

# HYPNOSIS MASTERS



## SERIES

*Discover The Underground 'Pattern Recognition Method' True Masters Use To Get People Into Deep Trances Fast AND How To Use Hypnosis For Pain Control, Cancer & Other Serious Diseases*



# Hypnosis Master – Doug O’Brien

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# Hypnosis Master – Doug O'Brien

## Welcome

### Welcome To The Hypnosis Masters Series

In this series you will be getting interviews and special seminars from some of the worlds best Masters of Hypnosis. Each Master Hypnotist is a specialist in one particular field and will be revealing his or her hypnosis secrets for you.

### Meet This Month's Master: Doug O'Brien

### Photo & Bio of person here



Doug O'Brien started his hypnotic career through the NLP world. Early on in his training he came across the legendary Dave Dobson and mastered his unique approach to “other-than-conscious communication.”

Doug's “Neo-Ericksonian Approach” focuses on sophisticated pattern recognition and interruption techniques together with Ericksonian style stories and utilisation approaches.

In time he was offered the opportunity of proving the validity of hypnosis in a medical setting when he was invited to take part in a study of complementary approaches in the cardiac unit of New York's Columbia-Presbyterian Hospital.

After several years of this study, only Hypnotherapy and Massage Therapy remained in the experimental new department of integrative medicine. In his role at the hospital Doug helped to create special hypnotic procedures for patients who faced issues like:

- ! Going in for heart surgery (and other serious surgical procedures)
- ! Dealing with pain due to their medical conditions
- ! Facing serious illnesses like cancer
- ! Needing a radical change in lifestyle to assist their recovery

Doug's work is characterised by a playful sense of humour which he attempts to inject into most of the work he does. Humour is a powerful resource in any situation and one of the secrets to his flexible approach.

Doug's websites is: [www.Ericksonian.com](http://www.Ericksonian.com)

# Hypnosis Master – Doug O’Brien

## Introduction

Welcome to [StreetHypnosis.com](http://StreetHypnosis.com). My name is Igor Ledochowski, and what you’re about to hear is a very special interview with Master Hypnotist Doug O’Brien, which was recorded for us at the Private Hypnosis Club as part of our Interviews With A Hypnosis Masters Series.

As you will hear, Doug is a Master of Neo-Ericksonian Hypnosis, especially a unique kind of pattern interruption method that lets you and your stories make it impossible for people to sink into bad habits or painful habits ever again.

Doug also spent some time as the official hypnotherapist in a novel new hospital project, so he has some unique insights into how to use hypnosis in a medical environment.

Listen on at the end of the Interview to discover how to get your hands on a five-hour seminar revealing his versatile Neo-Ericksonian hypnosis system.

# Hypnosis Master – Doug O'Brien

## Interview – Part 1

**Igor:** Welcome to [StreetHypnosis.com](http://StreetHypnosis.com). This month's Master Hypnotist for our Interview Series is Doug O'Brien from [Ericksonian.com](http://Ericksonian.com). Doug is a Master of what we would call the Neo-Ericksonian Approach, which is an interesting way of putting it because, of course, he's not Erickson, but he's developed his own methods following the kind of ideas or the path that Erickson laid out in the first place.

Let me start by giving you a great big welcome, Doug.

**Doug:** Thank you very much it's great to be here.

**Igor:** Thanks for being here. I'm very excited to be talking to you, particularly, because of some of the experiences you'll be sharing with us and some of the people that you can give us some insight to.

For those of you – and this will come out during the Interview – Doug O'Brien has worked a lot with a legendary hypnotist, now unfortunately passed away, Dave Dobson. Doug's probably got the best handle on the way that Dave Dobson used to work and has evolved that into his own unique style.

Today, I believe he'll be sharing some of those experiences with us, is that correct?

**Doug:** I will certainly share what I can. I'm certainly glad that it was you that said that I have the best handle on what Dave did and not me, I would never say that myself, but thank you for saying so.

**Igor:** I've seen you do some of your work and we've had lots of conversations in the past about the kind of work that you do. It will come out in the course of these Interviews it's actually a very simple yet, powerful approach that you have.

Before we go down that road, can we start with the sort of traditional question that everyone gets?

### ◆ What's your background and how did you get involved in hypnosis in the first place?

**Doug:** I started in hypnosis kind of accidentally really. I was a musician living here in New York City. I moved to New York City back in the '80s to play rock and roll after having studied classical music ironically, for a long period. I actually played Carnegie Recital Hall at a recital in 1980 and then moved to New York later in 1980 to play in punk rock bands, which is kind of interesting.

**Igor:** That's a switch.

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**Doug:** It was quite a switch. There weren't a lot of classically changed punk pianists. That's true. Then in 1985, I was brought kind of almost kicking and screaming to a Tony Robbins seminar. A girlfriend of mine at the time thought I needed it.

**Igor:** Right. I'll fix you; let the big man do his work.

**Doug:** Exactly. She had gone to a fire walk experience and thought it was really cool, and thought it was really what I must do. So eventually, I sort of acquiesced and went thinking it was just going to be a lot of horseshit, but at least I would get her out of my hair.

To my surprise, it was fascinating. It was very interesting, cool, life changing and exciting all those things. It was amazing. He was teaching NLP. Back in 1985, Tony Robbins was an NLP trainer. He was teaching neurolinguistic programming by the book. He was doing what Bandler and Grinder had taught him. He had one little spin on it, which was that he used those skills to teach people to walk across hot burning coals. That was his claim to fame, but he was using NLP to do that.

So, as I was learning how to do this stuff from Tony, it led me into this wonderful world of NLP, which eventually led me into hypnosis. That's kind of the overview. If you want more details, I can go into it, but I don't want to be boring.

**Igor:** Now, you told me before about some of the gurus you've met and in particular how you came across the legendary Dave Dobson.

- ◆ **Can you tell us a little bit more about how you first met Dave Dobson and what made you decide to start following his career path, rather than the more traditional NLP route with Grinder and Bandler and that lot?**

**Doug:** Okay, since you asked, I will give you all the details. It's back to Tony Robbins again, actually. One of the cool things about Tony back then is that he brought people in. So, when I went and did my certification from him – because, you know, after the weekends, they were very cool walking on fire, but it left you wanting more. It left me wanting more at least.

**Igor:** Right.

**Doug:** So I went and did it. I went and got the practitioner level certification from Tony. It was a 15 day training out in California somewhere, Palm Springs I think. He brought people in like Richard Bandler and Robert Dilts, and to my amazement, these people were nothing like Tony and yet getting amazing results with people just the same.

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I began to realize it's not Tony, it's the stuff. It's the NLP stuff. Then, Tony brought in this guy Dave Dobson. Now Dave liked to tell stories about how he had been around NLP from the beginning. He had been around with Bandler and Grinder from the get-go, and they often had brought him in, he said to kind of clean up their work during their NLP certification courses. So, after like 26 days of training, they'd bring him in for the last two, and he'd kind of...

**Igor:** Put their heads back together again.

**Doug:** Exactly. I have no idea if that's true. I just take Dave's word for it, but Dave was there at Tony's training. Not at the end, not to put us back together, but just to do a presentation. He was up on stage for a couple three hours. It was fascinating to me because if anybody was different from Tony, it was Dave.

Dave was big and fat and had a big old beard and stuff. He wasn't pumping us up and making us get in a state and telling us how we needed to be just like him to be good, like Tony sometimes did. Dave was just telling stories. During the breaks, he was having a few cigarettes and stuff. He was very different from Tony.

The stories he was telling were funny and interesting, but I had a kind of (yawn) curious response to him. I just kept falling asleep a little bit. I was trying to pay attention. I really was trying to pay attention, but I just kept finding myself (yawn) drifting off.

Then as I was kind of mad at myself for continuing to fall asleep like that, I looked around the room, and there were 300 people just zonked out in their chairs. So I said okay, what's going on here? They were also laughing. They were also responding to the stories, but you could tell like 99% of them were just asleep.

**Igor:** He was like the anti-Tony Robbins. Tony pumps them up and then brings them right back down again.

**Doug:** Exactly. So I was absolutely fascinated by Dave and then he said okay, let's do a little trip together. Again, unlike Tony Robbins, he let us take a break first to go to the bathroom. As powerful as the mind is, the bladder will win in a direct confrontation. So we went to the bathroom first so that we could be focused on this closed-eye induction he was going to do.

Then we all got comfortable there on the floor. We laid down on the floor in the conference room, and he did this beach trip thing and I don't know, he started counting backwards and talking about these waves and then number five, and pretty soon, I was just somewhere else.

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The next thing I remember he was saying and you can come back into the room now and find yourself back where you started. It was like, what happened? Where was I? I felt completely different. I was just, I don't know, calm. I was just in this place where I was centered and calm and felt great. I hadn't felt that good in I don't know how long.

I thought to myself, I need to know what this guy's doing. He taught another 15 day training that he called an, Other-Than-Conscious Communication training, Fun Shop, and I went.

**Igor:** So that sort of induction, the Beach Induction and having Dave Dobson doing his stand-up act with 300 people...

◆ **Was that your first semi-formal experience of hypnosis, I presume?**

**Doug:** There was a time in college where some stage hypnotist had done a show that I witnessed.

**Igor:**

◆ **But that was the first time it actually grabbed you and dragged you into trance space, and you thought, I like this place?**

**Doug:** Absolutely.

**Igor:** So then you decided to follow along and learn the Dave Dobson method. He was, as you already started to align for us, a real character.

◆ **Can you tell us a little bit about how your time with him was spent? I mean, with a big character like that around, some interesting things must be happening around the edges of the training or in the training itself?**

**Doug:** Are you talking about when I'd go to Dave's workshops themselves, the Fun Shops?

**Igor:** Yes, when you went to the Fun Shops and you started learning his Unconscious Communication process and so on.

**Doug:** It's interesting because Dave was very similar in a way to Milton Erickson. By the way, he was not doing Ericksonian hypnosis. I made that mistake earlier on in thinking he was because people talked about him that way. As an example, early on in my NLP world education, the people that I looked up to as excellent NLPers could even do Ericksonian hypnosis, whatever that was.



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So, when I met Dave Dobson I made the assumption; that he was doing Ericksonian hypnosis but he wasn't. He was doing his Other-Than-Conscious Communication, his own unique take on things, but they are very parallel. Dave developed his techniques separately from Erickson, but they are remarkably parallel. One of the things that's similar about them is they tell stories. They tell anecdotes constantly, and not necessarily so explicit in their training.

For example, Erickson would often tell stories, and people would go, okay, what was that all about? They had no clue what it was about. Dave probably was more explicit than Erickson but equally confusing, at least from my perspective. I went through that first 15-day training just somewhere else. I don't know, I was in a trance the entire time.

By the way, Tony's 15 days is like you start at 7:00 in the morning at you go, go, go until 2:00 o'clock in the morning, and it's just like pedal to the metal full tilt boogie the entire time.

**Igor:** It kind of wears out your critical factor if nothing else, right.

**Doug:** Absolutely. Dave's 15 days were very different. We were up at the San Juan Islands. What's it called; Friday Harbor, a little place where people go to get away from it all. I believe Dave moved there to get away from it all. It's a place where not a lot is happening. There's one movie theatre that shows one film for a week. There are a lot of bars, but there's not a lot happening there.

So Dave's programs would start at like 10:00 in the morning. We'd arrive there at 9:30, whether there would coffee and donuts – again, nothing like Tony's. Then we'd start around 10:00. We'd take a break at probably 11:00 or 11:30. We'd have lunch around 12:00 and be back at 1:30.

Take another break or so and we'd be done – let me emphasize, finished for the day, at like 4:30 in the afternoon. Dave would say well, I'm getting a little tired. Then you'd have a lot of time left over to do nothing. So it was a very different setting, a different situation.

**Igor:** But going back to this idea of him telling stories and, of course, he's using those stories very specifically – and you'll be sharing some of his methods in terms of using pattern interrupts, particularly in terms of stories, a little later on.

I remember you told me a really funny story about one of your first training with Dave Dobson. How you first realized that when he talks about Other-Than-Conscious Communication, he actually means it. The legend of Erickson was that he could have a room of 100 people and speak to all of them about some topic, but one person would totally lose it and zone out.

Dave did something like that too.

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- ◆ **Could you tell us a little bit about that and maybe some insights as to how he achieved it?**

**Doug:** I will do my best on that latter part. I can certainly tell you the story, but how he achieved it maybe is still a bit of a mystery, although I have my inklings.

The story is this. We were all sitting together listening to Dave tell his stories about flying planes and doing various things, and different clients that he'd worked with and that sort of thing. Like in the Tony Robbins workshop, when I first met him, I was feeling a little sleepy or whatever as he talked, but almost all of us were doing okay keeping our eyes open and listening, attentive.

Suddenly I noticed there was this one woman sitting in the front row over at the side whose eyes were shut tight, but she wasn't asleep. She was just in this other state. Her head was bowed a little bit, but her left arm was like rising up off her lap. It was pretty amazing actually. I didn't know what was going on.

**Igor:** At this point just to emphasize, Dave hadn't actually spoken to her and said arms are lifting. No intimation or indication that he's even implying that something's going to happen to this woman.

This just purely seemed to be a random event, right.

**Doug:** That's exactly what it seemed like. Yes. It was a totally seemingly random event. Dave was communicating to her other than consciously, in some way that I certainly hadn't noticed, but she took it in. She was getting the message and responding to what he was telling her to do, while he was simultaneously teaching a class to the rest of us.

Finally, ultimately, he turned towards her and starting shifting his tone of voice in a way that I noticed. I'm sure he had earlier, and I just hadn't noticed it, but he had shifted his voice in a much more obvious way and just worked with her directly for a 10 or 15 minutes. Then we took another one of his famous breaks, and he let her process.

One of the things that Dave was very good about was letting people process in their own way. He was directive, yeah, absolutely, but he was also very respectful of a person's Other-Than-Conscious mind. He'd say that each person has their own processes that they need to do and need to go through in their own way.

You need to be respectful of that, respectful of their processes and their time to do that.

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**Igor:** Now, something you do as part of the path to mastery is this idea of, you gain for want of a better word; your hypnotic power. That means you build up confidence in your skills, what you do and so on. It's important, a stage you go through, where every hypnotist makes that leap toward mastery will go through where they overestimate their ability in some way and come crashing down.

Now I like to ask people...

### ◆ What kind of interesting failures have you had along the way?

Not really to embarrass the hypnotist, but more it's a question of showing others who are following on the lines that hey, it happened to me. It will probably happen to you and it really isn't that big a deal in the sense that you go through it.

You now have some very interesting moments like that, that helped you progress, even though maybe at the time they weren't necessarily what you would have chosen to experience right there.

**Doug:** I don't know what you're talking about. Are you kidding? For me, it was just a straight line. No, of course, one of the things about being a student is that you're an idiot when you start. Of course, like anyone, you make mistakes.

I was talking with a client of mine yesterday, who was thinking he needed to read every book, do every class, listen to every tape and watch every DVD until he finally reached this level of mastery before he would work with somebody. I'm going oh, really? Is that the way you learned to talk? Is that the way you learned to walk? How many books about walking did you read before you took your first step?

**Igor:** A studious young man.

**Doug:** So yeah, I certainly made my share of mistakes, and I think perhaps – and I don't want to point any fingers, but I think perhaps coming from a Tony Robbins' training background, there was a certain level of confidence that wasn't necessarily blended with all that much competence.

I don't want to say that out loud, but I guess I just did, but for me it was that way. I had a lot more confidence than perhaps I should have had based on my level of competence at the time.

So, when I went to Dave's training – and I will just speak in broad terms. There was a woman there helping out, who smoked constantly. Maybe not in the trainings themselves, but every moment she had outside the training, she was lighting up. She was helping with Dave. She seemed to have known him from the past. She was a student of his or something.

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I wasn't sure of their relationship, but she was helping with the training. She wasn't an official student. She was videotaping and doing some stuff behind the camera.

So I got to be friends with her and I said look, I can help you with that. If you want, I can do a six-step reframe with you. I can help you quit smoking. I can really do that. I'll make you quit smoking, just give me five minutes, or whatever timeframe it might have been. I actually think I was smart enough to know it might have taken 10 or 15 minutes actually to do the work, but I was very confident that I could do that.

I was offering these things, and one day at the training – now I told you that Dave's rigorous schedule started at 10:00 in the morning and finished usually about 4:00, but he also wanted to make sure we rested in the middle. So this 15-day training also included a weekend off.

**Igor:** Just to make sure you weren't taxed too much.

**Doug:** Yeah, not too taxed. So Saturday and Sunday we had off. On Sunday evening between the two weeks of training, Dave would have a wine and cheese party at his house. So we all trouped up to Dave's house, and we were in his house there having wine and cheese. Again, very much different from anything Tony Robbins would ever even conceive of. He was very much of a health nut.

So, we're sitting there and this woman that I was talking to that I had befriended was sitting on this recliner with her feet up. For some reason, I never really quite put two and two together that this might have anything to do with the fact that this is a hypnotist's house and this woman was reclining in this recliner that maybe had a little bit of an anchor to it. It never quite occurred to me that maybe that was the trance chair.

I was sitting next to her and talking. Everybody's just mind their own business like at a party and talking. I don't know if you ever met Dave, but Dave famously was hard of hearing. He had a hearing aid in one ear and it was connected with a wire under his chin to another hearing aid in his other ear.

He was pretty darned deaf because in one ear he was totally deaf, so the hearing aid was just a microphone basically. It was picking up sounds and then connected by a wire to the other hearing aid, which had some hearing in it so that he could hear in that one side.

So you believed that he wasn't catching everything. So he was over in the corner just sort of drinking and smoking and having fun in his house but, I thought, kind of oblivious. I didn't know he was noticing everything.

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So the next morning after I had, had these chats with this woman sitting in this trance chair and everybody was partying away, class was to resume, again like, I said at 10:00 a.m. We met over there about 9:30 for a coffee and donuts. Dave was there when I arrived at probably about 9:40. Before I got a chance to have any coffee or donuts, he said O'Brien, come with me.

**Igor:** Like the headmaster, you go, oh no.

**Doug:** It was like, I didn't even know I had done anything wrong, but I could tell by his tone of voice, something was amiss. He led me out of the room. In fact, he led me over to this fire door. It was a steel, heavy fire door in the hotel, and we went out through that, and he clumped behind us. We were alone now in this fire exit where it was just steel and concrete.

Just a little bit of background. Dave, in some of his stories, had told us of history. He'd been a bouncer. He'd been like an Alaskan ranger. He knew how to kill 10 ways from the neck up with his bare hands. He was an intimidating kind of guy.

Here I was, all alone with Dave, and he looks at me really closely and sort of gets in my space, and in a very kind of loud, direct voice he says, do you have malpractice insurance? It was like for some reason speech left me at that moment. I was like, no. He said well you better get some, because if that young woman has a psychic break while you're on this island it's going to be your ass that pays, not mine!

I won't go into all the details, but he proceeded to rip me a new one. I won't even say that. He opened up a new orifice in my body let's just put it that way.

**Igor:** So he put a spur in your back side to do things differently.

**Doug:** Yeah, a spur in my back side. That's what he did, yeah. That's it. Finally, he said if I ever see such sloppy anchoring again, you'll be the first to know about it or words to that effect. Never had anyone taught me a more valuable lesson about anchoring. I'd heard from Bandler, Grinder and Tony Robbins, etc. that you cannot not anchor. It was all very good. It was on posters. I'd seen it. I read it. I was like oh yeah, that's true.

But Dave got the message across. I realize now, in retrospect, that over the weekend I had been anchoring that girl through the tone of my voice, the proximity, the way I was talking to her, touching her in ways I didn't even notice, touching her on the arm or whatever. I didn't even notice consciously and yet I was doing it and she was responding. She was having responses to that.

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Dave just wanted me to be very clean in my communication and to realize, you cannot not anchor. Everything you do is a communication and an anchor, so be clean, be careful.

**Igor:** It's interesting because it's actually a very powerful lesson given in a way that a pep talk couldn't give to you. Like, hey, you can anchor people all the time. We'll go yeah, but I kind of doubt it a little bit. Whereas this is kind of like okay, something big just happened, and you really note it. It really sinks in, even though it may not necessarily have been an emotionally heart-warming experience at the time.

**Doug:** No. In fact, I had very few heart-warming experiences. I had very, very impactful learning experiences with Dave, but none of them I would say was heart-warming and impactful. What's interesting about Dave is that Dave could read people from a mile away. He could see patterns in people. So he knew, I guess, that for me to learn, I needed to learn in a particular style. I guess, unfortunately, that was my style for learning, from Dave at least.

**Igor:** Historically speaking, he was right because this really cleaned up your language and anchoring. For those of you who get a chance to see Doug in action with a live audience or through some of these videotapes, you'll see very quickly what I'm talking about.

He really does have a grace, a very elegant mastery of what he's doing, whilst at the same time being able to have the whole thing be a lot of fun. It's one of the things, Doug, I truly admire about your work.

**Doug:** Thank you.

**Igor:** You like to have fun with people, rather than being some morbidly, rigidly serious therapist who's going to project how bad everything is by his very somber attitude. You get to elevate people out of that and into a happier place just by your playful attitude, because you may as well do it and have fun, right.

**Doug:** I much more prefer fun than not if I happened to have a choice. Absolutely!

**Igor:** Right. So let's turn to basics a little bit in terms of how you do hypnosis and work up to the idea of patterns and these things, which is really the big lesson that Dave imparted upon you and you've taken on board and run with in a very, very elegant way.

Before we can get down that road, the classic dilemma, particularly, for people who have come through the Ericksonian, NLP connections is this.

- ◆ **Where is it you stand on the direct versus the indirect hypnosis scale?**

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**Doug:** Where do I stand on that scale?

**Igor:** Yeah.

### ◆ Do you believe in one over the other or how do you use them?

**Doug:** Well, I'm of this notion that you do what Erickson did, which is to say you do whatever the person needs. I don't think Erickson was just indirect. I think that is a fallacy. If you watch his videos and if you listen to what he did, he would do what the person needed to get. Kind of like what Dobson did with me. He would tailor things to what the person needs.

I've seen Erickson be incredibly direct. I think he got more indirect as time went on. Nevertheless, he would still be very direct with people. So you're getting sleepy now. Close your eyes. Go to sleep. He'd use the word sleep sometimes. So I'm of the opinion that you don't reinvent the wheel.

