has told us this evening. And it would be really fascinating to get your feedback to us in the comments below this post when it's up on our website as a recording. Just how you have been able to put into practice what Phil has discussed this evening. Phil, that's really fantastic. Thank you very much for coming.

PP: Pleasure, Stephen.

APM: And I hope that we see a lot more evidence coming out for what you are doing so that we can refer our patients or train ourselves. That's the end of this evening's discussion. Thank you all for watching. I hope you've enjoyed it. I hope you take away a lot that you can use in clinic yourselves. I've got to thank Gilly and Penny. Of course I've got to thank Gilly and Penny. We've brought them in because one is an osteopath, the other is heavily involved in the language of what we do, and I'm delighted that they were able to join us, and I hope they've benefited from what we've done this evening. Thank you to my team this evening for reminding them to thank the guests. Otherwise I would have forgotten. Thank you for watching and we'll see you in a couple weeks time. That's it.