Just as an example, one of the stories that Dave Dobson told me about, about a client. This client had worked with Erickson and came to see Dave just for something else. When Dave found out that he had worked with Erickson, he said oh really? Tell me, when you worked with Erickson, were you sitting in a chair that was a lot like that one there?

The guy said yeah, it was a lot like this chair. Dobson said well, were the arms about that same height? He said no, the arms were a little higher. They were about up to here, and he lifted his arms to the height where he was approximating the ones in Erickson's chair were. As soon as he got to that place, he was zoned out.

**Igor:** His arms just stayed there.

**Doug:** Exactly. So Dave was just what Erickson called revivifying a former trance experience, putting him into the same trance that he had done before. Why reinvent the wheel?

**Igor:** Right.

**Doug:** I had a client not too long ago, about a year or so ago. He had come to me and wanted to lose weight, and he needed it. He was 300 pounds if he was an ounce, a big boy. I said okay well, have you ever been hypnotized before? He said yeah, that's how I quit smoking. I said well, tell me about that.

He described a situation where this guy put him into a very traditional direct hypnotic sort of induction, tranced him down and said you will quit smoking. Direct suggestions like that. So I figured okay, let's see what happens.

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I used exactly the same tonality that the guy was telling me that the first person had used. It was not the hypnotist's tonality, but I knew this guy's representation of the tonality. So I talked that way and used the same induction.

When the guy was down, I went deeper, deeper and deeper, down, down. Trance deepeners and that sort of thing, and then I gave him direct suggestions and said you will lose weight. He wanted to quit eating cheese, so I said you will never eat cheese again, just direct suggestions. Guess what? It worked. He has never eaten cheese again. He's a friend of mine now, and he's never eaten cheese since that day.

**Igor:** You see, I think that's a very healthy attitude. I think in some respects the argument between direct versus indirect hypnosis is a bit of a fallacy. It's a red herring. People spend so much time deciding which one's better, that they don't start using which one works better in this situation or on this particular person.

**Doug:** Exactly.

**Igor:**

◆ **When you do your hypnosis trainings, what is it you focus on?**

- ✓ What kind of things do you teach people?
- ✓ Where to you focus, particularly in the hypnotic or the Neo-Ericksonian work that you do?

**Doug:** Well actually, you know what could I just elaborate a little more on the previous point?

**Igor:** Sure. Please.

**Doug:** Remember that question and ask that again. Regarding that, people, I think, are in trances. So it's not so much a question of, can you put a person into a trance or not? It's just how do you help them find a more useful trance?

In one of my trainings, I tell this story of this woman, Susan Lee Bady is her name here in New York, who is a member of the Ericksonian Foundation in NYSEPH, the New York Society for Ericksonian Psychotherapy and Hypnosis. She gave a lecture once where she was talking about the integration of traditional hypnosis and Ericksonian hypnosis, the direct versus indirect, and how to integrate them.

She told a story once about how she was talking with a client who had cancer. She had delivered this beautiful induction that she's written for this guy about going down into the ocean and being like a dolphin and swimming around in



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this beautiful underwater garden kind of thing. It was just this gorgeous thing with a lot of beautiful indirect suggestions in there.

Then she woke him back up again and asked him how he was feeling? He was going well okay, that was nice, but I was really hoping you'd say something, like your cancer will be cured. So she said oh okay, close your eyes, go back into that garden and know that as you swim with that dolphin. That means your cancer will be cured, and just said his words the way he wanted to hear them.

She saw him go, ah. He just relaxed when he heard those words. Therefore, she knew that that's what he needed to hear.

**Igor:** Exactly.

**Doug:** Now when she was telling that story, I was going, again, that makes total sense, but then this guy over in the corner of the room as she was lecturing raised his hand. Now this person raising his hand got a lot of attention. They were at NYSEPH, and he was a guy named Sidney Rosen who wrote the book, *My Voice Will Go With You*.

So, when Sidney raises his hand at a NYSEPH meeting, people call on him. He's a pretty neat guy. He said how do you know? Susan was said I'm sorry, Sidney. What was the question? He said well, how do you know that that's what caused the change? How do you know that just because his conscious mind said ah good, I can relax now.

Just because his conscious mind said that, how do you know it was that and not that beautiful metaphor that you wrote that really did the work that made the change actually happen for the person? How do you know which one it was?

I think that's an excellent point because you don't really know. I mean you don't know how that happens in them. You can create an atmosphere or a setting where that could happen, but you don't make it happen. You create the environment for it to happen, but they do the work themselves somewhere inside, somehow.

So it's kind of like what Dave Dobson talked about. Dave Dobson said when you're a therapist, what you really are, is a pebble kicker. What he meant by that – and he elaborated on that story. This is one of the stories he did elaborate on and told us what he meant by that. He said you're like a guy standing on top of a mountain kicking pebbles.

Sometimes you kick a pebble and nothing happens. That stone will just sort of titter down and land and nothing changes. So you kick another pebble, maybe that one will do the same thing, but sometimes you'll kick a pebble, that one will kick off some other stones and that will kick off a whole bunch of other stones.

## Hypnosis Master – Doug O'Brien

Then they'll all start going down in mass knocking off some rocks, boulders and pretty soon you change the whole face of the mountain. You never know which pebble's going to do that. You just are a pebble kicker.

So analogous to doing an NLP process, to do some suggestions, to do direct suggestions, do indirect suggestions and you never know which one of those things is going to be *the* thing that helps the change actually take place. You just keep going until...

**Igor:** So all you can do is really keep testing it and have enough things in your grab bag. It might have been that direct suggestion, it might have been the indirect suggestion or it might have been the combination of the two where one sets up the other. The point is your responsibility is not to decide what school is right. Your responsibility is to decide what's right for the person in front of you.

**Doug:** Yes. Well said.

**Igor:**

- ◆ **That means, I presume, that your Neo-Ericksonian training will cover the range of techniques and approaches. I know you have some guiding themes, but you don't get married, rigidly saying, this is the only way to do things, right?**

**Doug:** Yes. That's again, well said. I do not have any rigid sort of thing. I figure you need to know everything if you can, what works and then listen, look at and watch your client and assess them, and help them get to where they need to go in whatever way is possible.

**Igor:**

- ◆ **What are some of the guiding principles or themes that define your approach?**

**Doug:** Well, I'd say that probably one of the guiding things is to recognize, again, that people are in trances already. People live in a trance. In other words, the reason they're coming into your office is not in order to see if some sort of hypnosis can help them with something. It's to wake up from the trances they've been in all this time. Does that make sense?

**Igor:** Absolutely! It's something I like to talk to my students about as well. Being the hypnotist doesn't really mean that you have to try to make something work. It's actually already working. You have to tweak what's there to make it work in a way that's beneficial for the person, rather than trying to induce some magical, mystical state that may or may not switch on.

## Hypnosis Master – Doug O'Brien

**Doug:** Correct. Just as an example, if a person is in a situation where they get very unresourceful in a work situation whenever the boss is around, and whenever the boss is looking over their shoulder and watching them work, it's like, I get nervous, I freeze up and I can't work under those circumstances. What is that? That's a trance. This is a little input of information causing this process to happen inside you have a particular result as a result. It's a trance.

**Igor:** It's kind of like a post-hypnotic suggestion because every time the boss looks at you this way, they feel the same way. It's a classic post-hypnotic suggestion; however it got created, the response is the same.

**Doug:** Right and it's also got pieces in it of timeline regression or whatever. They're going back in time, and they're acting like when they were six years old again, which is perhaps when the first time that happened when their daddy stood over them and said you'll never amount to anything. How can you be so stupid? Not that my father ever said anything like that, but I've heard other people say things like that.

**Igor:** In theory, it may have happened once.

**Doug:** So, when the boss is there, it's just like dad being there. You just regress back in time to this 5-year old self. So you're already in a trance. The question is can you wake up?

**Igor:** Right.

**Doug:** The question is can you repattern those trances so that the trance serves you, and you start operating in a way that's useful and constructive, and where you want to go rather than where you habitually go.

**Igor:** Now you just used a word that I'm very glad you used because it defines a lot of the stuff that you do, and it's something that I really admire in the work that you do. It's this idea of repatterning. In other words, using patterns and pattern interrupts to change that very trance response. Very often you do it very elegantly, and people often don't even realize what's happening. They just realize the effect of what's happening.

### ◆ Can you tell us a little about why you focus so much on those patterns and pattern interrupts in your work?

**Doug:** Sure. Again, because I think that is, in a sense, a description of the trance. A pattern is a description of the trance. There's cultural trance, a habitual trance that the people are in. So as an example, if the person – going back to our little example here of a person sitting at work and the boss comes and looks over their shoulder, what's going on really, in the person?

## Hypnosis Master – Doug O'Brien

They're getting a visual input. They see their boss, right? So there's a little pattern. They say something to themselves inside. Oh gosh, if he sees me, then what happens? They start talking to themselves inside. They remember times in the past. Maybe they'll go back and see a past memory. Again, talking to themselves.

Then finally they feel this bad feeling. It's a structure. It's a pattern. NLP would say it's the structure of their subjective experience. That's their pattern. So every time the boss happens, they're going to run essentially that same pattern exactly because that pattern, that strategy if you will, gets them to the feeling of, oh God, I can't do anything.

So you don't really have to do a whole huge process. You just have to interrupt that pattern. In other words, if you can perturb any part of that pattern, interrupt any part of that pattern and then do something different along the way, they will change that pattern. They have to.

**Igor:** It's kind of like Science 101, where you play with little circuit boards to make a light bulb light up. If at any point you break one of the metal wires that connect the next little wire and so on, the light bulb can't light up anymore because the circuit doesn't complete, and there's no charge going to the light bulb.

**Doug:** Exactly true.

**Igor:** So, what kind of patterns do you look for, and how do you actually use those patterns in a very indirect way? I mean, the classic NLP route, of course, that people might be familiar with is to ask questions like, what's the first thing you see and hear or do.

Then the next thing and the next thing and the next thing, you can do all those things, but you don't. You actually have a slightly different method, which I think you learned from Dave Dobson and have since evolved, which I think is very elegant.

- ◆ **Can you tell us about your way of using patterns with stories and how it works and give us an example of how you actually use it in practice?**

**Doug:** Surely. I don't do this with everybody, but I do notice that people run the patterns. If you ask them, what's the problem? What are you here for? They will demonstrate their pattern. They will also sort of demonstrate what they need in order to change that.

What I really want is this. Then they'll show you with their eyes and stuff exactly what they're talking about.

## Hypnosis Master – Doug O'Brien

So you'll ask them what their problem is, and they will run their patterns. So you've got to watch carefully where their eyes are going, how they're talking about it, whether they're using their visual or their auditory or kinesthetic sense as they describe this thing. You're going to see their pattern, their dance be played out for you.

Then, one of the things that I will often do is I will imitate back to them their dance. So, I will tell a story that is perhaps completely irrelevant to what they're issue is all about. But while I'm telling this story, I'll be imitating their exact dance, choreography, their pattern of the visual, auditory or kinesthetic stuff they went through, in order to create their feeling of distress or crappiness that makes them want to be in your office in the first place.

**Igor:** So you're talking about you'll do the same eye rolls, the same movements as their hands, your voice tone will change in the same way and you may even use the same kind of language even though the story you're telling itself has nothing to do with the content that they're talking about.

**Doug:** Correct. Then somewhere along the line, like you said you sort of break that circuitry. Somewhere along the line, I will shift my story to being a funny story. In other words, my story will suddenly have a punch line to it so it interrupts that pattern. It breaks that circuit, and they can't get to the crappy feeling anymore. Now they get to a good, resourceful feeling.

So this pattern that had served them so well, but not resourcefully, for so long suddenly doesn't work anymore. Every time they try to run it, it leads somewhere else that they hadn't expected previously.

**Igor:** It's kind of like walking into your fear room and suddenly finding a big box of laughter and jokes in the middle of it and going like, where did that come from? That's really my fear, but it's not so frightening anymore. Look, the lights are coming on and it's dawning outside.

### ◆ What happened to the darkness and the fear-inducing stuff?

**Doug:** Yes. Exactly true. It's interesting. I, of course, learned this from Dave Dobson. He would do this with people, and what's so cool about it is that Dave said you don't have to be concerned about what you do when you interrupt the pattern. You just need to interrupt it someplace along the line and do something different; anything.

As long as it's different from the previous, anything will work. And, he said while you're at it, why not inject some humor? Why not inject some fun and laughter and some good feelings? Why not?

## **Hypnosis Master – Doug O'Brien**

**Igor:** A friend of mine actually says he thinks that the secret to the universe is actually laughter. If you're laughing, everything – your creativity and enjoyment increases, the negative things in life seem to just fade away. It seems to be the secret ingredient to life.

**Doug:** Yes. I would certainly like to agree with that statement.

## Interview – Part 2

**Igor:** You told me a very interesting story, like an anecdote of how you can use this powerful pattern you described as storytelling within pattern interrupting in a situation totally covertly, where virtually any other approach would be guaranteed to fail because of the nature of the guy that came to see him.

**Doug:** Yeah.

**Igor:**

◆ Can you tell us the story again?

**Doug:** I'd be happy to. Fortunately, this doesn't happen to me very often, but I was glad to have something to do when this particular situation arose. This fellow came into my office who at first glance I thought was schizophrenic. A closer observation made me believe that was an incorrect diagnosis, although it's not my job to diagnose per se, but I like to know as much as possible what I'm dealing with.

I think perhaps a more diagnosis for this fellow was drug-induced psychosis. He did a lot of drugs, a lot of personally-prescribed drugs. So he was wacky, pretty out there, paranoid and wanting help, but not wanting me to do any of that hypnosis stuff, and certainly don't do any of that NLP stuff because he'd heard about that. So don't do anything.

In fact, I just want you to sit there and – oh, I've forgotten the word he used. It was some word from humanist psychotherapy, where you say I understand why you feel that way. I'd feel that way too. You acknowledge their feelings. Yes, you're right to feel that way. Good for you.

**Igor:** Yes. The police are after you. There's a helicopter outside waiting for you.

**Doug:** I feel the same way. Yeah. So he wanted me to do that for him. So, okay, I'll sit there and listen and smile and stuff, but I was keenly observing his patterns, and I noticed that every time he'd start a different story, he'd start in the same way, pattern-wise.

There was different content to the story, but the pattern behind it was the same, the eye adjusters and a way of using his body, etc. I codified it for myself so that I could run that choreography. Then finally, when there was about, I don't know, 15 minutes left in the session, he said okay, not it's your turn. You can talk now. I said okay.

**Igor:** Thank you very much.

## Hypnosis Master – Doug O'Brien

**Doug:** So I just started telling him some stories. Now my stories were not like his stories. They weren't telling all this horrible stuff that was going on. They were, in fact, well, jokes. They were just jokes. They were flat out just this guy walked into a bar kind of stupid jokes. Maybe not quite as overtly jokes, but they were, nevertheless, jokes.

But I told them in exactly his patterning. So I would start off with my eyes down and then start telling this thing, and then my eyes would move over to the right when I'm really getting into my feelings, and I'd use his tonality, and then I'd look up over to the left and I'd use my gestures the same way he did. I did everything he was doing exactly the same way he was doing them, but I would tell these jokes, and interrupt the pattern and get to the punch line.

Then, I'd just look at him with this odd look on my face and he'd be like, what? He'd be totally confused and in trance. Then I'd tell another joke and start again the pattern from the beginning, but again interrupt it somewhere along the line, and when I got to the punch line and got to that funny look on my face and look at him with this gesture, he'd be like, huh. Again, in that same sort of trance.

By the third time I did this, by the third joke, I got this little kind of tilt of his head. He looked at me funny as if to say, what's going on here? This little sort of glimmer of smile was in his face. Then I started telling this fourth joke, and he interrupted me halfway through and just started like laughing. By the time I finally got to the punch line of the fourth joke, he was laughing hysterically.

I'm not saying that he was cured after that point. We had a lot of work to go, but it was definitely a breakthrough.

**Igor:** It's the door opening and saying, okay you can come in now and help me sort this mess out.

**Doug:** Exactly. Yeah absolutely, and he had access to resources that he didn't have previously. They were his resources. He had access to them somewhere in some state, but he wasn't able to get to them.

**Igor:** It was like he put himself in a double bind, which is the very way he was trying to resolve it prevented him from actually having all the resources that would help him resolve it.

**Doug:** Well put.

**Igor:** That leads me to another question, which is what you described is obviously a, shall we say, elaborate or a very sophisticated way of spotting and replicating patterns and so on.



## Hypnosis Master – Doug O'Brien

- ◆ **How did you get good at that because, especially for someone that has never done this before?**

It sounds like almost mystical to be able to see the patterns and use the patterns and know which ones the right patterns are and so on.

- ◆ **How do you actually get good at that sort thing?**

**Doug:** Practice, by simply practicing. First, notice it's happening all the time. If you ask anybody a question, they will run a pattern. They just will. People are patterned animals. It's happening constantly.

As an example, I go down to the country, the United States and do these seminars for the John Morgan seminars where I do hypnosis for weight loss and smoke cessation. I'm talking about rooms full of 100 people or more. I'll typically get there a half an hour before the thing is supposed to start so that I can talk to people, and I'll ask them questions like, are you from around here? They'll say yes, and they'll show me how they say yes by answer the question.

Then I'll say have you ever been to New York? Some of them will say yes and some of them will say no. So I'll reinforce it. I might do a little Dave Dobson and say, my name's Doug. What's yours? They'll tell me their name. So let's pretend they said Bob. Then I'll say, so your name's Bob and they'll nod yes.

I'll say do people call you Robert? They'll say no, and I'll see different no's and different yes's. I'm calibrating their yes's and their no's. So I'm getting at least that much. I'm getting at least that much of how they say yes and how they say no.

Later on when I want to offer a direct suggestion to them, perhaps covertly, I might give the suggestion to the room and look at them and give them their yes nod. The way they said yes, which is different from other people's way of saying yes.

**Igor:** Of course.

**Doug:** So I think, getting back to Dave Dobson, by the way, I think that's a little bit of how he was doing that with that woman that he tranced out without anybody knowing that he was doing that. I think that's how he was doing that. I think that when he talked, he planted little seeds of suggestions peppered throughout his stories.

When he got to those places, I think he used her yes and kind of looked at her a little bit and nodded in her way so she'd know that this means you.

## Hypnosis Master – Doug O'Brien

**Igor:** So it's kind of like amping up the power of an embedded command to another level by using your private yes signal as a way of embedding it.

**Doug:** Exactly. So to notice these patterns, I would just task myself with noticing. So when a client would walk in, I realized that in the first two minutes they're going to tell me, other than consciously, exactly what their problem is. They're going to act it out for me, demonstrate it with these patterns and tell me what they need to change it, but I have to be watching for those first two minutes especially, noticing what those patterns are.

So I would just task myself, put myself into a state whenever the door is about to open and they're about to walk in. It's like, okay, notice everything. Turn it on now! And just be in that state to notice all those things.

**Igor:** Now this is something which you actually take people through step-by-step in your Neo-Ericksonian training. You do spend a lot of time coming back to this idea of spotting patterns and reflecting patterns at increasingly high levels of sophistication.

I noticed something which I think is pretty useful for you. When you had quite an opportunity, which not many hypnotherapists get a chance to do, because you were actually invited into a hospital to become part of the care team there to help them figure out what kind of alternative approaches to health can be used in conjunction with Western medicine to improve the results.

- ◆ **Can you tell us a little about how you went about that, how you got into the hospital and basically proved the power of hypnosis as a valid and valuable treatment modality to a bunch of doctors who very often tend to be a bit skeptical about things like hypnosis?**

**Doug:** Well, it's an interesting thing. I wish that I could say, well, I walked into this place and these guys were all skeptical, but I charmed them with my magical mystery skills. It wasn't quite like that, unfortunately.

Fortunately, there was a very good doctor who was curious about this stuff, and he asked for people who could help him test stuff. This guy named Dr. Oz. Dr. Mehmet Oz working up at Columbia Presbyterian Hospital started this group that he was calling the Complementary Care Center and I volunteered. I'd heard about it and went up there and volunteered.

There were a bunch of people volunteering, and I just was able to continue to volunteer. I just kept going. Other people would drop out or whatever, but I kept going. What we were testing there was to see what different modalities were workable in a hospital setting.

## Hypnosis Master – Doug O’Brien

So, instead of alternative medicine, so that massage, hypnosis, acupuncture or whatever it was, we’re not saying we’ll do this instead of surgery, but we were it in addition to surgery so that the surgery that Dr. Oz was performing would have better results. That people would feel better, be out of the hospital sooner and have fewer complications. Which of these different modalities could actually do that – help that?

It was really a testing environment from the get-go. It was a situation where we’d said what works and what doesn’t?

**Igor:** It’s interesting because people like to compare – reiki is better than acupuncture. Acupuncture’s better than some meditation and meditation’s better than this other thing – but you actually had the unique opportunity to, at least in a finite environment, which was the cardiac unit where there are people with heart trouble, to actually test it and compare it to the other approaches.

- ◆ **Can you tell me how hypnosis ended up comparing to the other approaches that the hospital tried out and some of the ways that you actually went about testing them?**

Creating a test scenario in the first place must be difficult as well.

**Doug:** It is certainly challenging because perhaps much of hypnosis is placebo effect, how do you create a placebo for hypnosis so that you can do a double-blind study. So one person gets hypnosis and the other person gets placebo hypnosis? What the heck is that?

**Igor:** Right.

- ◆ **How do you preventing placebo hypnosis from actually becoming real hypnosis?**

**Doug:** Exactly. It’s very challenging. So let me just say this. The cardiac care center, the Complementary Care Center in the Cardiothoracic Department was testing a variety of things, but they’re also in a hospital where it is a political environment. So not all the tests were perhaps all that fairly assessed, let’s say.

As an example, one of the first things that was there was this thing called Therapeutic Touch, which many of the nurses were trained in and did, and because they were nurses, they could actually do it in the operating room. In Therapeutic Touch, there’s no touching. Actually, it’s like Reiki, in that the hands are placed over the body and a few inches above the body and an, energy is brought to these areas.

## Hypnosis Master – Doug O'Brien

The idea also in Therapeutic Touch is that if there's injury or a place where it needs attention, they could feel that. As an example, as they're passing the hands over the body, they're sort of doing an assessment as well. They're feeling where their energy needed to go. So, this place just feels hot or hard or whatever, I don't know how they did it. Nevertheless, they could feel it and then they would bring extra healing to that spot.

When they did these processes, the patients loved it. The patients felt good. They felt calm. They felt cared for. They felt good about it, but unfortunately, there was this study done that we didn't do, but it was released in the journals and also made it to all the newspapers. Stuff that showed in a double-blind study, these Therapeutic Touch practitioners could not feel energy like that. It was a very simple study.

In fact, it was so simple it was done by a 6<sup>th</sup> grader in a science fair project. She just took this big piece of cardboard, cut a couple holes in it and these holes were for the Therapeutic Touch practitioner's arms. They'd stick their arms through that so they couldn't see what was going on, on the other side of the cardboard.

**Igor:** So it could be a person, it might not be a person. They could have different problems. They have no face or reactions to work off and so on.

**Doug:** Well, basically, it was just can you feel it or not? So she'd flip a coin. She'd put one hand over their left hand, depending on if it was heads or tails or the other hand over. Just one or the other, depending on whether it was heads or tails, and they were no better than chance, unfortunately.

That proved, of course, that they couldn't feel the energy. It didn't prove that Therapeutic Touch was not a valid therapeutic application, but it proved that they couldn't do this thing of feeling the energy. So therefore, it was out of the hospital by the next morning. We never did it again.

**Igor:** Which is a shame. Think about it in terms of there's clearly something that was working, and instead of finding out what's that something, it's going back to the days of Mesmer. Just because people are getting cured by all trees rather than just the magnetized ones, it can't be right. As opposed to thinking, hang on a second. People are still getting better.

- ◆ **What is that extra something, which of course, as hypnotists we're particularly fond of, because that's what we do we investigate what that extra something is?**

**Doug:** Exactly. Of course, that famous Mesmer story is exactly why hypnosis came about. It's because Braid started studying that. If it's not this animal magnetism, then what is it? That's where we are today.

## Hypnosis Master – Doug O'Brien

Igor:

- ◆ **What were some of the lessons that you learned as being part of this hospital staff?**

**Doug:** Well, let me just say in answer to your question from before is that what they finally did come up with is by the time we were done, hypnosis and massage were the only two things left standing. We were the only people left in the Complementary Care Center, which had become the Department of Complementary Medicine. So all we offered anymore was hypnosis and massage.

Igor:

- ◆ **How many modalities did you start with?**

There must have been like 30 or something like that. I mean it was quite a substantial number, right?

**Doug:** Probably more like 15.

**Igor:** Once you went through that and several years of people slowly eroding away and testing different modalities until you had massage and hypnosis left, in that time, I presume you learned some important lessons.

- ◆ **What kind of things did you take away as a hypnotist about working in a hospital environment?**

**Doug:** Well again, the idea is to integrate into the process. We actually changed our name from Complementary Medicine to Integrative Medicine that this is part of the process, that however a person believes and thinks and feels about their hospital experience is going to affect it. It really will, and to better or worse.

By the way, we were also able to help people who had no inkling about what health meant. Suddenly, they'd had a heart attack and suddenly they're in the cardiothoracic department having their chest cracked open and having cardio bypass surgery done or a heart transplant or something.

They had no clue, whether they were smokers, drinkers, etc. up to that point. So we were also used to help them change their lifestyle. Help them do things that were healthy from that point forward.

**Igor:** I think there's something very important that you mentioned there. This is something that not many hypnotists actually get a chance to experience, which is actually how to work with a person that doesn't come in for hypnosis. As a hypnotherapist, your clients self-select. They're there with an attitude already that it's going to work.

## Hypnosis Master – Doug O'Brien

Why else would they choose a hypnotist? The same is true of a stage hypnotist. The same is true of even a research scientist doing hypnosis. They always ask for hypnotic subject's to come to their tests.

**Doug:** Sure.

**Igor:** They first had people who had a problem first, like a heart condition. They may have known nothing about hypnosis or never would have chosen hypnosis normally but in this context, suddenly they became clients and you suddenly have to do other things or at least you have to do some things better, to be able to actually get to the point where you can actually do the hypnosis.

**Doug:** That very true. One of the things that I realized, of course, is that I couldn't walk in there with my incense and chimes. I couldn't be in there with my flowing robes, etc. I had to fit into the hospital setting, so I wore my best clothes. I had those little hospital accoutrement.

The little thing around my neck that said I was a hospital staff member. I had a little name tag that said I was in the Department of Surgery. So when I walked in, they didn't know I wasn't a doctor. I wasn't wearing a white coat, but I might have if I could have found one that nobody was watching me steal.

I looked the part. I'd walk in and I would use the classic hypnotic structure, the structure of a suggestion. I would pace and lead. I would say, hi, my name's Doug. That was true. My name was Doug and it said it right on the name tag. You could see that.

Then I'd say I'm with the Department of Surgery. Of course, it said that on the name tag as well. So they know I've got two things going for me so far. This is true and that is true, and then I'd say, and I'm here to help you with your pain. They'd go, oh, okay. They were just accepting the suggestion. They didn't know how I was going to help them with their pain, but they knew that I was with the Department of Surgery and I was there for that.

**Igor:** So you were already creating an expectation and, of course, half the battle of hypnosis is creating the right kind of expectation to allow the rest of the process to occur.

**Doug:** Yes.

**Igor:** So this takes us to the final kind of topic that I want to talk to you about during this interview, which is as part of your hospital work, you didn't just work with people with cardiac problems, helping them recover more quickly or change their lifestyle by stopping smoking or eating healthier or exercising and so on.

## Hypnosis Master – Doug O'Brien

Those are very important elements of what you did, but you also focused specifically, in part, on pain control. You worked with patients who had cancer and other similar conditions, and you developed your own particular approach to pain control.

### ◆ Could you tell us a little about how you got started at this idea of using pain control and started using it in a hospital setting?

**Doug:** Surely. Again, I didn't invent anything really. I just adapted and used what was working. In the same way that I've said before about using both direct suggestions and indirect suggestions, and traditional hypnosis and Ericksonian approaches, I've learned a variety of ways of working with people. If they had openness to certain things, I'd use one; if they didn't, I'd use another.

One of the things that I learned from Dave Dobson is that it's useful to be able to dissociate in a pain sort of situation. He talked about working with people in burn units, and he would just have them somewhere else. Why stay here? Let's go, in your mind at least, to someplace very, very nice.

What I would do with people is I'd just guide them to someplace else. I'd ask them what their favorite vacation spot was and help them go there. I'd assure them, you know, your body's here in this operating room or this recovery room, or wherever it is that it is, and it's getting good hospital care. It's getting exactly what it needs. You're in good hands. You can trust that, and let's go someplace else while your body's being taken care of.

So then I would just guide them on this little hypnotic journey somewhere else, and they'd feel real comfortable. Of course, while they were there, I'd be offering suggestions that they could keep, those good feelings, and their body could remember exactly how good it feels to be at this other place, and knowing that their body is being well taken care of.

They can feel good knowing that, that signal doesn't need to be given for pain because they aren't having it now. I'd start changing the word from pain to discomfort and various things like that so that the anchors of those words would be not set off. Thanks to Dave, I remembered about anchors.

**Igor:** Yeah, all those years later, the lessons started, you know, thanks Dave it was painful, but now there won't be any pain for people as a result.

**Doug:** Yes.

**Igor:** Now you actually had your own experience of having to use pain control on yourself.

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- ◆ **Could you tell us a little bit about that experience and how that helped you, if at all, in dealing with pain control with other people?**

**Doug:** Yeah, it helped immensely. While I was there at the hospital, I was training for a marathon. I have run probably about 18 marathons. I finished about 15 of them in my day, but during that period I was training for one. I still hadn't yet quite qualified for Boston, and I had a goal in my life to eventually qualify for the Boston Marathon by running another marathon fast enough to pass the test.

So one day I was out for a training run. I did 20 miles from my home in Brooklyn to Coney Island and back. When I got back home, I was in the shower and I noticed this bump in my abdomen that hadn't been there before, and it was pretty pronounced. It was big. So I thought, oh-oh, I better go see a doctor about this.

I went to this guy and said, what is this? What's going on here? He said well, that's a hernia. It's an inguinal hernia. I said oh okay, so what are my options here, doc? Can I meditate? Can I do herbs here? He said well, you have two options. You can have an operation now or you can have an operation later.

**Igor:** Nice choices.

**Doug:** That's kind of it. There are some things, for which surgery is recommended and apparently, hernias are one. So I figured okay, as long as I have to have this operation, I might as well make it interesting. So I persuaded a woman that I knew at the Complementary Care Center, another hypnotist, to work with me on this.

I felt I needed somebody outside myself to kind of guide me. She was also very useful because her mother was a surgeon, and her mother was willing to do the surgery without using any anesthesia, just using hypnosis, of course, for the anesthesia.

So I worked with her a couple of times and made a tape for myself. That's what we did back then is make tapes, rather than CDs. I love how technology has changed so much, but nevertheless, we made tapes, and I made a tape for myself and I had a little Walkman there in the operating room. This Walkman had the Beach Trip, sort of like Dave Dobson's Beach Trip induction on there, plus ocean waves and other things.

While I was there in the operating room listening to this stuff, I honestly was focused more into the tape than anything that my colleague was saying. I really sort of had her there just in case. As an example, at one point I was so relaxed that the pulse thing wasn't picking up my heart rate.

**Igor:** Really?



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**Doug:** Yeah. In surgery in traditional operating rooms, anesthesia has three parts to it. There is one part that totally immobilizes the body, one part that kills pain receptors and one part that works like a tranquilizer. It makes you feel tranquil. It makes you feel nice. Those are the three parts to the anesthesia.

I didn't need that. I didn't need to feel tranquil. I'm a hypnotist. Come on, give me a break. So all I really needed was the pain management. I was doing that for myself too, but they still needed to go through the protocol, so I still had this pulse monitor because the way they measure pain when a person is anesthetized and can't move or speak...

**Igor:**

◆ **Is their pulse rate because they get distressed.**

**Doug:** Right. So if the pulse starts going up way high, they say, oh, better add some more anesthesia. He's feeling it. I was so relaxed that at one point it wasn't picking up the pulse.

**Igor:** That probably scared the anesthesiologist, going oh my God, there's no pulse we've knocked him too much.

**Doug:** Yeah, we lost him. Well, there was no anesthesiologist. There was nobody there doing that function, but they were still managing the heart rate. When I started flatlining, they thought, oh-oh. Are you okay, Doug? I said yeah, I'm fine. They said let's just move that to another finger then. Obviously, I wasn't dead. I was talking to him. So they moved it to another finger.

What was interesting to them is that I had very minimal bleeding, which is always a suggestion that we gave our patients at the hospital, that there would be minimal bleeding, but there really was. They usually go through like four of the mats that sort of sop up the blood. A hernia is a fairly bloody operation. It's in part of your body where there are a lot of blood capillaries, I guess.

We only used one, and only because it was there when he started. We didn't need any others, and the helpers, the nurses and assistants, etc., were just flabbergasted by this process and the fact that I was under no anesthesia whatsoever. It was pretty cool.

It was cool, but I must say, one of the things that I learned is that just simply going to a beach, walking along and enjoying that, wasn't quite compelling enough for me. There's something compelling about somebody who's sticking a scalpel in your gut.

**Igor:** It draws your suggestion, doesn't it?

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**Doug:** Occasionally, yes, it got my attention. So I needed to have something a little bit more compelling for me than just nice scenery. So I invited some friends to the beach with me, and I’ll just let it go at that.

**Igor:** I’m sure they’re very nice friends.

**Doug:** They were lovely young girls.

**Igor:** Of course, that’s something which then is an important realization, which later on when you started doing pain control work or pain management work with other people, you kept in the back of your mind realizing that some people it’s enough of an attention gathering thing to be on a nice beach, but other people need something to do.

They need something more to have their minds engaged with to make sure their attention is riveted onto one experience, which is the pleasant beach experience, versus the other experience, which was possibly the more scary experience of being cut open by a knife.

**Doug:** Exactly.

**Igor:** In closely, just a quick story about how powerful pain control will be. I think you told me a nice story about a woman you took to the beach and you used this particular tactic.

You didn’t just leave her at the beach; you actually gave her something to do there, which was enough for her to get her attention fully included there, and it had a tremendous result.

◆ **Can you just let us know a little bit about that before we finish up today?**

**Doug:** Surely. This particular situation was a woman who was at the Complementary Care Center – I’m sorry, the Department of Complementary Medicine, and she was an older woman who had, had a whiplash injury prior to surgery. She’d been recovered from that, but during the surgery because she was immobilized for such a long period, she sort of exacerbated the pain from the whiplash injury.

So I worked with her. I did the same Beach Trip induction that Dave does and just counted down from five to one. Progressive relaxation up through the body, but then I had her sitting on her daughter’s balcony. I asked her previously what her favorite beach might be, and she said she loved to watch the boats go by.

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Her daughter had a place someplace in Florida where boats would go sailing by. So she'd just sit on this overlook and watch the boats go by. So I just was there with her. I was just painting these pictures as nondescript sort open-ended descriptions as possible so she could fill in the blanks herself and make it very real for herself watching the boats. At the end of this process, I assessed her. I said what is your pain level?

I always asked before and after. Before we'd start I'd ask, what's your pain level from 0-100? Before we started, she was at 80, which is a pretty high pain level.

**Igor:** Absolutely. It's a wise thing to do so that you can have something to compare to, right?

**Doug:** Absolutely. Just leaving this story for a quick second, the way I usually do pain management with somebody is I start by saying to them, on a scale of 0-100, what is your pain at this moment? They'll give me a number, whatever it might be. Say, 60. Then I'll say well okay, just for now raise that up to 65. Whatever they've said I'll give them five more points. Raise it up to 65. They'll go, no, I don't want to that. I'll say, I know. We won't do it for long, but just go ahead and increase that pain to 65.

So they'll do something, and they'll go okay, its 65 now. Okay, great. Now lower it back down again to 60. They go, okay. It's back to 60. I say, great. Now, just notice that you were able to do that without any instruction at all. Keep in mind hypnosis has been around for 250 years well before it was named hypnosis. We know a thing or two about how to do pain management.

Imagine if you were trained even a little bit on how to do pain management, how much better you could be than this 5% that you just did. Just to show them that they can do it and it's easily done and it will happen now.

**Igor:** That they actually have control over it.

**Doug:** After doing this process with this lady, I said Betty where's your pain level now? She said it's zero. I had expected it to be like 30 or something, but she was down to a zero. There was no pain at all.

**Igor:** That's a big step, isn't it?

**Doug:** Yes. It was pretty big. So I figured I was done by that point, but I also taught her how to do that. So a few days later, she had to have a pacemaker put in. They didn't want to use any general anesthesia for that. Obviously, after the first experience, they didn't want her to go through anything like that again.

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So they just did a little local anesthesia while they inserted this pacemaker. Occasionally, they'd be checking in on her. They'd say how are you doing there, Betty? She'd say oh, fine. I'm just watching the boats go by.

**Igor:** The surgeons are going, what the hell is she on?

**Doug:** What is she talking about? Of course, there was no view from the operating room at all.

**Igor:** For sure. Okay well, you've given us a great sort of whirlwind tour of your approach to hypnosis. There's a very rich underlying structure. You've got the idea of patterns and pattern interrupts in particular, but that spreads out and permeates in different places. You've got the idea of pain control, pain management, using this as a part of a, shall we say, surgical process as well.

You very kindly agreed to give a crash course in all these different things later on in the Seminar portion, like a crash course in your Neo-Ericksonian Approach, including the pattern interrupt and pattern spotting stuff.

Also some ideas and some demonstrations of how you prepare someone for surgery, how you help someone get through pain, including the infamous Beach Induction we've heard so much about. You'll actually be giving us a demonstration of that, which I'm very excited to hear. So thank you for that.

- ◆ **Before we finish up, however, can you tell us a little about your four-day Neo-Ericksonian training, where people actually get a chance to learn all these things in proper depth, do the exercises, practice and all that sort of stuff?**

**Doug:** Surely. I do a training that I call Neo-Ericksonian hypnosis that's usually four days. Sometimes its six days, when I'm feeling a little less pressed for time that I can stretch it out that way. It's the same material but, do a Dobson. We have shorter days and more integration time, but it's the same material.

The reason I call it Neo-Ericksonian hypnosis is just that I believe it's more accurate. We are beyond Erickson, like it or not. He's no longer with us and much of my training – I never met the man. Much of my training came from people who learned from him, like Stephen Gilligan and Bill O'Hanlon, David Gordon and Dobson.

All these people that had their own approach to what Erickson was doing and what they learned from Erickson they took from there. So I think we are ready to go past it. It's okay to say, let's take all of this stuff and make it even better. Let's go even past it. Don't get stuck in the 1970's. Don't get stuck into what Erickson was doing on that one Mondri video.

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Interesting story, I once was listening to a woman talk about the Mondri video. A woman that had known Erickson was on some other videos that had seen with Erickson, and she said I hate that video. I went what? You hate Mondri? That's the classic. She said oh no. I knew Erickson in the day and that was nothing like the Erickson I knew. He was just a small shell of what he had used to be. I go, holy shit. If that's what a small shell is, like yeah.

**Igor:** It's interesting because like posterity is judging Erickson by a tiny sliver of his work, as opposed to the full element of it. If I understand you correctly, one of the things you're saying, which is close to my own heart, is the path to mastery lies in your own hands.

Being willing to take your own path, learning from what came before but then choosing your own ways of applying it, your own ways of combining it and your own ways of growing with it, rather than aspiring to be the biggest parrot in the world.

**Doug:** That's very well said and I think the bottom line is what works. What really works to get your client to where they need to go?

**Igor:** Right, and that's something that you focus on in your training. You give lots of experience, lots of practice, of patterns, of spotting things, of different types of inductions, both direct and indirect. So people can have the smorgasbord laid out in front of them and go here are the tools. Go out there, add to them as you need to, and then make up your own stuff.

**Doug:** It's a little bit like again, Dobson once said that when he first met Bandler and Grinder, he was mad at them. He was angry for years because they were doing things, making explicit stuff that he'd been intuiting and knowing about. But finally, he got to the point where he goes okay, I can accept this because by talking about eye patterns and looking at eye patterns, he knew you can have a language that allowed him to explicitly speak about what he'd been doing all that time.

**Igor:** Right.

**Doug:** I think that's the same thing. Bandler and Grinder came after Erickson. They took his work, and they codified it to a place where we could understand it. They have also added a lot. Many other people have added a lot of things to our understanding of the structure of subjective experience works in people. So why go back?

Back in the days of 1950's and 1940's – Erickson was born in 1902, and he was responding to Freud and stuff. We're past that. We're way past that thanks to Erickson, but it doesn't mean we've got to sort of stay where he was. We can

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move on. Neo-Ericksonian is homage to that idea that we build on these great men’s shoulders.

**Igor:** Well, that sounds like a very interesting training experience. For those of you in the Club, of course, you’ll get a chance to experience portions of that because Doug, you’ve very kindly volunteered to give us some sneak previews and some of the exercises and ideas that you present there.

For those of you who are interested, of course, this is Doug O’Brien from [Ericksonian.com](http://Ericksonian.com). You can check out all his stuff there and find out about his schedule and stuff there.

My name is Igor Ledochowski from [StreetHypnosis.com](http://StreetHypnosis.com). Doug, once again, thank you so much for coming and sharing your wonderful stories and insights, and I look forward to meeting you again on the next portion, which is the actual Seminar bit, where we actually get to learn to get our fingers dirty and find out what this hypno-funk is all about.

**Doug:** Igor, it’s been my pleasure. Thanks for having me.

**Igor:** Thank you.

This is Igor Ledochowski from [StreetHypnosis.com](http://StreetHypnosis.com). If you’re interested in finding out more about our Hypnosis Training programs, just go to [www.StreetHypnosis.com](http://www.StreetHypnosis.com). We have over 30 different programs on all aspects of hypnosis and self-hypnosis. If you want to listen to Doug’s five-hour seminar, giving away all his secrets of his Neo-Ericksonian hypnosis system, then go to [StreetHypnosis.com/Doug](http://StreetHypnosis.com/Doug).

## Hypnosis Master – Doug O’Brien

### Seminar 1 – Part 1

**Igor:** Welcome to [StreetHypnosis.com](http://StreetHypnosis.com). My name is Igor Ledochowski, and I’m here with Master Hypnotist Doug O’Brien from [www.Ericksonian.com](http://www.Ericksonian.com). Doug O’Brien is a Master Hypnotist in the Neo-Ericksonian tradition, and this is the first Seminar portion of the training. We’ve had the Interview bit already.

Welcome, Doug, on the call first.

**Doug:** Thank you very much. It’s great to be here.

**Igor:** I believe today, Doug, you’ve agreed to share with us the whirlwind tour of your Neo-Ericksonian hypnosis training so people get a real flavor of how it is you do your trainings, the kind of points and principles you emphasize and some of the exercises and little secrets that you like to teach to your student as well.

**Doug:** Well, I don’t know how much I can share, but I’ll certainly tell you about it.

**Igor:** Okay, so it will be my job, everyone, to make sure Doug gives you everything. In the meantime, let’s start with the beginnings Doug, if I may.

**Doug:** Sure.

**Igor:** We’ve talked a little bit about why you call this the Neo-Ericksonian Approach. Of course, we’re not Erickson and we’ve never met him, but we get to build on the shoulders, on the work that he’s already created.

◆ **Could you give us sort of a 5- or 10-minute summary of what the most important elements of the Neo-Ericksonian process is about?**

- ✓ What kind of processes to you like to include?
- ✓ What’s the essence of this approach?

**Doug:** Essentially, much of what I call Neo-Ericksonian hypnosis, of course, comes from Ericksonian hypnosis, but it’s just being fair to the other sources of inspiration and knowledge, etc. that have come since him.

Erickson, of course, was interviewed and studied a bit by Bandler and Grinder, but NLP has offered a huge window into how he worked that maybe he wasn’t even aware of or many other people weren’t. It’s a really smart thing, I think, to recognize that we’re in the 2000’s here.

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Erickson was working back in the 1950's. We're here now, and we've got many other things to work with and work from. So, as I said many of the things will be similar to and borrowed from, if you will, Ericksonian hypnosis and other things as well.

One of the things I think Erickson was great at was observational skills. He was color blind and tone deaf and had some challenges, but nevertheless, he was eagle-eyed, and he could notice patterns with people. I think many people do not have that gift naturally. He got it, of course, from his days when he had polio and he was unable to move any muscle in his body except his eyes, voluntarily at least.

It was the kind of thing where his brain continued to be active, so he just used it. He started observing things as much as he could about people's behavior, about how people would communicate, say yes with their voice but every part of their body was saying no in every other way.

**Igor:** If I could just add to what you're saying there. I think you're absolutely right. I remember reading a story where Erickson says one of the reasons he became so good at observing, is because his body was, basically, cataleptic. He couldn't move, his body kept falling asleep, and the only way he could keep himself awake, it wouldn't be the way that normal people do it through shaking themselves, like you do on the back of the bus.

He had to just focus intensely on his environment, on people, on minute details or nuances or the things they were doing. Only by spotting these details could he actually keep his brain engaged enough to actually stay awake. So it was partly a survival mechanism, which ended up having this reward at the end of it.

**Doug:** Indeed. He got a wonderful reward. I'm glad we don't have to go through that to get it. Thank God for that. Imagine what the training would be like. Okay, welcome to the Neo-Ericksonian training.

**Igor:** First, we'll drug you and strap you to a wheelchair for the next 10 years.

**Doug:** That would be bad. So anyway, what we attempt to do, of course, is to get as well honed as we can in our own observational skills as we're able. So there are lots of games and plays, things that we do to enhance that. Much of this comes out of NLP training where you do visual sensory acuity exercises and auditory sensory acuity exercises and kinesthetic and all sorts of different sensory acuity exercises to just enhance how you're seeing.

Then you start looking for why bother? What are you looking for in humans, in human communication? What is it that sensory-enhanced communication is going to give you? What will you see? What will you hear? What will you feel that's different than you would if you hadn't done all those exercises?



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So it's an interesting way of approaching observing human beings and Other-Than-Conscious Communication that they're always doing.

**Igor:** Right. It's kind of like learning to first, open your senses so you see more. Then, actually being able to shut them back down again afterwards, realizing which are the things we're actually seeing and which are just random events that are happening in the world anyway, so spotting the pattern versus random things that happen to be present at the same time.

**Doug:** Right. The way that I love to teach this is by natural observation. Get people to just pretend they're walking along a city street, meeting each other and its like, hey, how are you doing? Good old friends meeting, and what do their bodies do naturally? What's true is that NLP noticed rapport skills. It didn't make up rapport skills. It noticed that when people are in rapport, they match and mirror. They do these things naturally.

So we don't have to learn them; we just have to observe them. We have to learn that they're there so that we can do them by choice, but they're naturally there in human communication.

**Igor:** Right. So we've got the idea of observational skills, and that's the fundamental premise behind the idea of spotting patterns and using patterns. We'll be looking at that in more detail later on in this session as well, of course.

### ◆ What kind of other things do you like to emphasize in the Neo-Ericksonian Approach?

**Doug:** Again, like I said much of Neo-Ericksonian is borrowed from other places. I understand you've interviewed Stephen Gilligan recently?

**Igor:** I have, but he hasn't actually been released yet. So you can look forward to him. You can look forward to him on the next Interview.

**Doug:** Okay, thanks. Sorry about that jumped to the shark there. Stephen is one of my teachers. One of the things that I learned from Stephen, who I assume learned it from Erickson or maybe observed it in his work with Erickson somewhere along the line, but it's essentially that our unconscious minds can utilize and observe both and logic. That the trance we're in, on a regular basis is both.

It's both a conscious awareness where things are logical and rational and they're this or that. They're either or kind of logic-based. Things are good or they're bad. They're right or they're wrong. They're up or they're down. What the left brain logic wants to have going for us.

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But also our unconscious mind is perfectly acceptable and amenable to a both and awareness, where things are both good and bad at the same time. Things can both be on and off at the same time. So we do little exercises that help people appreciate this unique awareness that they've had already, but they're just sort of unaware that they have it because it's been heretofore unconscious.

**Igor:** Right. Let me just pause you there for a moment because I think you've just hit on something very profound in the hypnotic process. I like to refer to this as the idea of trance logic. It's a form of trance logic. I think the powerful element here in this both and thinking is that whilst the conscious mind creates conflict – because you can't have a problem and feel good at the same time – you can to that at the unconscious level. That's the purpose of trance.

If someone's in a tough situation and they're thinking, it's going to be tough; therefore, I've got to feel bad about this versus this is tough, I can get to feel great and have all these other solutions possibly coming up, as a result, of it. That's, of course, where the path of freedom comes in again, which is why we need trance to overcome the very limitations of regular consciousness.

**Doug:** That sounds, again, very, very well said. It's something that I come across with people that are striving to do weight loss in hypnosis, or weight loss in any other way. Many times people have this opinion that says, if I lose weight, then I'll love myself. Once I lose this weight, then I'll love my body.

**Igor:** Once I find the end of the rainbow, then I'll have my pot of gold.

**Doug:** There you go. I'm thinking, why wait? Let's just do that now. Love your body now. Love yourself now because you can be fat and out of shape and at the same time love who you are inside of all that.

**Igor:** Of course, ironically, at that point, the minute you get into this both and thinking, where you have the benefits of the outcome without actually being there yet, you actually generate the very resources you need to get there in the first place.

**Doug:** Exactly. All of the parts of you start pulling together to work cooperatively to make this actually happen.

**Igor:** Right. These are some very profound principles here, the idea of clean observation. Again, a simple concept that can be taken to great levels of sophistication; I know you spend a lot of time on this. The idea of trance logic and how this both and thinking has so many different possibilities and offers so many different avenues for the hypnotist to explore, which again, I think you spend a lot of time playing with as part of your processes.

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- ◆ **What other kind of, shall we say, principles do you like to emphasize in the Neo-Ericksonian Approach, or at least your take on it?**

**Doug:** My take on it would be to go into storytelling as well. Storytelling metaphors are powerful ways of communicating that, of course, Erickson was famous for, but he's not alone in that. Jesus Christ had a pretty good way of doing that sort of thing.

**Igor:** Absolutely.

**Doug:** Clearly, it's not just Erickson, but it is powerfully something that Erickson did do and was famous for. So of course, yes, we want to be able to do that too. So metaphorical thinking, I think, is the way the human brain works. It's how we communicate.

If I were to describe to you this fascinating new vegetable I'd found that from Mexico, but it's a lot like a pear, except that it's not as sweet as a pear. It's more like eating grass. You know the smell of grass in the summertime when they cut the lawn? When you take a bit of this chayote thing it's that smell translated into taste; this mouthwatering, juicy, wonderful thing that's just like that.

I'm using metaphors, these analogies to try to convey this thing you don't know about yet.

**Igor:** Now I get to have a semblance of an experience I've never had before. Should I ever come across this chayote and try one, then I'll suddenly realize I know what this is. This is a chayote, and no one needs to actually tell me what it is because I'll have the experience, which has transcended my own experiences.

**Doug:** Right, and all those little sort of boxes that I opened for you – it's like this, it's like this, it's like this – suddenly, your experience will go right into those boxes, and you'll go, yes, I got it.

**Igor:** Exactly. Now something else that you do, particularly with the idea of storytelling, is a resourcing kind of tool that I think is very important to emphasize. We'll talk a little about it hopefully more later on in this session. It's the idea of working with the shadow or the dark side of people's personalities.

- ◆ **Can you tell me a little bit more about that and why you think it's so important?**

**Doug:** Sure. One of the things that I learned from my years of working in Jungian psychology is that there's this concept from Jung called the shadow, which is, parts of us that we attempt to disown. We say oh no, that's not me. I'm not a

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bad person. I'm a good person. I'm not, dishonest I'm honest. I'm not that; I'm this.

So those things that we're saying we're not we sort of shove off into this little thing we try not to look at. We have this sack that we carry around with us with all these things that we're not. Don't look at that. No, that's not even there. What are you talking about? That? No, that's not me.

We put all that stuff in there and that stuff, especially the more energy we put into saying that's not us, has us. That stuff has us. So where the power comes from is to say, oh look. Look at all this shit that's down here. Erickson told stories. He said you know, when I was a kid, I used to shovel this shit out from the barn. That was one of my jobs was to shovel out the stalls and put the manure out behind the barn.

We learned that you put all the manure back there and cover it with straw, and you don't go playing back behind the barn. But curiously, that's where the best tomatoes grow. That's where the tallest sunflowers grow is out there behind the barn because that stuff, that shit, that manure, that stuff you don't want to look at has a lot of power, a lot of fertility, a lot of stuff that's really useful stuff.

So what you want to do is be able to reclaim it. You want to be able to say, okay, that shadow is me, and if I have the strength, the courage, the tenacity or whatever it takes, to look at that, to be open to it, to say what is there or who else am I, it brings power with it.

**Igor:** This is kind of the reason why some of the Ericksonian schools will have small sayings like, 'the solution is the problem', because very often it's richly, the act of saying I'm not this or I don't want this part of myself, or rejecting a part of yourself.

That's where they actually close the door on an immense amount of power. It's kind of like someone saying, I don't like my right arm and I'm pretending it doesn't exist, and then going through the world as a one-armed person.

It's by reclaiming their right arm and making it good again – in other words, transforming it so that it actually serves a useful purpose rather than a destructive purpose – that you have more power. Two arms are better than one.

**Doug:** Absolutely, and what some people do, and often times when people have gotten to the point where they'll bring themselves to your office for help, what some people do is they've said okay, I don't have a right arm. I also don't have a left arm. I don't like arms at all. I don't even have legs. Pretty soon they've cut off so much of themselves that they're so restricted in what their possibilities are. It's almost amazing that they're surviving at all.

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**Igor:** Right. This just takes us back to this idea that Erickson kept emphasizing over and over again, that people are too rigid and what we do is make them flexible again.

**Doug:** That's exactly right. So, I learned an exercise from Stephen Gilligan that we do in our class. It's the very first thing we do actually. We sit people down face to face, and one person asks the question, who are you? The other person just breathing and maintaining eye contact with the other person they're in the relationship with here for this exercise comes up with some sort of metaphorical response or some answer to the question.

They say something like I am a man, as an example. They may or may not be a man, but they answer the question that way. Then the person who's asking the question just acknowledges it and says, that's right, you are a man, and who else are you? Then the person says something like, well, I am a woman, or whatever it is that they say. The person that's asking the questions just acknowledges their answer and says, that's right, you are a woman.

It goes like this, I am a spark plug. That's right, you are a spark plug. I am a horse. That's right, you are a horse. I'm a mountain. That's right, you are a mountain. It's slower than the way I'm talking right now. You take your time to do this stuff. It's a very trancy experience, but what it opens up, is that there are so many different possibilities and representations of who you are that it's greatly expanding.

What's curious about it is that sometimes people start going down into that shadow stuff. It starts getting opened to them and they start saying, I am a child. That's right, you are a child, and who else are you? I am weak. That's right, you are weak, and who else are you? I am dirt. That's right, you are dirt, and who else are you?

You just keep acknowledging and feeding it back to them. Sometimes it gets really dark. I am nothing. I am shit. I am pain. What's curious about that is if you keep going with it and don't be afraid of it, somehow it just sort of comes around the other side of the Earth, and it's like the sun rises again. I am the light. I am the sunshine. I am the morning. I am the dew. It's pretty cool.

**Igor:** When people do this – I've done this same exercise also, of course – actually when you get past the dark side into the side, like on the other side of the stream, then you can really see them being really reenergized. Not just like back to how they were before they started the exercise. They are well beyond that step. It's like they literally opened a box of juice and drank it, and now every cell is electrified, as a result, of having gone through it. Not being stuck in it, but going through it.

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**Doug:** Right, and not being afraid of it. It's part of them and they can go there or not, but it's a choice now.

**Igor:** This reminds me actually, of one of the principles in improvisational theatre, which I studied for a while. It has the same idea which is one of the key reasons why people choke when they're trying to make up theatre, like make up a funny skit or something like that on the spot, is because they're blocking themselves off from their own creativity, in other words, their unconscious.

What blocks that is their unwillingness, that social veneer that says, I can't use words like killing babies or rape or very nasty topics, shall we say. It's almost like there's a thin layer of oil over the unconscious where all these things reside. If the actor is not willing to dive through that oil then he'll never be a good improviser, because he's always blocking himself.

If, on the other hand, he's willing to do that, he's going to get a bit messy for a while and come out with these pretty nasty things until that's kind of like burned off and cleaned up. What's underneath it is virtually an inexhaustible supply of creativity, humor and fun. I mean the stuff that comes out is unbelievable. It's my opinion that a stage hypnosis show taps into that.

The trance that people get put into basically just sends them through that little layer of veneer so there are no restrictions, and that's why they can be so hysterical because people are no longer censoring themselves and, therefore, they are more than they are normally allowing themselves to be in their day-to-day world.

**Doug:** Cool.

**Igor:** So in this whole process that you've been talking about, of course, other things are coming out. You've got the idea of language as a trance inducing tool, utilization approach, feedback loops, rapport skills and all these things fit into it as well. So there are a lot of skills being developed on the buy.

The question I have for you then is, as people are starting out this process, the first thing they have to realize, of course – and this is going back to the idea of clean observation – they have to realize that someone is going into a trance and that it's an easy thing to do.

◆ **How do you prepare people for spotting that so they know that they're being successful as hypnotists?**

**Doug:** This first exercise that I was just referring to that you said you'd done before the, who are you exercise is kind of a naturalistic approach to observing what works. After the first round of it – and it usually runs for about 10 minutes, which for some people it seems like forever.

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They're like, oh my God, that was like 10 hours long, and it was 10 minutes. But what they notice is that there are certain things that are conducive to the trance experience, like the eye fixation, the breathing at the same rate, the slow tempo, soft tone of voice. Those things help them get into trance.

Other things distracted them from trance. So for instance, if a person says, who are you, and the person's eyes went up to the left and over to the right and then down over to the left in order to find an answer to the question, they tended to not go into a very deep trance. So this distraction, non-eye-fixation, if you will, was nonconductive to trance. Changing tone of voice, laughing, interruptions were not conducive to trance.

So we just start noticing what works for a trance experience and what doesn't really work very well for a trance experience. Now of course, we live in a state of trance, and that's all true, but when you want to go into more of a therapeutic trance, what are those things that are going to help you get to that?

So we start noticing these things that work. When you're going into trance, what does it feel like? You start having those experiences more and more. So then we say, well, how do you get eye closure? The old bugaboo in hypnosis training is how do you get that eye closure thing? This is where I pull out my big guns here. This is something I learned from Dave Dobson. It's a sure fire technique. I have never, ever gone wrong with this, and it's pretty simple.

You look at the person and you say, please close your eyes. Most times, it works. I mean it's amazing, but boom! Their eyes just close almost invariably. Not always, but almost.

**Igor:** It's interesting what you seem to be suggestion then – and this is kind of like how you build up your courses, of course, is that first of all, in a trance it's easy, it's natural, it happens all the time. So it's not so much a question of inducing a trance, inducing eye closure. That bit's easy you can get that, it's more a question of what you do once you're there.

### ◆ How do you stabilize it?

- ✓ How do you navigate it?
- ✓ How do you make it something useful, rather than the random trance that people find themselves in on a day-to-day basis?

**Doug:** Surely. One of the things that we also may be discussing later, but I'll talk about it now a little bit, is that one of the things we learned from NLP is that people visualize, they hear things and, obviously, we use our five senses to code the world, and that certain people have preferential systems. They might prefer to

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be in the visual modality and they talk about things that they see. That's their most conscious system to them.

Other people prefer the auditory modality, so they're more talking to themselves or listening to sounds and that system is more in their consciousness, whereas, others are kinesthetic or olfactory. What you do is when they close their eyes, notice that, that pretty much shuts off that visual system.

So if you say, please close your eyes, they close their eyes and pretty much that system's gone. They might visualize things in their mind, but as far as other visual things that they'll see, pretty much not, so we've already altered their state.

We've already altered their state by changing that system. Then we start talking to them in a particular way. You know, slowing down, pausing between the sentences and having that kind of rhythm that gets set up in the voice. So in their auditory, they start listening to your voice. Then you say, you can listen to my voice or something like that. So their auditory also starts getting that sort of fixation.

You start talking to them about the kinesthetics. You start talking about what it feels like to have your feet on the floor, and maybe there's a feeling of relaxation that starts in your feet and moves up through your legs. That feeling might fill your legs and your back as you breathe comfortably now. You just talk to them about the things that they're feeling. So most of their attention is now being brought into that kinesthetic awareness.

For most people, that is an altered state. They're not used to just focusing on their kinesthetics. They're used to seeing things. They're used to hearing things. Probably 90% of the people would fall into those two categories of preferential systems. I might be exaggerating. Maybe it's 80%, but nevertheless, a lot of people. It's either auditory or visual.

**Igor:** Which is something I think we talked about before and, again, it feeds right back into this. I'm not sure we talked about it in the Interviews, but definitely in our own private conversations, which is that there are different types of trances.

- ◆ **There's a reason why people use dancing, running and rhythm as kind of body inducing mechanisms for doing trances because it's the same thing really, isn't it?**

**Doug:** Absolutely, and we do that in our class too, by the way. I love playing with that sort of thing. We actually do sort of a Tai Chi Chi Gong exercise thing that I made up with music and the sound of ocean waves or whatever I might have in my iPod at the time.



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The sort of things where it's movement and repetitious and the repetitious stuff will induce a trance of some level. It doesn't have to necessarily be a deep, deep somnambulistic trance, but it's still a sort of a trance thing that's happening.

That's why people go to raves and listen to this music that's repetitive they kind of just know what's coming. So they don't have to think about it, that part of their brain can just kind of shut off, and they can just get into the rhythm of that movement, so rhythmic things are very much trance inducing.

**Igor:** What I find interesting is that you seem to be using the precision of the NLP model to actually map onto a much wider field, a more, shall we say, nebulous Ericksonian concept. This tends to be more in big normalized ideas, like generative experiences, trance-like ideations and whatnot, which means nothing to the average person.

But, you can use the precision of one to actually create some very precise experiences so people can go oh, I understand.

- When we talk about body trance, we mean these sorts of things.
- When we talk about an idea-based trance, we mean these sorts of things.
- When we talk about a rhythm-based trance, we mean these sorts of things.

You give the people a much wider experience of what hypnosis and trance can be.

**Doug:** Wow! I sound smart when you put it like that.

**Igor:** Doug, I think you are. This is giving us the idea that first, trance is easy, it's natural and to recognize it in all its different forms, from the formal and rigid trance, like I'm going to count from 10-1, sleep and all that sort of stuff. All the way through to the more naturalistic trances, like being at a dance club or talking to someone who's got a charismatic voice or something like that, and you just get to experience the whole range of that.

**Doug:** Absolutely.

**Igor:** Now, the next level I'm interested in, this is idea of taking the naturalness of hypnosis and really get an experience of it. I think we've got a good sense of that.

**Doug:** If I might interrupt you for just one second. One of the other points I think about Neo-Ericksonian hypnosis as it is, as it were, is that it's a different focal point on where does the power lie, if you will. Erickson often was famous for saying

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things, like trust your unconscious mind, etc. For many people, their unconscious mind has got them into this mess in the first place, so how can I trust this? What do you mean by that exactly?

**Igor:**

- ◆ **Do you mean the same unconscious that got me here stuck in jail in the first place?**

**Doug:** I trusted my unconscious. He, of course, meant it in a slightly different way than that, but what's also interesting is that traditional hypnosis, if you will, comes from that kind of Mesmer-like tradition where I am putting you into trance. You know, Mesmer, the operator. The hypnotist puts somebody into a trance. Now that I've got the power, being the hypnotist, I'm going to make you do something that you're powerless to do.

I don't think that's what Erickson's viewpoint was at all. I never met the man, I don't know this for a fact, but I would venture to say that his goal was not that. His goal was to put the power really back where it belongs and where it always really technically is, which is in person, in the client. It's client-centered hypnotherapy. It's really about them. It doesn't matter how wonderful you are.

It's about how great that person is that you're working with and how to bring out their full potentials and their full utilization of their resources. That's what's important. Put them in the driver's seat of their own life is what the goal is.

**Igor:** Exactly, and this is, again, one of the reasons, I think, that you spend so much time exploring different types of trance experiences because all that you're saying is, look, if you can't trust your unconscious when you're in this trance, then how about trusting it when it's in a different trance, like this one here?

Let's see what happens then? Until you find the right state, the right kind of trance that makes trusting your unconscious worthwhile because the results are healthier and happier and so on.

**Doug:** Yes. Dave Dobson used to say it's not a question of, can you go into a trance or not its how can you direct the trance that you're in, because you're in trances all the time. So, how do you direct the trance in a more functional, appropriate way so that you have a good life?

**Igor:** Exactly. Now that takes us onto the next focal point of your training, which I want to discuss. It's also I think what Dave Dobson's famous for, which is your patented, infamous, O'Brien pattern interrupt technique. You gave us the essence of it in the interview.

- ◆ **Can you take us through a simple two- or three-step process that you use?**

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I think you have some interesting stories to share with us before we actually look at it in detail as how to train ourselves in doing it for ourselves?

**Doug:** Well, at the risk of repeating myself from yesterday let me just explain a little bit about the background of what's going on here. What I've learned from Dave and from watching Erickson, etc. is that people – you, I, we all – live in a trance state, which is to say we do things automatically. We have automatic patterns that we just do without thinking about it.

If we're doing it without thinking about it, then yeah, that's the definition of hypnosis, isn't it? You're just spontaneously, automatically moving, behaving and responding. These patterns are repetitive as well. For instance, if I have a trance – and by the way, most problems that people come to you for are trances.

So if I have a trance like my boss raises his voice, and I sort of become unresourceful and like I'm six years old again, that's a phenomena. Think about it. It's a trance. You're doing instantaneous age regression. I'm back to six years old again.

**Igor:** That's involuntary as well. You don't choose to become an un-resourceful 6-year-old. It happens.

**Doug:** Yes, it seems to just happen to me. That's the trick of it. Of course, you're doing it inside yourself, but it seems like, oh that thing is happen *to* me. So we live in these trances, and that pattern, that age regression pattern, etc. would be consistent. Every time my boss raises his voice, somebody else raises their voice or my dad raises his voice or that sort of thing I would run through this same pattern.

I'd see something in my mind and compare it to something else that's in my mind. I'd say something to myself and I'd feel bad, or feel helpful or feel whatever that end up feeling would be. It's the same pattern. This is all about recognizing that these patterns are what's most important and they are unconscious. I can't to you and say hey change that pattern. It isn't going to work that way.

**Igor:** Right. It's like the classic dilemma people put themselves in when they say when you go on this hot date, just be yourself honey. It's like okay, that's great advice, but how do you become yourself when everything...

**Doug:** Which self do you mean?

**Igor:** Exactly. When some part of you has triggered into your 6-year-old unresourceful self, how do you become your "real" self, your adult self, the

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resourceful self? That's really, I think, what hypnosis and particularly the pattern interrupt stuff that you do gets us right to the nub of.

**Doug:** Yes. That's very true. You're right. Which self are we talking about that 6-year-old? Yeah, I can do that. No problem. Thanks for the advice. What we look to do in this process is to notice that pattern and because we've honed our observational skills as we hearken back to the early part of the conversation, we notice these patterns. We see these patterns and we can replicate them. Just like having the rapport skills to be able to match and mirror, we can match and mirror those patterns.

But, instead of talking about my problem as I repeat to you my pattern, talk about it, get to this feeling where I'm a really bad and weak person at the end of the story. What I'm going to do as an Ericksonian or Neo-Ericksonian hypnotherapist is tell you a story that may seem kind of relevant or not, it doesn't really matter.

But, while I'm telling the story, I'm going to mimic back to you your exact yucky pattern. I'm going to mirror back to you or mimic back to you exactly the same eye patterns, gestures, tone of voice, everything that you did in telling your story, mirror it back exactly except that the content of my story is going to be funny, and it will be unexpectedly funny.

There will be a point where all the sudden, there will be this punch line that will come out and you'll be like, a pattern interrupt! It's totally weird. What's that doing there?

**Igor:** Let's pause for a moment, because you're doing two very clever things there.

1. Number one, of course, we're using humor and as we talked about in the last Interview, humor is like the essence of the universe. It's the ultimate resource.

When you've got a smile on your lips and a laugh in your throat, fear, anger, resentment and all these things disappear at the same time.

2. The second thing that you're doing that's very kind of, shall we say, Ericksonian or Neo-Ericksonian in this sense, is this idea that we're using an unexpected kind of humor.

That's kind of like a pattern interrupt within a pattern interrupt. It's kind of like the handshake interrupt. You don't expect it, and yet there's the humor anyway.

I would call this the agreement-reversal because you have people's minds going down one road, and suddenly the whole road gets changed. The carpet gets whipped out from under their feet and they find themselves on their

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backside going, how did this happen, but it happens in such a delightful way that they end up laughing as well.

So you have like a double confusion going on. One, because you're doing the negative pattern with the positive story, but also on a second level, because you have this confusion element where the mind scrambles to keep up with the joke and suddenly it gets it.

**Doug:** What's really wonderful about this particular exercise that we do in our class is that it teaches a variety of things to the budding hypnotists, the budding therapists, which is that if you're really going to help a client, if you're really going to help somebody, you've got to stay out of their trance.

I mentioned in our little pre-talk earlier that wasn't recorded, that I show videos in my class. One of the videos I show actually is from 'Star Trek'.

**Igor:** Okay, that deeply hypnotic show.

**Doug:** Absolutely. I don't know if there are any Trekkies on the line...

**Igor:** We teach the Vulcan mind meld as well as part of therapy.

**Doug:** Exactly. Wouldn't that be nice? Oh boy, that would save a lot of time. I show from The Next Generation a clip from Worf. His son is acting out in class, and he goes to have a parent-teacher conference with the teacher. The teacher says, your son is acting out. He's acting on his internal feelings, and then making up stories to explain them. That is the essence of what human beings do, right there. We act on our internal feelings and make up stories to explain them.

I believe it was in *Monsters and Magical Sticks* by Stephen Heller, I could be wrong about that, but there's a story about a situation like that where they hypnotized a woman and they said we're going to do this post-hypnotic suggestion at this party. When I give you this post-hypnotic suggestion at the party, you'll take off your shoes and take the flowers out of the vase and start putting them in your shoes. It was kind of a silly thing.

So at the party, they did this, and this woman at the appropriate time when the suggestion was given, she went into a trance and took off her shoes, took the flowers out of the vase and started stuffing them in her shoes. They said excuse me, ma'am, what are you doing there? She was like, uh, well, my husband gave me a vase in the shape of a shoe, and up until now I hadn't had any way of knowing how to put flowers in it, but I just had this insight of how it would work and I wanted to try it out before I forgot.

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They said no, that's not true. You don't have a vase in the shape of a shoe. She started getting really freaked out. So they stopped her and woke her up out of the trance and let her go. The point was that she was doing exactly what we're talking about. She was acting on her internal feelings and then made up a story to explain it.

**Igor:** Exactly. It's classic backwards rationalization. We don't do things for reasons. We find reasons for why we do things.

**Doug:** Exactly. Well said. That is what we do, and so if you listen to that story that a person makes up, you are essentially giving them the power of the hypnotist. So they're hypnotizing you, instead of you hypnotizing them. You're getting caught up in their metaphor, their story, their isomorphic Ericksonian kind of metaphor. They're the one giving you this story, and you're buying into it.

So one of the things we do in this exercise is we make sure that you don't listen to that content, you don't get caught up in their story.

**Igor:** Now this is actually something very important. Again, if you don't mind my emphasizing it, for people listening to this, because this is probably one of the key reasons why hypnotherapists or hypnotists in general, might fail. It's because they actually believe the stories their clients are giving them.

It's happened to me and I'm sure it's happened to you where someone comes in, and the story is so well laid out, you sit there thinking wow, that's sucks. I can see why you're really messed up.

**Doug:** Hey, I feel bad too. Thanks for sharing.

**Igor:** Yes, now you have like a mutual depression translating. It takes, first of all, a little bit of insight, and secondly, a lot of effort to keep yourself out of their content and to just realize that no matter how convincing the story sounds, it's just a story and the minute what's happening on the inside changes, the story will change too.

**Doug:** What's interesting about this is that people who come into my class who have some experience are sometimes the harder people to teach because they have experience. If a person comes in who's a social worker or a therapist or something like that, they've had a career of listening to people's stories.

**Igor:** And believing them.

**Doug:** Of course, yeah. Tell me more about that. Oh, that must make you feel bad. How does that make you feel? They tilt their head to the side and nod in understanding and they commiserate. It's like what that guy in the story I told

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yesterday wanted me to do, that self-induced schizophrenic sort of person. He wanted that. He wanted me to acknowledge his feelings like that.

**Igor:** Of course, the danger of that is that you end up actually prolonging those feelings, much like your little stint with the lady in the chair that Dave Dobson gave you a nice gentle talking to about.

**Doug:** A gentle talking to, exactly. So what I do with this exercise is really kind of interesting. People think I'm nuts when I set up the exercise. I have people pair up in twos, and I describe to them that they're going to be telling a short one-minute story about something that really is a problem for them. The sort of story you would tell a therapist that you want some help with. It really makes you feel bad and you really want to get some help, but you only have one clock-time minute to tell the story.

So they're all ready and they're sitting next to each other, and they're going to commiserate and tell their story, and the person's going to listen empathetically and blah, blah, blah. But then I get them to stand up and separate across the room from each other, and I've got the whole room doing this at the same time. So there's one line of people on one side of the room, and one line of people on the other side of the room and they're across from the person they're going to be "listening to."

But then I say okay, obviously we're all going to be talking at the same time. When I say go, you all talk at the same time. You all – oh, you won't be able to listen, will you? Then to make sure you don't listen, I'm going to be playing loud music while the process is going on. I don't want you to hear a word they're saying, but I do want you to watch everything they do. Watch how they use their hands.

Watch how they use their eyes. Watch how they use their bodies. Watch how they use their breathing. Watch everything they do like a hawk, so that after that minute you'll be able to replicate and feed back to them exactly what they did. So that's what we do in the exercise.

We have them do this thing, and people are telling their stories. I ask the people who are telling the stories to tell it as if the person could hear them. Tell it with the full depth of feeling and expression. So they get into it and they're telling their stories, and the other person is listening to Bach's Brandenburg Concerto or something at level 11. It's just cranked up there.

**Igor:** Just to interrupt you there. There's another you do as well that we've talked about in the past, that makes this exercise a lot easier for people, especially for those who think that this might be a little daunting. Before you even get to that point, you actually prepare people to be able to spot these patterns by being able to give clean observational descriptions of people.

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So you'll have someone standing up there doing a simple routine, like shaking someone's hand or walking down the street or something, and you get people to describe in terms that don't have any judgment about what they're doing. Instead of saying, he's smiling it's more like the corners of his lips are turning up. Instead of saying, he's unhappy or he's pleased to meet this other person, those are all interpretations.

You say, well, his hand is elevated at such an angle. Its moving forwards at such a speed. It's lifting up and down while it's grasping the other thing with three fingers, and one finger is loose and so on and so forth. That really gets people used to just watching behavior, without making shortcuts because when we put labels on it, of course, that's a shortcut so we don't have to see the whole behavior anymore.

**Doug:** True. We definitely do a lot of that because, again, all of us have these habits. We do these automatic behaviors, and one of the habits we humans do is we do these shortcuts, as you just described. We think, oh yeah, he's unhappy or he's sad or he's closed or he's stand-offish. We jump to these conclusions about little things that we see.

So what I want to do is just stop that process and just stay in this, as you call it, clean observation place where you're not interpreting the behaviors at all. You're just saying yeah, the corner of his lips are turning up, he's nodding his head at the same rate as that person's nodding his head.

They're moving back and forth to keep equal distance from each other, so when one person moves back, the other one, moves forward and they keep this sort of equal distance from each other. So we just notice these things from an observational point of view.

**Igor:** Let's get through this whole pattern because I think this whole idea of patterns and pattern interrupting is fascinating. I think we've got some nice key pieces on how to do that.

1. Step one is learn to observe cleanly without making interpretations and you spent a lot of time on that.
2. Step two will be to get people to tell their negative stories.

The ones that would normally hypnotize us as hypnotists into believing that their problems are reasonable, and you create such a context, which I think is hysterical, that it's impossible to actually hear the story, so all that remains is the pattern. So now people are paying attention to the pattern.

3. The next step, of course, is to mimic the pattern.



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What do you do with it? Now that you've spotted the pattern and can mimic it, how do you do that final step so that you can actually use this as a kind of a hypnotic pattern interrupt that heals a problem, rather than reinforcing it or doing something random that has no real effect.

**Doug:** I would hesitate to use the word heals the pattern. It might do that, but it might also just interrupt the pattern and make it hard to go back there again. The next step of the exercise is after that minute is up and Person A has told their yucky story and Person B has watched them do that, is they get back together in places where they are within earshot. Person B then tells Person A a funny story, mimicking back to them exactly what they did physiologically while they were telling their earlier story.

So they're seeing their yucky patterns with a funny joke happening at the same time. They don't know it's going to be a funny joke, as you said before. This is a surprise pattern interrupt kind of humor that comes out of nowhere. So that's part of the element as well. It's a surprise.

**Igor:** It's like having a file baked in the cake and you're giving it to the prisoners. The cake comes in nice and easy because it's expected, but then the file comes in and people go, huh, what's this? This doesn't normally exist in prisons? That's what allows people to make their way back out of the prison because now you've secretly injected a resource without the person realizing, or at least the defense mechanism's realizing it and reject it.

**Doug:** Right. Very cool.

**Igor:** This is an exercise. I know you've got some dramatic stories of how even just a five-minute version of this can work. I know it's not necessarily the end all be all and that doesn't work every time this way, but just to give people a taste of how powerful just this exercise on its own can be when you get the timing right.

- ◆ **Could you share some of those stories you told me before about the results of just doing the exercise, without any other intention than just to learn to do patterns?**

**Doug:** Yeah, that's the point, by the way, in this class that I teach. Nothing was intended beyond to learn the technique. I wasn't intending to be doing therapy with these people. I was just teaching them how to stay out of other people's trances. To do clean observation and be able to feed back to them their bad patterns, if you will, while telling them a funny story to interrupt those patterns, to break up the patterns, but people really got into it. Some people did anyway.

As an example, this one woman was telling a yucky story, I guess, about something that happened in her childhood. I don't actually know what her content was. She never shared that with me, but she was so, I guess,

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effectively had her pattern broken up by this little five-minute exercise. She went home and just sort of changed her life.

I saw her a year later at another workshop, and I did not recognize her at all. She was like standing at the elevator waiting to go up to this workshop that I was attending. There was this woman looking at me, smiling, with this big grin on her face. I was like...

**Igor:** Did I marry you at some point?

**Doug:** Do I know you?

**Igor:** Did I have a few more drinks last night than I thought I did?

**Doug:** I said do I know you? She said yeah, it's me. I won't mention her name, but I said oh my God. She had lost like, I don't know, 50 pounds, a ton of weight. She was a completely different person, and I did not recognize her until she told me what her name was. I was like, oh my God. You look so great. What have you been doing?

She said well, the only thing that I can think of that changed at all was that exercise you did back in that class a year ago. She said I was telling this story about blah, blah, blah and this just suddenly shifting, and I've never gone back there again.

**Igor:** Wow. That's a profound impact for a five-minute exercise. You've done more to teach a principle than actually to do therapy on someone, right.

**Doug:** Absolutely. Of course, that hearkens back to what Dave Dobson was talking about yesterday in our little stories about the pebble kicker. I didn't have an intention for that to be a big impactful thing. I was trying to teach a technique to a hypnotherapist. However, a pebble kicked off a lot of stuff and changed the whole face of the mountain.

**Igor:** Right, and the important thing to emphasize here, of course, is that you happen to hit on the right pebble the first time by accident. In regular kind of therapy or something like that, you might have to have kicked four or five or six different pebbles before you got to the magic pebble. You never know. You just do your best to find a pattern and interrupt them as you go along.

**Doug:** Right.

**Igor:** Now this is a very powerful pattern. I think the story you just told demonstrates just how powerful it can be when used effectively, but there are other reasons for getting good at spotting and utilizing people's own patterns against – not against them, but as part of the therapeutic or influence process.

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- ◆ **Could you share some of the other ways that you like to use patterns, not necessarily pattern interrupts, but just patterns and reflecting patterns in order to assist your work as a hypnotist?**

**Doug:** Sure. Well, I think I mentioned to you yesterday that I travel the country and do hypnosis workshops for weight loss and smoke cessation.

**Igor:** Yes.

**Doug:** One of the things that I do in those workshops is I notice people’s patterns. I try to get there early so that I can meet people and notice how they say yes and how they say no. I do my best to, in a sense, to catalog that in my mind so that I can feed that back to them. So, that during the course of the seminar, I might offer a special sort of suggestion that would be useful for that person based on our earlier conversation and without my speaking anything to them directly, at least consciously.

I’ll also then start using their yes when I’m saying that. So part of their brain is recognizing that this pattern is their pattern and that this suggestion resonates with them and sort of fits them. It just gets them where they live, if you will.

**Igor:** Right. So it’s a much more powerful way of getting compliance. I can see you doing a weight loss program along with some physical things they have to do with of that. They have to eat certain foods and not other foods, and by doing their pattern of things they love or things they agree with whilst talking about carrots and celery sticks, it can switch their attitude towards that. Basically, you’re doing a non-verbal anchor, which you’ve elicited totally covertly.

**Doug:** Correct.

**Igor:** I think that’s very powerful. Now you also have a particular method for getting these patterns out of people without them realizing it. It’s just kind of part of what seems like a regular cocktail party chit-chat.

- ◆ **Do you want to talk to us a little bit about how you do that?**

**Doug:** Yeah, there’s a way that I do that, absolutely. This is actually probably more of what I do in a classroom to get their patterns. I’m sorry, but I think I learned this inadvertently from Dave Dobson.

I mentioned to you yesterday I think that Dave was deaf in one ear completely and wore a hearing aid that had a wire that went under his chin to another hearing aid in his other ear. He had minimized hearing, but some. So long story short, when you met the guy, you knew he had trouble hearing. It was not a secret.

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So he would say something to you when you first met him like, my name's Dave, what's yours? I'd say, oh, it's Doug. He'd say, did you say Doug? I say, yes, Doug. And you start giving a sort of amplified response because you think he didn't hear you. So you start saying yes very loudly and obviously. He'd say, Doug? Yes, Doug!

**Igor:** I can imagine a scene like your old granny with a trombone stuck in their ear. No I said do you want some dinner!!!

**Doug:** I saw a great greeting card like that, but I digress. But then he'd say, so it's not Dave, is it? I said no, no, not Dave. So he's picking up these amplified signals by asking the same question over and over again. He sort of, I think, was cheating because I don't think his hearing was that bad, honestly. I think because one ear was totally deaf, he was a little lost in direction.

If you were in a room full of people and somebody shouted, it would still always be coming in from his left ear, so he wouldn't know where that was, but if you're standing right next to him, he can hear you, if he's looking right at you particularly.

He was sort of playing up this thing. Doug? Is it Doug? So you would just amplify your answers because of the redundant question. So what I do with...

**Igor:** Can I just pause you there a second just to emphasize something that I think is very smart there. By getting them to amplify their verbal answers, of course, they're also amplifying their nonverbal answers, the ones that he's actually looking out for, right?

**Doug:** Yes, that's true. Yeah. So not only is their verbal communication amplified, but their nonverbal communication is amplified as well. In other words, they shake more obviously, they say yes with more of their body so their shoulders their spine starts knotting up and down. They do the whole thing bigger than they would ordinarily.

**Igor:** Right. That makes the whole pattern spotting thing much easier, doesn't it?

**Doug:** Much easier.

**Igor:** This kind of ends up being a kind of informal lie-detecting device then because there comes a point where you've got enough of these yes-no questions, that you know when the body says no whilst their mouth says yes.

**Doug:** Absolutely. It's curious because when I'm doing this on the road with these weight loss and smoking cessation workshops, after I've gotten their yeses and their no's, I'll say, so are you ready to lose weight and keep it off? Or, are you ready to quit smoking? They'll give me sometimes a very congruent yes, where

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their mouth says yes and their body says yes, the same way they said yes to, is your name Doug?

So, they're giving me this congruent yes, but a lot of times it's a very incongruent yes. In other words, their mouth might be saying yes, but their body's giving me that no, I've never been to New York before! That body shaking no. They don't even know they're doing it.

**Igor:** Exactly.

**Doug:** They don't even know they're doing it.

**Igor:** This is great information for you because you know it's time to do another exercise before you do what you really want to do because they're not there yet, right?

**Doug:** Absolutely. Dave Dobson told a story once about this psychiatrist from down in the mainland – because Dave was living up at Friday Harbor – came up to see him for depression, how to handle his depression. Not to get depression, but to get past depression.

**Igor:** My life is too happy. I need to be more depressed about stuff.

**Doug:** I want to work on my depression. It's not quite good enough yet. But Dave said well okay, and you want to do what about that? The guy said well, I want to do some hypnosis. Dave said well, is it appropriate? The guy said yes, but his body said no, unknown to him at all, but that's what Dave was observing. So Dave just said well, I'll tell you what.

There are some nice shops down there on Main Street. Why don't you go do a little shopping and come back in an hour, and we'll see if you're ready then. The guy was like in a little bit of a trance while Dave shut the door in his face.

This happened, apparently, according to Dave's story at least, several days in a row until finally the guy came to his door and said I want to do some hypnosis and Dave said well, is it appropriate? The guy goes, I don't know if it's appropriate or not, but his body is saying yes, yes, yes!

**Igor:** Yes, I'm ready now. I've had enough shopping!

**Doug:** Although the verbal response was I don't know, Dave said that's good enough for me. Come on in. He brought him in and had him sit down in that recliner that I told you about yesterday.

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**Igor:** So just to take this idea forwards again – because I think is a very powerful insight, and it's something I like to emphasize to my students also. It's this idea of you should fire your clients. Don't do work with clients that think that they're just coming here either to get some magic wand waved or they have no investment in themselves.

So, when you ask your clients, are you ready to make this change? There's an incongruity, a hesitation or their body says no. That's the point to send them home to think about it or give them some exercise to do, like the shopping or whatever you want to be doing. But, your success rate goes through the roof when you learn to recognize those clients that are here for an easy cop-out and aren't willing to invest themselves into the actual change.

If you fire those clients, very often like this gentleman here, they get sort of so shocked that their therapist has sent them away that they'll turn around and say, actually, hang on a second. I really want this. Now, of course, you've got some material to work with.

**Doug:** Absolutely.

## Seminar 1 – Part 2

**Igor:** That’s an ingenious insight. It brings me to another question for you.

- ◆ **What are some of the more unusual, but simple, insights that you like to emphasize that makes your work easier?**

The idea of pebble kicking, for example, is one of them. This was another one. What are the sorts of top five or top 10 insights that drive the way that you do your work?

**Doug:** Well, can I just start answering the question by amplifying something that I also then do with the yeses and no’s?

**Igor:** Absolutely.

**Doug:** One of the things I also do with the yeses and no’s when I’m asking those questions, particularly if I’m in a situation where I’ve got a client in a room and I can set this up a little bit easier.

If I’m sitting across from them and they’re sitting across from me, when I’m doing this yes and no sort of mining – is your name Doug? Yes – I’ll also lift my right index finger while I’m getting the yes, and while they’re saying yes and I’m sort of mimicking their yes back to them, I will also look at their right ear. So I’m anchoring the yes.

What’s happening then, of course, is that unconsciously, I hope, they’re noticing these shifts – looking at their right ear, lifting the right index finger – and then I’ll do the same thing with no’s, but I won’t look at their ear, but I will lift my right pinky finger for the no. So I’m getting these anchors for the yes and for the no, but also what often tends to happen is people will also start giving me ideomotor finger responses.

So without them knowing that they’re doing it at all, when I start asking them yes questions, their index finger will go up. If I’m asking them a no question, their pinky will go up, and they don’t know that they’re doing this. It’s great for getting clean communication from their unconscious mind because they’re not aware that this is happening at all, and yet it is.

**Igor:** So what you’re doing essentially is you’re formatting the unconscious mind, you’re pairing it to give you answers in a certain way that you’ll find easier to spot in the first place. So you’re using the yes-no signals as a way in to actually pre-format the unconscious thinking signals like yes and no.

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I think this explains again, how some of the greats – Erickson, Bandler and all the other big names in the hypnosis world –do this all the time. Of course, they never tell their audience that they're doing this, so people get amazed when they suddenly go, and there's that finger lifting and the go, how the hell did he do that? He did it because he prepared the unconscious. It's like a nonverbal embedded suggestion. Yes means this, that means that and so on. It's an ingenious and very simple mechanism for creating that.

**Doug:** Yes, it is, and it works wonders too. Dave Dobson told a story about his kids when they were growing up. He set it up with them without their ever knowing it.

**Igor:** I bet they loved that.

**Doug:** When they got to high school, they'd say Dad can I borrow the car. He'd say well, is your homework done? They'd always say oh yes, of course. Then he'd say well, get up there and finish your homework. How'd he know?

**Igor:** The man's a magician. Get out of my mind!

**Doug:** I love to do a big thing like that with people; it makes my life easier if I can set that up.

**Igor:** Right. Okay, that sets a pretty powerful way of using these patterns. We've got the idea of spotting them, we've got the idea of using them for breaking patterns, but we've also got patterns to install other patterns down the line, which I think is ingenious.

I know you've got a whole bunch of these insights, we mentioned a moment ago that a simple, but you emphasize it inside your work, and it makes your work a lot easier to do.

- ◆ **Could you give us like the top five or 10 insights that drive the kind of things that you do, the things that you learned and collected over the years to make you so good at what you do?**

**Doug:** Sure. Let me just in the way of putting in the top five, the pebble kicking thing is really big in the way I think about things. I'm constantly giving things, and I'm not sure that this is going to be *the* thing, but I will do something and then look to see if I'm getting another unconscious response from them. This is a different pattern now. This pattern is different.

I will also, of course, be looking for ways that I can utilize this trance logic idea that the unconscious mind can have this both and awareness. Just as an example, last night I was giving a lecture – not a lecture, whatever, a discussion



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with some actors at what's called AFTRA. They asked me to come and give a talk there.

So I had this room full of actors that were interested in how hypnosis can work for actors. I taught them this both and awareness idea because for an actor, they want to be in the role, like I am my character that I'm playing. I am Hamlet or I am Shakespeare or whoever it might be. I'm this character and at the same time, I'm the actor who knows my blocking, who knows the script, who knows what's coming next. I'm both at the same time.

So I don't want to just totally get lost and believe I am Hamlet. I need to also know that I'm the actor and know what my blocking is the lighting and cues, etc. I have to do both at the same time. That's such a good and useful thing to have – that both and awareness in a variety of ways.

One of the things that I think is also useful is something I picked up from Bill O'Hanlon. I think his book was called *Taproot* that had this in it. It's the idea that when Erickson listened to a person's presenting problem, he would then sort of chunk up and think okay, this presenting problem that this person is talking about is a class of problems, like this category.

A larger chunked up category. So, if I can think about this class of problems, then I can think about a related class of solutions, and from this class of solutions, I can pick a solution to do. So this class of problems/class of solutions idea, I think, is brilliant. It really gives an overview that is just so effective. Let me just give you an example of what I'm talking about.

**Igor:** Sure.

**Doug:** Traditional hypnosis. If a kid came into your office and had a problem with bed-wetting, what traditional hypnosis would do is they'd say, okay, I'm going to put you in trance now. So you're going to go deeper, deeper, deeper, down, down, down into trance, and then when you're there.

I'm going to say things to you, direct suggestions like, you will now have dry beds, you will stop wetting your bed you're going to be fine blah, blah, blah, these direct suggestions. Then you bring them out of trance and get some ratification blah, blah, blah. So that's traditional hypnosis.

Erickson didn't work that way. Not usually. Mostly what Erickson was doing was thinking of a class of problems and a class of solutions. So Erickson would take this kid that came in for bed-wetting and say, oh, I see, that's a class of problems called lack of muscle control. So if that's a class of problems, I can say what would be a class of solutions to lack of muscle control? How about developing muscle control.

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So from that large category, he could pick any number of possible solutions. So as an example, one kid came in who was an avid baseball player. I think he was about eight years old. His older brother who was bigger and stronger was a football player. So as soon as he got there and Erickson found out what the problem was, Erickson sent the parents out of the room. He said okay, it's just you and me kid.

Then he started talking to him about baseball. He didn't talk to him at all about bed-wetting. It never came up. He just talked to him about baseball, but he talked about all the fine muscle control that was required to play baseball, instead of football where they just use those big gross muscles. But baseball is so cool. In baseball you've got to have fine muscle control.

When the ball is hit, you've got to position yourself just right to catch the ball, and then you've got to clamp down at just the right time to catch the ball properly. Then when you throw the ball back to the infield, you've got to release it at just the right time in order to get the ball to go where you want it to go because that constitutes success in baseball.

**Igor:** Of course, we can see the metaphor developing for controlling the bladder as you go along at the same time, right?

**Doug:** Absolutely. It's completely metaphorical. By the way, something else I'll talk about in a minute, it's metaphorical to that boy's experience.

**Igor:** That's the important part, isn't it? Because if he talked to me like that, I have no idea of baseball and to be honest with you, I don't care either. No offense. So it would mean absolutely nothing to me or what I'm doing.

**Doug:** Well, I'll come back to that in a minute because that's a very, very important point. It could have worked for a metaphor even if you don't know about baseball. If you'd heard about it, it might have worked, but for this kid, it worked brilliantly. Partially, because he was contrasting that baseball with football, which is what his older brother did.

**Igor:** He's using a little bit of competitive edge there, saying you're better than him. So that's already needling into a big power source for him, right?

**Doug:** Yes and the kid, was totally on his side. He said yeah, you're right absolutely. So he had his full attention, but if you were to think then, okay, now I know how to do bed-wetting therapy, you'd be wrong because that would work for that kid, but it might not work for any other kid on the planet. What Erickson had going for him, was this class of problems/class of solutions thing.

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So this other kid came in who had problems with homework. He had bad grades in school and a difficult relation with his father. His handwriting was atrocious. So Erickson said okay, mom, here's what you're going to do. So he made a task assignment. Again, the class of problem is muscle control. The class of solution is developing muscle control.

He said here's what you're going to do, mom. You're going to check his bed every morning at 5:00 a.m. If his bed is dry, you let him sleep. If his bed is wet, then you wake him up and you practice his handwriting skills until 7:00 a.m. when he gets ready to go to school.

So every morning, she would check his bed and if it was dry, she let him sleep. If it was wet, she got him up and they practiced handwriting. Soon, not immediately, not at the end of an hour, not in five minutes, but in a few weeks, months maybe, but soon he was having dry beds and his grades at school improved, and his relationship with his father improved as well.

**Igor:** That's like killing two birds with one stone and it's straight to the point.

**Doug:** Or three or four. Absolutely! You don't want to kill that many birds, but I digress. Anyway, there's a third story about this young girl who came in who had been sitescoped so many times for her urinary tract problems that she'd lost control of her bladder sphincter. So she was wetting her bed at night and when kids made her laugh. Of course, the kids at school had discovered this weakness and took delight in making her laugh and wetting her pants.

So she was miserable this poor kid. What did Erickson do? He did a session with her and he said oh, well, you already know the solution to your problem. She went, no I don't. He said yeah, you know, but you don't know that you know. She went into a little bit of a trance wondering what this old man was talking about.

Then he said well, think about it. What if you're in the bathroom stall peeing, and a strange man like me stuck his head into the stall. What would happen? She said I'd freeze. He goes, yes you would! That's exactly what you know that you didn't that you know. So what I want you to do is practice freezing like that. Stop and start the urine flow three, four or five times when you're sitting there peeing. Just do that and see what happens.

She went home and started doing that, and again, in a short time, not five minutes, not an hour, but in a short time, a couple weeks, three weeks, five weeks, she was having dry beds and dry pants and she was happy again. So these are all in this class of problem/class of solution thing, but totally different responses to how to actually make that happen.

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**Igor:** Right. I actually like that. I think that's a very insightful way of looking at problems because now instead of being afraid of the problem, we can look at the problem and go, this is great. It's already presupposing either a skill that they've got, or it tells us exactly what direction to take the solution in because the problem defines it already.

**Doug:** Yes. Let me get back to the boy and the baseball for a second. This also is a thing that I love that I learned from Dave Dobson, which he called meta fives and I kind of feel a little reluctant to say this because I've always felt it was kind of like a secret, but I'll say it I teach it in my class.

The stuff that people have inside them is often unconscious and forgotten about, but there's gold in there. What's curious is that when people come into your office, they have this natural proclivity, I guess because of Freud and a traditional therapy sort of thing, but when they come into the office, they're there for this natural thing. If you ask them about their past, they'll start telling you about all the horrible stuff from the past.

**Igor:** Right.

**Doug:** Yeah, when I was a kid my dad beat me in baseball, in soccer and football he was beating me all the time. He never let me win. They'll talk about all this stuff.

What Dave wanted to do is find out what's the good stuff in there? So he would just keep it light. We'll come back to therapy in a second. I just want to get to know you for a minute. So when you were a kid, what did you like to do? Did you have any hobbies? Did you have fun things you loved to do? He was gold mining, as he called it.

He would just find out little stuff, like what kind of hobbies did you have as a kid? So let's just do this. Igor, when you were a kid, where did you grow at?

**Igor:** I grew up in Spain in Madrid mostly.

**Doug:** Oh you did, really? So you don't really know much about baseball?

**Igor:** I know nothing about baseball. I think I've seen one game once.

**Doug:** Really? Do you like sports at all?

**Igor:** I love sports. I like doing it. I like getting involved in it. Sure. I don't like watching so much.

**Doug:** When you were a kid, did you play sports? Did you have any hobbies or things that you liked to do?

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**Igor:** Yes. I remember on one Christmas we got a skateboard, and they were kind of all the rage in Spain at the time. They were very hard to get hold of. We used to live on a very steep hill, so my brother and I would have skateboard races going down to the bottom of this hill.

That was just wild fun, especially because they were still these old rickety things, so you never knew if you would make it to the bottom or if you’d end up wiping out on the way down. You felt like a real adventurer.

**Doug:** Cool. So let me just stop you there. If I was doing this for real, I would get two or three or four of these stories. Just little things from your childhood that maybe you’d even sort of forgotten about. Maybe you hadn’t thought about skateboarding in years. I mean, I skateboarded when I was a kid. I really haven’t thought about it until you just brought up that story.

**Igor:** I actually hadn’t thought about it for years either until I just mentioned it.

**Doug:** That’s what Dave’s point is. That’s a resource for you, but it’s kind of like buried in them there hills. It’s old and it’s been buried in there, so you’ve got to do some gold mining. You’ve got to get in there and ask questions. Like, hey, what kind of hobbies did you have as a child? Very simple stuff and nonthreatening, so they can just answer.

**Igor:** It was kind of fun. It’s not like you were prying or anything like that. It was like a fun thing for me to recollect and it was a fun thing to tell people. It’s no big deal.

So once you’ve got these little resources – because it sounds like yeah, that’s just a nice little story and everyone’s got their little childhood stories or even moments of success throughout their life.

### ◆ How might that, be used in a session or in a story setting or something like that as a resource?

**Doug:** You would do it; just the same way that Erickson did it with baseball and that boy. He found out oh, that’s what he liked to do, so he tailored his metaphor to that boy’s resources. If I were doing it with you – I’m just completely making things up here. I have no idea if this has any relevance whatsoever, but let’s just pretend that there’s a situation in your life. For instance, you had a block.

**Igor:** Say I’m writing a book and I’m having like a writer’s block.

**Doug:** Whoa. I was going to say, let’s pretend you have a writer’s block.

**Igor:** That’s totally unscripted.

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**Doug:** So I might say something to you like, well, you know it's interesting you should say that, Igor, because writing a book is just like skateboarding because when you're writing a book, you just have to sort of push off and you don't know what's going to happen, but you know you got to go.

So you just sort of push off and you sort of follow it down, and then you tip to one side and you turn to the left. You tip to the right and you turn to right. You just sort of keep the balance and keep that flow going.

Pretty soon you start finding that you're in that flow because it's like going downhill. So you get the flow going and once you get started it's easier and easier to just keep your balance and go down and you enjoy the ride as it happens, something little like that.

**Igor:** Then, if I was to talk about my block you could start bringing in things like that. Then sometimes you think that you've got nothing to write and it's just like that long walk up the hill, but what's driving in the background is you know when you get to the top of that hill, once you've done all your research, that's when the fun begins. You get to go down all over again.

This is something that is very easy for the unconscious to do. It likes to form connections, and you connect one thing to anything else. So you may as well connect something to something that is relevant in their lives.

**Doug:** Absolutely and it's so much more impactful when it really does resonate with stuff that's inside them already. As an example, if I were talking about football to an American, I'd talk about how when you're running down the sidelines and kick the ball towards the goal and it's like what are you talking about? Oh, you mean

Spain's kind of football? That's soccer. American football is a very different experience. You need to be able to reasonable with the person that you're talking to.

**Igor:** This also, I guess, makes it very easy to go down a particular branch of storytelling because all you're really doing is you're finding points of similarity between the stories you've already got – the skateboarding down the hill for example – and the problem that you want to tell a story about.

So you don't even have to be creative as a hypnotist anymore. The stories are making themselves because you're using the stuff of their own lives to weave a new resourceful story for them.

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**Doug:** Really, it's not difficult. All you need to do is draw two or three or four parallels between the thing that they already know how to do – the skateboard – and the thing they want to be able to do – the book writing – and they'll take it from there. Three or four parallels and you're there.

**Igor:** That's beautiful.

**Doug:** It's remarkably simple, but it's incredibly powerful.

**Igor:** Of course, this goes right back into this idea of the class of problems and class of solutions. Now we don't just use it as a nice idea. We actually have a specific and very simple process for finding a class of solutions and actually filling it with hypnotic content. It's as simple as being able to recall something from the past.

**Doug:** Absolutely, and if I wanted to get creative, I certainly could. I could write a longer metaphor about this little boy and his skateboard. He had this wonderful hill to ride down, but there were all these things in the way. All these blocks were sort of left out from a construction site. So he didn't know what to do with all these blocks that were left there.

One day, he started just piling them up. He just started making a pile out of all these blocks that were there. Then you realize wow, I could form this into a jump. As I'm coming down the hill, I could make it so that's it's smooth into this pile and then I could jump off the top of it. This block suddenly became this wonderful ride. Kids came from all the neighborhoods because they wanted to be on that block.

I could certainly do that if I wanted to.

**Igor:** It gives you a tremendous amount of scope. Let's add up some of these insights you've been sharing with us, just so we don't lose them in the flow of the conversation.

We've got, of course, Dave Dobson's idea of pebble kicking, which I think is ingenious. It gets us away from some of the disservice that NLP did to us, which is like the one shot wonder. You do one thing for five minutes and it instantly works and that's it. You never have to do anything again. It gets us into a more humanistic thing where we just have to experiment and find out which is the right leverage point.

Then we have the idea of trance logic, the idea that you can be both one thing and another at the same time when you use the unconscious mind in the right way again, a very powerful principle in the use of hypnotic technique.

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Next we have the class of problems and a class of solutions, so that you now start finding a level at which you get to break the problem up, which actually fits the actual context of the problem itself. It's a very elegant solution. We even have the meta-fives – the fourth insight, which is the actual process for putting the class of solutions into action. So it's not just that we have an intellectual idea; we actually have a very simple process of doing that for real as well.

### ◆ Are there any other things we haven't talked about yet that really drive your work?

**Doug:** Well, like you, I am fascinated by Ericksonian language patterns and hypnotic language patterns. I've got a blog where I'm going through language patterns one at a time and just making it accessible. I find that when I'm working with people, I'm using that sort of thing constantly. It's not like okay, I'm doing information gathering or chatting and then okay, now let's start the hypnosis.

I'm doing things throughout the session, offering little insights, kicking little pebbles, doing little things and using language constantly from the beginning of the session to the end to just implant little suggestions, little ideas.

One of the things that I'll also do, which is I guess a little covert, a little sneaky...

**Igor:** I like it, covert and sneaky hypnosis three of my favorite words all in one sentence.

**Doug:** All right. It is a little bit. I call it hypnotic explaining. So as an example, if I were doing, let's just say, a quitting smoking session with you or a client, whatever. I might say okay, so what we're going to do now is we're going to do this NLP technique called 'a six-step reframe'.

Then I'd explain to the client what's going to happen in the six-step reframe. So while you're in this trance, I'm going to suggest that your unconscious mind can come up with hundreds of different examples of ways you can get the same benefit that you used to get from smoking in a new, constructive and valuable ways a nonsmoker now.

I'd explain what's going to happen in a trance voice with those suggestions being put in there. You know, those embedded commands, etc. being put in there. So they're listening and they're envisioning and going into a little bit of a trance, making these openings and suggestions in their mind before we even do anything.

**Igor:** I like that. That's very smart because you're essentially, if you do this well, then very often you've got your work done before you do the formal work. At that point, the trance is just the...



## Hypnosis Master – Doug O'Brien

**Doug:** Icing on the cake.

**Igor:** Exactly. It's just ticking the box off and saying, oh yeah, here's my watch. Swing, swing, swing – you're a nonsmoker. Whoa. That's so good. How do you do that? It only took five minutes!

**Doug:** True. What's also true, by the way, is that sometimes people really need to get that little pill, if you will. When I was working at Columbia-Presbyterian Hospital, an interesting thing that was emphasized is that if you're doing hypnosis with somebody, and you are being so covert or so Ericksonian and indirect, sometimes they won't know that you actually have done anything.

Their conscious mind is expecting that watch to come out. They're expecting that swinging back and forth, deeper, deeper and deeper. They're expecting that, and if they don't get that, they're going to be going, well, I don't know if I was in a trance. I don't know if we did anything.

It's interesting, I moved to Vermont for a few years back in the early part of this century, in about 2000. I lived there for a couple of years. I sort of got a little burned out on doing hypnosis. It was private practice. So, I took a little sabbatical from doing it, but then I started getting back into it. I open up an office up there, and I worked with this woman that I knew. My wife had worked with her.

She wanted to do some weight loss, so I worked with her for a couple of weeks. I made her a tape, and she was listening to it every night. She lost quite a bit of weight, and then a little bit later on I went to her and I said listen, I'm going to be putting an ad in the paper. Would it be all right if you gave me a testimonial for the work we did together?

She started looking uncomfortable. I went what what's the problem? We don't have to use your name. She said no, it's not that. It's just that it didn't work. I'm going, what? It didn't work? How much weight have you lost since we worked together? It was like 25 or 30 pounds.

She said yeah, it didn't work. I said but you've lost all this weight. She said yeah well, I did it on my own.

**Igor:** That's important because in one respect if you want to be a very sort of guardian angel, you can go around doing all this good work and everyone believes they've done it all by themselves, which is great for their own self-esteem and stuff like that. Fantastic!

The problem is if you're doing this as a therapist and they don't think you've done anything of value, you won't be doing your work for very much longer.

## Hypnosis Master – Doug O'Brien

**Doug:** You're not going to get many referrals. No.

**Igor:** That means your chances of doing good work, goes out the window as well. So you have to create the – I call it the medicine man's rattle. You have to shake your rattle a little bit so that they think that they've got the happy juju, and they know that the hypnotist has done what they've paid him to do.

**Doug:** Or, at least they know that they got the pill. I mean the placebo effect is interesting. That's why when I was referring to the hospital, they were saying, if we're going a placebo test and in the middle of the night while they're sound asleep we put a placebo into their IV drip and they never even knew that they got it a placebo, it's not going to be effective. They need to know that they got the pill.

**Igor:** Exactly, because otherwise, the conscious mind can have a way of undoing the work that's happened. It's like they'll use negative suggestions like, nothing could have happened, nothing must have happened, so therefore nothing did happen. Therefore, I'm the same way as before. Their old thought patterns get triggered again, and they'll start going down the old grooves and, of course, once the old grooves have been set in again, you're right back to square one again.

**Doug:** Right. So one of the main things I keep in mind is that there are three steps to hypnotherapeutic interaction. I learned this, again, this time directly from Erickson, although it was from a book. Like I said I never met the man. I think in his book, *Hypnotherapy* or one of those books by Erickson, he says there are three steps to a hypnotherapeutic session, an interaction.

The first one is the preparation, where you're making if then belief systems. If you do this, then this will happen. I had a client once who did this – and you're setting up all this expectation stuff. It's where the hypnotic explaining comes in. It's where the Other-Than-Conscious yes and no's come in. It's all in this preparation phase.

Then there's a second phase, which is where you pull out the pocket watch and go swinging. It's where you do the "work."

Then there's a third phase, which is just as important as the first two, which is the ratification phase. That's when you look back and say, hey, look what you did isn't that amazing? You went into that deep trance and you didn't even know your hands were coming together and then they did and blah, blah, blah. Whatever it might be, you get a ratification that says yes, change has come.

## Hypnosis Master – Doug O'Brien

**Igor:** And whilst it may not be as long as the other pieces you're doing, I think it's one of the most crucial elements of the whole session because that's what creates in effect a kind of hypnotic seal around what you've done. If the band-aid is not on the surgery you just went through, then it can get infected.

The stitching can tear open again. So this is like the Band-Aid you put around it to protect the work you've just done so that it can actually carry on healing on its own.

**Doug:** That's a good way to put it.

**Igor:** Okay, so you've taken us through a nice rollercoaster ride there, and particularly those insights, I think, are fantastic. Before we finish up, can we just very briefly – I know you've got a load of things in your courses, in your four to six days and you're trying to pack it all into an hour and half, which is difficult to do.

But could you give us a quick synopsis on something we haven't really touched on that much yet? We've just touched on it a little bit with the gold mining, which is the way that you use storytelling as part of your hypnotic approach. We know how you use it in terms of pattern interrupts. We know how you use it in terms of using the metafives and doing simple stories out of that. But you do a whole lot more around storytelling that goes beyond that, particularly preparing people to be great storytellers.

- ◆ **Can you tell us a little bit about the processes you like to use with that and the kinds of things you emphasize there, just so people get a flavor of what direction they can take their own work in, and also what they might experience if they actually went through the longer training with you?**

**Doug:** Surely. We spend, as you said a lot of time on the storytelling aspect, both from the delivery point of view to the content of the story itself. So from the delivery point of view, we want to be able to make sure that we tap into people's systems.

So, as I mentioned before, people have a preferential system usually for visual, auditory or kinesthetic. Olfactory is one as well, but mostly those top three. So when you tell a story, it needs to be able to use all those systems in a way that a visual person can see it, and an auditory person can hear it and a kinesthetic person can really get a sense for it. You're speaking their language.

If you're talking to just one person, fine. You can talk their language. You can be visual for them or auditory for that other person, etc., but if you're talking to more than one person, you want to use all three systems in your stories. You want to color it up with some colors and some visuals.

## Hypnosis Master – Doug O'Brien

You want to sound it out with some good auditory words and predicates. You want get a feel for these sensations that are happening throughout the story and how it feels to be in that story.

So you want to be able to use all of that effectively. We do this really kind of interesting exercise. Actually, there are a lot of uses for this, but it's an exercise where a person attempts to be congruently in one system. In other words, everything they speak, gesture, everything is coming out in just one system. Congruently visual, congruently auditory, congruently kinesthetic it's a fabulous exercise.

**Igor:** It's surprisingly difficult to do as well. I've played similar games myself, and it sounds like a simple thing and it's a very valuable thing to do, but I think you'll testify to this as well that just to stay cleanly in one system takes a lot of effort.

**Doug:** It's virtually impossible. In fact, I tried to find videos to show people. Like, okay, this person's a great example of visual. It's almost impossible to find any one person on the planet who will be cleanly only exclusively visual in their communication, or vice versa with auditory or kinesthetic. People mix them all the time.

So a good story will have a mixture of all these things. It will resonate with people. It will be a clear illustration. It will sound right to them. All those things really will be there.

Of course, we also want to tell a story that has content that is metaphorically useful for the person who's listening. So we find ways of representing. We look at David Gordon's isomorphic metaphor from his book. I think it's called *Therapeutic Metaphors*.

I've also worked with David, so I know some of his other ways of teaching that that he's developed since he wrote the book. So we look at that and how to create a good metaphor. We look at multiple embedded metaphors from Carol and Steve Langton.

How to do open loops and create these stories that might be somewhat nonsensical to the conscious mind, but are also talking to that other part of you that is meaningful from a therapeutic standpoint.

So we spend a lot of time on ways of telling stories and how to tell them effectively. Of course, we also work a little bit on good voice technique and vocal technique to make it sound good auditorily while you're speaking to a person.

## Hypnosis Master – Doug O'Brien

**Igor:** Right. So you have like a whole bunch of these different exercises in terms of structure, in terms of content, in terms of what you're telling and so on. One particular thing you do, which I think is charming and, I think, very important that not many trainers do is rather than telling people about stories you're actually using the pattern in order to instill the pattern, to actually prepare the unconscious mind to be a great hypnotic storytelling by telling lots of hypnotic stories.

- ◆ **You've told a bunch of stories already just from this series of interviews. Can you tell me a little bit about your thinking behind that and how that works in your training?**

**Doug:** Well again, Neo-Ericksonian – I learned from Erickson's videos. I watched Erickson work with people. I've read about his work and with people who've had scads of books. I've worked with Erickson's students, like Stephen Gilligan and Bill O'Hanlon and David Gordon.

I've worked with as many people as would let me into their training since I don't actually have a degree that is suitable to NYSEPH and, of course, Dave Dobson and other people who work in a similar vein. I found that across-the-board, people are doing that. They're telling stories. They're doing what Erickson did and what so many great teachers in the past have done, which is to tell stories.

When you do that, naturally your unconscious mind is visualizing things. You're traveling along and if I talk about a university school that I went to, you'll think about a school that you went to. You would make these connections in your mind. You open up different passageways. You go through your own internal files and make different cross-references. It happens.

It's just a great way of teaching and illustrating and, of course, teaching how to do it at the same time.

**Igor:** So it's almost like you're using the same pattern we talked about early on when we talked about reflecting people's patterns back and you lift your finger so that you install an ideomotor response, like a yes finger or a no finger and so on. You're installing that just by using the pattern.

You're doing the same thing with stories now by showing stories, telling stories. Then when you actually get to the point where you do storytelling exercises, they're so easy to do because the unconscious mind has already been formatted. It's already been prepared to want to tell stories, and specific kinds of stories that are useful in terms of the work that you're doing.

## Hypnosis Master – Doug O'Brien

**Doug:** Right. Of course, I'm telling stories about Erickson and about Dobson and about Bandler. Stories that I'm attempting to – I don't want to use the word install, but sort of give examples of how all of this can be used by a therapist in a therapeutic situation.

**Igor:** Exactly, and that puts it all into context because a technique on its own never works. Techniques only work in context. Like the example of the boy with the baseball game. You could say the principle is you tell a story about something he likes, like baseball, and it's great. The nuances; however, are the psychological parallels.

You're playing baseball – your brother plays football, and the natural competitiveness between boys – you're better than him because you play baseball and have this fine control – now suddenly he'll find muscle control that comes in a badge of pride and that badge of pride becomes the whole therapy in the first place.

It puts it in a very simple way. I love stories for this because it puts it into a very rich context very quickly without having to talk about all the variables because they just fall into place by themselves.

**Doug:** Yeah, and at the same time, of course, the kid notices that he's getting better after he visited with that guy Erickson, or that guy O'Brien. He got the pill. It's not just like, oh I did it all on my own. If he knows anybody else that has a problem, he says hey, go see that guy. He's very helpful. I don't know what he did exactly, but boy it really helped.

**Igor:** I'm such a good baseball player now and I love it. I know there are just so many things you know about, and we could take this in so many different and fascinating directions. Unfortunately, we're out of time for this segment.

Thank you first, for giving us such a clear picture of how your Neo-Ericksonian training works. We've, of course, only taken some of the highlights from the program. There are many, many more things that we have not had a chance to go in depth about yet. I'm sorry for kind of rushing you through those things, but again, you have so many good things to present that I wanted to really get a selection of what you have there.

I believe in Part 2 of this Seminar Series, you're going to be showing us how to apply what we've just been talking about. The pattern interrupt stories, rich metaphors, the language descriptions and so on, how to use that in some very specific and relatively unique contexts.

## Hypnosis Master – Doug O'Brien

In other words, in a hospital setting, how to work with doctors to prepare patients for surgery and how to deal with pain and pain control. Two very hot topics that not that many hypnotists specialize in and you spent several years in that environment developing some powerful techniques.

So, I believe I'm right in thinking that you'll be sharing the essence of that with us on Part 2 of this Seminar Interview. Is that correct?

**Doug:** That's correct. Yes. I'm looking forward to it.

**Igor:** I am also very much looking forward to it. I, for one, know that I've taken away some real gems from it and I know the people listening will do the same. I look forward to the next session where we'll actually get to explore these principles in a very practical sort of way.

So until then, thank you very much, Doug, and I'll see you very shortly.

**Doug:** Thank you very much. It's my pleasure to be here.

# Hypnosis Master – Doug O’Brien

## Seminar 2 – Part 1

**Igor:** So welcome back. This is Igor Ledochowksi from [StreetHypnosis.com](http://StreetHypnosis.com). I’m here with Master Hypnotist Doug O’Brien from [Ericksonian.com](http://Ericksonian.com). Now in the previous session, Doug has very kindly taught us the essential maneuvers of his Neo-Ericksonian Approach to hypnosis.

In this segment, Doug has also agreed to show us the practical application of those things in terms of the three key things you would find in a hospital. Assist in surgery, helping people with pain to control or manage their pain and, finally, dealing with people with some kind of a terminal condition, particularly cancer patients in the Oncology Department.

Let me start again by welcoming you back, Doug. Thanks for being here.

**Doug:** Absolutely. I would just like to say it’s not necessarily a terminal condition in an Oncology situation.

**Igor:** That’s very true. In fact, we’ll come onto this idea when we get into the whole segment, which is separating the idea that they think they’ve got a death sentence, when actually there might be a chance to go ahead and live.

**Doug:** Indeed. Yes.

**Igor:** So thank you for reminding us of all that. That will be coming up very shortly. Before we dive into that, we’ve got I think a solid idea of your approach, the Neo-Ericksonian Approach, and I think there are some great things in that. Particularly the storytelling and the pattern stuff that we’ve been talking about.

- ◆ **Before we start applying that as a technique to assist people in preparing themselves for surgery, what is the general mindset that a hypnotist should have if they want to enter a hospital environment and assist there?**

For example, with surgery hypnosis or any of the other things we’ve mentioned so far, what’s the most important part of the mindset that people need to prepare themselves for?

**Doug:** Well, hospitals are a well-established business, and there’s a hierarchy. Doctors and particularly surgeons are at the highest part of that hierarchy and you just need to have the respect for that position. You’re not coming into that position to teach them anything.



## Hypnosis Master – Doug O'Brien

You can assist them. I mean you are, of course, but your attitudinal stance should be that you're there to assist them. Hopefully, you'll do a little covert teaching as well, but really they're the experts, if you will.

You need to have that respect. You're a colleague, and what we're looking for here is not alternative medicine. Hypnosis or whatever else is going on there, whether it's acupuncture or whatever complementary or integrative medicines might be there as well are integrative medicines. They are complementary medicines. What they're going to get is surgery. What the patient is going to get is medicine or whatever. You're there to assist the process.

So if you come in there with your guns slinging and saying I'm here to change things, it's like you won't last long. You won't last long. I'm not saying that, that isn't really quite appropriate in many ways. I think the medical community could benefit a great deal from alternative approaches, etc.

But to function in today's medical centers, you have to come in there with an approach that you are an assistant and a helper, and that you're going to part of the team.

**Igor:** Right. So you have to recognize that you're entering an established system and rather than boiling it all down and starting from scratch, you have to work within the system to help improve it and do the work that you've come to do.

**Doug:** Absolutely. A couple of times I was there when people would come in who were hypnotists who wanted to help. They would come in there like, yes, I am here. Stop everything that's going on. They were dismissed in no uncertain terms very rapidly. Not by me, but by the other people who were working in the Complementary Care Center. The doctors and administrators there had no time for that, no time whatsoever.

**Igor:** Because as far as they're concerned, of course, they've got to get on with their job and they don't need someone else coming in and interfering. If it helps, great and if it interferes, then they have plenty more other choices.

**Doug:** Absolutely.

**Igor:** So that's an important part to keep in the back of your mind as you enter the environment, that you understand what role you have to play, but within that role, you can actually have a lot of power and do a lot of good and make yourself actually quite indispensable to the team.

I know you've done much more than just preparing people for surgery as part of that whole thing as well.

## Hypnosis Master – Doug O'Brien

- ◆ How can a hypnotist help a surgeon and his or her team besides just the preparing for surgery element that we'll be focusing on in a moment?

**Doug:** Well, my heavens, there are so many different ways. For me, the experience that I had working with Dr. Oz at the Department of Complementary Medicine was mostly in his department, the Cardiothoracic Department. In other words, most of the patients I worked with were heart patients. They came in because suddenly they had to have surgery. They didn't know that.

For most people, the first indication of heart disease is a heart attack. That's not good.

**Igor:** That's pretty serious, right?

**Doug:** Yeah. So sometimes the first inkling they have of any heart disease is, oh geez, I'm dead. What happened? If they survive that then they go to the hospital. It's perhaps equally shocking to them, but they're suddenly thrown into this situation where they've gone from being a powerful A-personality kind of businessman or something.

To being not in power, not in charge at all, vulnerable and having to have this open-heart surgery of some kind, whether it's bypass surgery or, God forbid, a heart transplant or something, a valve replacement.

They're suddenly thrown into this place. They may have had absolutely no background or interest in things like hypnosis or vegetarianism or yoga or health or taking care of themselves in any way, shape or form. Then suddenly they have to. So what we're there to do is help them through that transition.

So the hypnosis that I do sometimes is very conversational. You are well aware of the power of that. It's just talking with people, suggesting things gently, and helping them to get into that frame of mind where yeah, they could quit smoking, they could change their approach to eating, they could change some of these habits that they have to change, but you're getting to the place where, yeah, I could entertain that idea of changing that now.

**Igor:** So, rather than using the classic fear approach, change this or die, I guess that's what a lot of doctors do because they think that's psychological leverage, which it is to a certain degree, but it doesn't necessarily work with everyone, particularly, when you have things like denial coming in and other defense mechanisms. At that point, the message doesn't come through.

Therefore, it's your job as a hypnotist, particularly as a covert hypnotist, is to just open those doors again to make it safer for people to contemplate the alternatives and maybe start adjusting their lives that way.

## Hypnosis Master – Doug O'Brien

**Doug:** It's a little bit like the good cop/bad cop approach. The surgeon might come in and say hey, you've got to do this or you'll die. Then you come in and go, heck yeah, that's a lot on your plate right there, isn't it? I wonder how we could make that easier for you. Then you assist them to actually do it.

What are the strategies, what are the techniques that will actually make that possible to quit smoking? For so many people it's challenging.

**Igor:** Right. Now, this brings us onto this little sidetrack, which we may as well explore for a few minutes if you have time.

- ◆ **What are some of the simple but kind of effective tools that you can use, maybe some of the things you already mentioned in the previous session that would help in this sort of covert preparing people for a new lifestyle sort of thing?**

**Doug:** Well, one of the ways, of course, is you tell stories. Of course, the stories that we're telling in this case are not going to be fairytale kind of stories. It's not like, once upon a time there was a prince who lived in a kingdom.

**Igor:** I could see the Director of Glaxo-Smith going, what?

**Doug:** Yeah. They're not too interested. But the stories that I'm talking about telling are stories like, yeah, I had a patient here just a couple of months ago, the old classic Erickson story. I had a patient who (and then fill in the blank). You talk about other people who have been in similar circumstances and what they found out, what they could do.

I think I talked to you a little bit yesterday about hypnotic explaining.

**Igor:** That's right.

**Doug:** It's a similar kind of thing. I am telling a story, mostly real, maybe embellished a little bit, but nevertheless a story that they can certainly understand. It's well within the realm of understanding about how a person went about changing. At first it was difficult, but Bob soon found out that if he just did one day at a time, he'd be fine. Just little things like that just to help them get that handle on how to actually do it.

**Igor:** Of course, at the same time, you're doing all your hypnotic elements. You're slowing your voice, you're embedding suggestions that will be useful for them to help make the transition and all these rich things that we've talked about already as part of what seems like a hand-holding exercise to them, but really you're preparing their mind to enter this new land in a gentle sort of way.

## Hypnosis Master – Doug O’Brien

**Doug:** Yes, and keeping in mind that sort of pacing and leading equation, which is if you say two or three true things that are verifiably true, they will tend to start getting into their pattern of saying oh, he’s saying true things.

So then if the next thing you say might not necessarily be provable or verifiable as true, but it would be good for them to believe it, like you can quit smoking now. They’ll tend to believe that as true too. So it’s the pace, pace, pace, lead kind of structure to a suggestion.

**Igor:** I’m guessing the general fear that they’re experiencing, because they’re in the hospital with a very serious condition, helps them be in an altered state anyway because their grip on reality has just been forcibly removed by what’s happened.

**Doug:** Absolutely. They’re in a classic kind of confusion state. They’re grasping for whatever they can, and if you throw them a life preserver, throw them a – what do you call those things?

**Igor:** Life line?

**Doug:** Yeah. Then they’ll grab hold of it. They will absolutely grab hold of it. They’ll believe what you say because, gosh, it makes sense. That sounds good to me. Let’s go.

**Igor:** In many ways, your job is actually, in some respects, easier because the situation is more serious.

**Doug:** In some ways, yes.

**Igor:** Let’s turn our attention then to the focus on the first segment, which is the actual protocol that you developed for preparing people through surgery. There are a lot of important pieces you have there.

I know that you have a standard checklist that you created as part of your hypnosis team. For those people who are interesting, Doug very kind has made it available on [Ericksonian.info](http://Ericksonian.info). You’re going to talk us through that script and show us how to improve it because that script was actually created almost by committee, with a doctor adding a little something and a hypnotist adding something else. Then when something else came up, it was thrown in there as well.

So, whilst that in itself is an elegant example of how things grow, you can take those ideas and polish them up to be much more elegant.

## Hypnosis Master – Doug O'Brien

**Doug:** I would hope so. Yes. It was not almost done by committee; it was done by committee. It's good but keep in mind, when I was first at this Department of Complementary Medicine, we were looking for ways of not proving, but testing, whether proving or disproving, it didn't matter. We were testing to see what would work here.

So there was a committee. There really literally was a committee of people. About five or six people were working on this script, and each of them had their own ideas of what really needed to go into this thing. So it was definitely done by committee, and it isn't the best and most elegant script in the world, but it covers a lot of territory.

**Igor:** Right, and that's the thing that I find most interesting is actually the territory you're covering and why you make specific maneuvers, the polishing up of it, the delivery of it. Every hypnotist should have their own style because you're your own person, but it's more the thinking behind that, and you're going to be giving us that now. You're going to give us the main maneuvers in that script and the thinking behind each step and why it's there.

◆ **Can you give us like a general overview of the, I don't know, it is six or seven steps or so that are included in that process?**

Then we can start looking at each one in detail to figure out why it's there and how to really use it properly.

**Doug:** Sure. If I can just be totally blunt with you, I don't remember all the steps to this thing. It's been a while since I've actually examined it in any detail. I don't know how many steps there are. There might be six, might be seven, might be 10, but essentially what we were doing is to get them to, first of all, have a positive outlook on what was going to be happening here because we wanted people to go into the situation feeling like, I'm going to be okay.

So the first thing we want to do is re-assure them that they were in good hands, they were doing the right thing and have the assurance that they could feel comfortable. I don't think we proved or anybody else has proven, at the moment, yet that a positive outlook clearly creates better results, but it certainly feels better.

**Igor:** Right. If nothing else, it puts them at their ease, and there's no reason to have them having a massive dose of fear on top of whatever else is going on.

**Doug:** Exactly. So it starts with, like I said the pacing and leading sort of thing. You walk into the room and if you haven't met them before, you introduce yourself. You get rapport. You just start with the basics. You get rapport with the person. So you introduce yourself, you're respectful of their space you ask if you can come in. You want to have rapport. Then you start with the pacing things.

## Hypnosis Master – Doug O'Brien

**Igor:** Let's pause for a second? I think you just made a very interesting point that I'd like to emphasize to people, which is you just said when you walk into the room, you don't just walk into the room. You knock and ask if you're allowed to enter, which I think is very interesting because what that's doing is you're already returning some power to the patient, at a point in time when they feel powerless, because all these people are rushing in and out and doing stuff to them.

You've actually just reversed the equation again and indirectly implied, you're the one with power here. I'm coming to you and asking for permission to enter.

**Doug:** And it's a huge relief to them because you know what? They've gotten used to it without liking it at all. They've gotten used to the fact that doctors come in and they look at their chart. Nurses come in and they stick something in their butt. Whatever they want to do, they do to you. Very few people treat them like people.

So when you walk in and you're a person with them, respecting them as a person, respecting their space and their opinion, it's a warm and welcomed relief.

**Igor:** I bet. I think that itself is a really powerful starting point to develop the confidence and trust that you'll need later on to develop the hypnotic experience, the hypnotic contract that really we're trying to build up.

**Doug:** Yeah, absolutely. They want to be with you. Everything else is uncomfortable. You're comfortable. So yeah, they want to be with you.

**Igor:** And it's not like some people as hypnotists think, oh, I've got to have the authority on my side I've got to have the power of the hypnotist and so on. So they might be tempted to just come walking in and saying, I'm the hypnotist, I'm going to fix everything, which is actually a counterproductive way of doing things because of what we just talked about.

So you're not actually giving your power away as a hypnotist either. You're just creating this balanced blend where you have knowledge, but they have the capacity to heal and decide how much and how far they go.

**Doug:** Absolutely. To be their Mesmer-like all-knowing sort of silly icon of a hypnotist would be absolute wrong thing to do when you walk into a hospital room in this sort of situation. You want to recognize that people are in a trance, and you want to pace where they are so that you can lead them someplace else. It's that quintessential idea of pacing first, leading second.

**Igor:** Right. So we've got the idea of how you enter the room and that in itself is a very important thing. You build a rapport.

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Then you go onto sort of your general pre-talk orientation to get their mind into the right space.

### ◆ How do you do that element?

**Doug:** Again, starting with the pacing and leading. So you introduce yourself and they can verify that you're telling the truth because you've got a badge on that says the same thing that you're saying out loud. My name's Doug O'Brien and I'm with the Department of Surgery. It says all that on your badge. So you just start off with all that truth, so that's two paces right there.

So the next thing that you say – and I'm going to help you with this surgical procedure, or I'm going to help you with your pain, or whatever it is that you say – they will tend to say, oh, okay. That must be true too. They'll believe that you are going to help with the surgical procedure you are going to help with their pain because true, true, plus must be true.

You understand that, right?

**Igor:** Absolutely. I think it's one of the fundamental principles in the Yes Set. When someone is afraid, they've got this whole hyper vigilance going on, and it allows them to keep their mind vigilant about the things they can check on, and then the other things just piggyback right on the back of it. It's a very simple way of getting ideas accepted.

**Doug:** Right. So then I start explaining what we're going to be doing. They have been prepped. On my visits to the hospital rooms, I usually wasn't the first sort of intimation that there was going to be a hypnotist around I didn't just walk in unannounced.

They were in a sense choosing to be seen by somebody from this Department of Complementary Medicine. It was offered to them and they said yeah, that sounds good. I'd be interested in that. Or their wife said it for them, but they know that I'm coming.

So I start to explain what it's all about and what we're offering to them and what this surgical process is all about. So I begin to explain. I give them information, and when I'm doing that – and this is, I think, perfect for the way that you teach, Igor. I don't particularly like the word covert, but that kind of conversational matter of fact hypnosis, where it's that hypnotic explaining thing. They're visualizing, they're imaging and they're going through this process with you as you're explaining it.

So one of the things I try to do is I try to get them to feel like they do have some power and they are part of this team. It's not us doing this to you. We're doing it together, and your job as part of the team, dear Mr. Patient here, is to ask

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questions, it's to go into trances, to feel comfortable. It's to do these things that are going to make this whole process work better. You're part of the team.

**Igor:** Right and I suspect that, that in itself does a lot to take the edge off whatever fear they're feeling because now they have a sense of control and a sense of they can do something, rather than having stuff done to them. So they've got some control over how they can improve their odds by following the instructions, feeling comfortable, asking question and so on.

**Doug:** Yes, and by my explaining this stuff, it also creates a sense of comfort. They're getting information they might not have had before. As an example, why does hypnosis work? Why does relaxation work? Well, because when you're lying there, you can just go to a different place and be comfortable knowing that your body is being well taken care of.

Sometimes people will regain consciousness while they're still intebated after surgery. During surgery, of course, they're being kept alive by machines, so they're incubated and have a tube down their throat that breathes for them. If they're not prepared for that, they can wake up and panic because, holy shit, there's this machine down my throat and I can breathe on my own. It's breathing for me, and this is really weird and uncomfortable.

Really, the best way and certainly the only way to really do well with a breathing machine is to just relax. So you can just relax. We prepare them for that possibility and paint it as a lovely picturesque process. You are being well taken care of, this is for your own benefit, and you can just relax and let yourself be breathed for until they come and take the tube out.

**Igor:** So there's a lot of very careful frame setting you've got ahead of time. So you're doing almost a reframing before they have the experiences, so when the experience comes it's not only not a shock anymore, but actually they have inside them already a plan of how to relate to that experience in a non-scary sort of way.

**Doug:** Right. Also, throughout this process, I'm going to be asking them question. I'm doing some of what I referred to yesterday as gold mining. Finding what are some times in their lives when they've overcome obstacles because this is another time where they're being overcome with an obstacle.

I'm asking them to look forward to what they're going to do when they get out of here so that they know this is just a temporary thing and they have a future representation. It's like, oh yeah, this is temporary and then I get to do all that stuff in my future. So they get hooked up to something that's going to happen in the future.

**Igor:** Let me just pause you there again.



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**Doug:** Sure.

**Igor:** I think that's a very important thing you just said there, which is rather than their expectation of timeline ending, at the moment of surgery, which is almost like this is D-Day or the end of the world. You actually give them something after it's all over to look forward to, so it extends beyond the pain or fear or whatever's going to happen in the middle and it contains that.

You've been all right in the past, you'll be all right in the future, and those become like building blocks and you decide whatever negative event they're going to go through, and it helps them get through it much more easily.

**Doug:** Absolutely. It reminds me of a movie clip. One of my favorite movies is this movie called 'Hoosiers' about a basketball team in Indiana. I've forgotten the actor's name. It will come to me probably as soon as we're done doing this. I won't spend time thinking about it now, but the actor who played the coach.

They're in this final championship game and the little squirt on the team who's usually the benchwarmer is playing, and it's a crucial moment in the game. They're like two points behind, and he gets fouled. So he gets up to go up to the foul line, so there's a timeout because they're going to really try to make him as nervous as possible on the other team.

So he says to them, okay, Charlie, after you make the second free throw – and then he pauses and he looks at him and says and you will make the second free throw – then what we're going to do is we're going to take the ball out of bounds. So he's just presuming, making the presumption that yes, you'll make the first one. We're not even talking about the first one. It's after you make the second one – and you will make the second one – then what we're going to do is blah, blah.

So he's putting the whole thing into the future that these things are just presumed to happen. Then, of course, the kid does sink both free throws and it does materialize just as he predicted. Gene Hackman is the actor.

**Igor:** There you go.

**Doug:** Thank you very much.

**Igor:** So let's just put this back into a little structure here. So, we've got you coming into the room and building rapport. The rapport bleeds nicely into the orientation kind of pre-talk, what to expect and you're using hypnotic explaining and a lot of frame control to make sure that you anticipate all the experiences they're going to have, in a way that's going to be safe for them, to be able to handle.

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You're also going to create kind of bridge towards the future when they're all healthy and everything's over, so that what no matter what's happening, they know it's temporary, they're not going to get stuck there in any way, so it gives them hope for the future again.

### ◆ Is there anything else you do at this phase before you actually begin the actual hypnotic things?

**Doug:** Yes. I just want to make a point about this. The danger that I've always had with scripts that I've seen and the idea of scripts is that people read them, and that instead of focusing on the client, you're focusing on reading a script. That's a highly dangerous thing to do.

What I certainly endeavor to do every time I worked with a client in the hospital, even though I was trying to stay as close to this protocol as possible because we were testing things, so we wanted to test how this worked, I still wanted to have that be in the background. The most important thing was paying attention to this patient, to this person that I'm talking to.

So if I said something about intebation and they started getting a little freaked out looking, I would stop the script and then talk to them about that and help them to get to a place where they were feeling comfortable about that, and I would not go on until we did.

This is a person. The key and important thing is that you are creating this person-to-person relationship. Hypnosis is a dance. Hypnosis is a co-operative endeavor. You're not hypnotizing them; you're doing it together. You both are co-operating on this thing, if that makes sense.

**Igor:** Absolutely. I can't emphasize it enough. You seem to share my own, shall we say, dislike of scripts. I would quite happily call a Jihad on scripts, precisely for this reason. Because people spend so much time putting a piece of paper in front, and they miss what's really happening and that interactive element disappears, which is a great shame.

I think when we talked about this before you describe it in a very elegant way, which is: these are NOT so much scripts as checklists. You have your checklist to make sure you talk about intebation and make sure you talk about the surgery. Make sure you talk about this, this and this.

If it's on a checklist, then you make sure that you talk about it, and if you're talking about it, of course, and they don't get it – if there's fear being cause or concerns being caused – then you haven't finished talking about it yet. That's the big difference between a checklist and a script.

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The checklist says do not proceed to Point 2 until you've covered Point 1. A script says say these words, then say these words and there's no element of expansion or contraction included.

**Doug:** Yeah, I think scripts can be great study skills or great tools for learning, but they should not, I don't think, really be in the therapy room with you.

**Igor:** It's what you do the night beforehand to prepare yourself and to have some choice phrases and go, well, that's very elegant. That's a good suggestion here and oh, this is a nice structure coming out of this, but you understand the process rather than memorizing the content like it's a magic spell. If only you say it just right, it will work.

**Doug:** That's true. Off my soapbox, so go on from there. Then after I've done what I've said I've done so far and worked with them and asked them questions about their past and what they're looking forward to in their future, then I'm going to teach them the relaxation response.

It's a way of doing self-hypnosis, but I also tell them the truth about the whole matter, in that much of it is just physiological. Their relaxation response, especially the way that we were doing it in the hospital, was based on a book called *The Relaxation Response* by Dr. Hubert Dunson, and it describes how in our bodies, in all humans, everybody has different systems.

We have a sympathetic nervous system, which is the fight or flight response. Loud noise sends you into this fight or flight thing. You get this shot of adrenaline and your shoulders tend to go up to protect the jugular. You get this fight or flight response. That's the sympathetic nervous system. It's a great thing to have, and we need to be able to have the opposite.

Once that fight or flight process is done, we need to relax and put different chemicals into our blood stream that cause relaxation. So thankfully, we have a system set up in our body called the parasympathetic nervous system, and that is what it does. That's its job. It creates this relaxation response.

So we have these two opposite responses: the fight or flight and the parasympathetic relaxation response. So I teach them the way that that's triggered is through a deep breath. So any time they took a big deep breath in and hold it for a few seconds and then sigh, the breath out, that's going to literally trigger this parasympathetic nervous system in their body and cause them to begin to relax.

Then I'd say, in addition to that, we're going to add some more elements to the mix that will make this even more useful. So I teach them this element of 1-2-3 counting and how it goes through. It's all in the script, if you want to read that in the [Erickson.info](http://Erickson.info). Should I describe it right now? Do you want to hear it?

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**Igor:** I think the overall maneuver is the interesting part. We don't have to go into all the details. I mean we can see, for example, from what you've been doing so far already is that a lot of hypnotic explaining, as you call it, going on.

**Doug:** It's hypnotic explaining, but right now what I'm giving them is the technique that they will do for themselves any time they start to feel nervous at all, or any time they want to relax deeper than they are already, like when they're going to sleep at night they can do this. In particular, they can do this little technique when they're being wheeled into the operating room.

**Igor:** Which is going to be one of the most important times, right?

**Doug:** Right. So I teach them, we do it a couple of times and then we do it one more time for good luck, and then as they do that this fourth time or a third time, whichever one we're doing, then I'll say okay, now you can just stay relaxed, and I'll tell you a few things that are important. You'll hear everything you need to hear and remember everything you need to remember.

Then I say, I'd like you to just imagine a comfortable place that you find relaxing and go there now. For some people it could be an ocean or a lake; for other people it could be a garden or a favorite room, but just go to a place like that for you now. Imagine yourself relaxing and listening to my voice.

I'll start to then utilize. So they've done this relaxation response a couple or three times, they have learned the technique and now in a sort of secret – again, I don't like to use the covert, but nevertheless, what we're doing is we're doing fractionation, aren't we? We've taught them the technique.

Do you understand that technique? Yes? Okay, let's try it one more time just to make sure. Oh good, there it goes again. How was that? That was even better, wasn't it? Okay, good any questions? Great! Let's do it one more time. Ah, it's even deeper now, isn't it?

You're doing it two or three, maybe even four times, but then after the last time that you do it, then you just say, that's right. You can just keep your eyes closed now, and I'll just talk some more.

**Igor:** Let me just pause you there for a second because you've done some very interesting things here. So you've given them the whole pre-talk, you've started dealing with all the different fears they might come across, you've prepared them for the whole process by setting the right frames ahead of time.

Then the induction is actually done semi-covertly. It's sort of done slightly slyly in the sense that you're saying, here's some self-hypnosis you can do on yourself every time that you need to relax more if you start to feel fear or some kind of discomfort, this will help you.

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By teaching that that, of course, they're fractionating trance, they're going deeper and deeper each time. So you fractionated this self-hypnotic experience, and on the final round of these fractionations, you just keep them in the trance they've already developed anyway. So you know you won't get any resistance now. You don't even have to try to hypnotize them, it just happens.

That's the point at which you actually run through the hypnotic protocols to actually prepare them for the surgery. Is that correct?

**Doug:** That is correct. Yes.

**Igor:** When you run through these protocols preparing for surgery, can you give us like a checklist – I know the content will be in the script, which is on [Ericksonian.info](http://Ericksonian.info).

- ◆ **Can you just give us a quick rundown of the checklist, the headings that you want to hit as you go through your induction so that you're preparing people properly for the surgery to come?**

**Doug:** Sure. One of the things that I want to make that they are prepared for – of course, they don't go to hospitals very often, and people can have certain associations to things in hospitals. So I just want to make sure that the associations that they start to have are going to be positive ones.

So as an example, any time you see a nurse or a doctor, that will mean you're in the right place and doing the right thing. When you see a nurse or doctor, because you know that, you can go even deeper into trance, sailing comfortably through this.

**Igor:** Right and that takes care of the fear of the doctor's coming, oh my God, what does it mean? Does it mean I'm in more trouble now or something like that? You're actually replacing a potential fear thought with a thought of comfort and safety and so on.

**Doug:** Certainly hoping and trying to do that, yes. The same thing with anything in the recovery room will remind you that you're being well taken care of and you can relax even more deeply now. The sounds of the beeps of the motors and monitors will cause you to drift even deeper into trance. Yes, any of those things make you go deeper so that you can just really trust that you're being well taken care of, and you can relax.

That really does help people. Goodness gracious that has helped so many people because they really do have that experience. There are so many things going on in this hospital. They're so confusing and what does this mean and what does that mean? It's stressful. So if you can give that meaning to a person

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– well, that means you’re fine and you can relax and just go to the beach or go to your comfort room or your sanctuary, and you’re going to be absolutely fine.

**Igor:** You see, I think that on its own, if you did nothing else, that I could see virtually doubling the recovery rate or something just because it takes away most of the stressors in hospitals, the unknown.

- ✓ What does that beep mean?
- ✓ Is that beep, a good beep or a bad beep?
- ✓ What does it mean?

Now, of course, everything becomes a good thing, which puts the body into the perfect position where all its energy goes into healing, rather than checking out whether anything’s a threat or has to be dealt with by them.

**Doug:** Right. Now of course, just as an aside, that may not all be true. Some of these beeps might not be good things, but honestly, whether it’s true or not true doesn’t really matter. What matters is what the person believes at the moment, and the best thing for the patient to do, I think, and certainly it worked under that belief, is that they are being well taken care of. It’s somebody else’s job to monitor that beep and to figure out what that means.

When they’re in the operating room and the recovery room, they are getting really good attention. The Intensive Care Unit is called that for a reason. There are plenty of people there monitoring everything that’s being beeped.

**Igor:** Even then a bad beep is actually a good beep because it tells the nurse or the doctor to pay attention to something. So in that respect, you’re actually quite correct as well.

### ◆ What else are you putting into this?

We’ve got this idea of making the whole hospital environment actually be essentially a post-hypnotic suggestion for health and recovery and safety.

**Doug:** Yes. I also like to give them the idea that they can in a sense have a different relationship with time. So as an example, we all know that time is relative and that if you’re sitting on a hot stove, one minute can seem like a really, really long time. That would be relatively speaking. Or, if you’re having a great time- time flies when you’re having fun- it’s a relative thing.

We’ve all had experiences where you dream a dream that one or two minutes of clock seems like an hour or two of dream time. It can be all the time in the world really. So I just give suggestions that they can go to a beautiful beach or a beautiful place where they can really enjoy that spot and just be there. It

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would be one of those things where time just seems to stand still, and you can be there as long as you want.

The next thing you know, you’re walking out of here under your own steam. They can really have that sort of time distortion thing that all this time spent in the hospital has collapsed down to two minutes, whereas their imaginings that they’re at during the surgery or whatever, that can seem to last for a long time, and here’s this beautiful place where time stops.

**Igor:** So you’re reinforcing first, the time bridge that there will be a thing after this whole hospital experience is over and, of course, you’re making the time at the hospital easier.

So, rather than sitting there and having those long waits not knowing what to do and getting boring and not knowing what to do with themselves, those now become short – because their mind will contract them – and they can also escape into this sanctuary, this mind space where they can be safe and calm. So no matter what happens, they’ve got options.

**Doug:** Yes. I also will go through some things that I just want to suggest to them that during the surgery and during the hospital stay, that they will be healthy. An interesting thing that Dr. Oz told me once, is that he’s had a lot of experiences with altered states and he learned this, I guess, when he was in the Turkish Army or something. As a man from Turkey, he had to serve for a little while in the Turkish Army, so he had some experiences of altered states and things.

One time he said during surgery there was a man that he was doing open-heart surgery with who was bleeding too much. People tend to bleed at certain rates, but this guy was bleeding more than necessary. A certain amount of bleeding is good. You don’t want to stop it entirely. Bleeding is good. It helps clean the wounds, etc. So there’s an optimal amount of bleeding that you want to be having happen, but this guy was bleeding too much.

So even though he was under anesthesia, this guy was just out under general anesthesia, Oz leaned over to the guy and said Robert, you can stop that bleeding now. Just stop that bleeding. And he did. The guy was out under anesthesia, but still somehow the body knew how to do that. I don’t know how that works, but I’m certainly going to make every effort to take advantage of that phenomena.

I go through a portion in the script where it says, your body knows how to do this. Everyone’s body knows how to bleed just enough to keep the wounds clean, and your body will bleed just enough to keep the wound clean, and there will be minimal bleeding during the surgery.

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I'm carefully framing these things. I don't want to be talking about bleeding too much. I don't want to be freaking people out or anything, but I also do want to cover this material. We've done it hundreds of times. When you've cut yourself shaving or skinned your knee and that bleeding stopped.

You can ask yourself to provide just the right amount to help the doctor's work, and then just the right amount for healing and recovery. Your body knows how to do this, and you will do this now and that sort of thing in the process.

**Igor:** So we've got then the hospital environment. We've got the idea of giving them some kind of place of retreat and time distortion. We've got some ideas around controlling the bleeding to make the operation easy and, of course, you'll have less blood transfusions necessary, which is probably easier for the body to recover at that point.

**Doug:** Sure. Yes.

**Igor:**

◆ **What else is in that script or were those the key features?**

**Doug:** Those are probably the key features. Of course, one of the things also true after surgery, maybe not all surgery, but at least the surgery I was most familiar with, cardiothoracic surgery— is that because they were being kept alive by machines during this process, breathing by a machine and the blood going through a bypass machine or something, there can be some complications from that.

One is that the lungs can have a little bit more fluid in them than they would normally. Condensation or something takes place with this breathing machine. So they need to cough after surgery, and it's scary because they've got a lot of incisions throughout their chest.

**Igor:** They'll probably be worried that they don't want to pop something there, right?

**Doug:** Exactly, and technically, they could. So you want to just teach them a technique where they can. So we give them pillows. They're post-surgery pillows. At some places, they're shaped like little teddy bears, but what they're for is that when they need to cough, coughing is a very good thing, so you want them to cough.

Hold the pillow to your chest, hold your chest and just let it happen. The more that you do that, the better you'll get. The easier it is for you and you're going to get better and better, and every time you do that, you can go back to that comfort place.



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Your body knows how to protect you, and you don’t have to know how, but just like how bears and squirrels hibernate in the winter and wake up when the time is right, you can do that too. So things like that.

We want them to find ways that their body adjusts and goes with the flow of the things that have to be happening here. I don’t know what those are all going to be, so I can speak also in very general terms. Basically, your unconscious mind knows how to take care of you. Like hummingbirds or bears, you can flow with things, relax when you need to and zone out when you need to.

You’ll find that keeps your wound clean and dry and free of infection, and in no time at all you’ll be walking out of here and going to the – and start talking about those things that they wanted to have in their future that they told me about earlier. So start focusing on that stuff.

**Igor:** So this seems to have quite nicely involved scripts, and just to summarize again, once you’re actually in the trance process is the element of making the hospital environment of safe, you’ve got their place of sanctuary, a place for them to retreat to and distort time so that their stay at the hospital is shorter.

You’ve got an important key feature in surgery, which is that bleeding will be appropriate amounts, rather than it’s excessive. Then we’ve got general talking about their recovery rate. You’ve got some tricks and techniques, which I think you’ll find more of in the script on [Ericksonian.info](http://Ericksonian.info).

Like, the coughing with the pillow to dampen the effect of the coughing, but the key thing here is to relax into the naturally healing process and trust the unconscious, and building up all kinds of unconscious healing mechanisms, healing loops so that all that will happen.

Finally, you’re rounding it off with an expectation of a successful outcome, a successful future, enjoying life again all the more for actually having a heart that works, rather than the reason that they came in here in the first place.

**Doug:** That’s all true. Yes.

**Igor:** So that’s the essence of the surgical preparation, and I thank you for taking so much time to go through that because that’s very involved and has some very important pieces in that.

Can we focus a little bit now on the next segment, which is the idea of pain control? I know pain control is a big, big topic and there are a lot of different maneuvers and directions it can go in, but again, at your time in the hospital, you did focus a fair amount on working with people with pain relief.

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- ◆ **Could you just give us the general big picture of ideas that people have to be aware of whenever they start working with any kind of pain control or pain relief?**

**Doug:** I think it's pretty well known in the hypnotic community and in literature is that if somebody comes to you for pain control, pain management, you want to make sure that it's ecological to work with them. In other words, that their pain isn't a signal that something is wrong. Make sure that they've seen a doctor to get any sort of diagnostic and appropriate treatment that they ought to be getting for whatever their pain might be.

Most people have. For most people, that's the first place they turn, but you just want to make sure of that.

**Igor:** Especially in a hospital environment, you know that's happened.

**Doug:** Well obviously, I did in the circumstance that I'm talking about but as a general rule for pain hypnosis.

**Igor:** I think it's a very important thing to emphasize, and just to add one thing to what you're saying, that would especially include things like headaches, which people think it's not a big deal. I'll just deal with that very quickly. Headaches can often – well, not often, but headaches can be a signal for other things than just a mere tension headache. So that, in particular, is important to not just take it away but also get it checked out.

**Doug:** Yes, if for no other reason than to cover your own tushy.

**Igor:** Absolutely. It's the first thing you should always cover.

**Doug:** I hope that doesn't translate into other things. Anyway when it comes to pain, I like to recognize that there are, I don't know what the percentage is, but there are three aspects to pain. I don't know if it's a third, a third and a third, but there are three components to the experience of pain.

For my money, the first part is – I don't know if it's the biggest part, but part of it is the memory of previous times when they've had pain. For example, if I was out running this morning and then my calves started hurting, and I've had some calf injuries in the past.

As soon as I stopped running and started walking again, this tinge of like oh-oh, it's happening again. There's this fear that the pain is going to be like it was. This memory of past pain is there and it's like an, uh-oh kind of thing that comes up.

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The other thing is a fear of future pain, where we anticipate what it's going to be like. So I was thinking, oh what is it going to be like, and I had this sudden vision of the future. I'm going to be laid up. My calves are going to be on ice again and that sort of thing.

So two-thirds, if you will, of the pain experience is about past and about the future. In other words, it isn't what's happening right now. It's imaginary or hypnotic, if you will. It's like this suddenly self-induced trance that's not having anything to do with the present actual moment.

So if you can talk about getting away from the past and getting away from the future and just being right here right now, you've already gotten rid of two-thirds of the pain experience.

Igor:

- ◆ **Can you give us some examples of the kind of reframes you might offer to people to get their minds out of the past and the future and just deal with what's there, which is the present moment and whatever pain happens to be there?**

Doug: Sure. First, the thing I'd like to just say about hypnosis for a second is that most people, I think, really do live in a state of trance, and for most people that trance has to do with time. In other words, a lot of people are thinking about their past or thinking about their future.

They're going back in the past and regretting things or remembering their glory days or whatever, or they're thinking about the future. What am I going to be doing tomorrow? What if that happens? They're either worrying or anticipating or doing something about the future.

Most people, being right in the present moment, that's rare. So if you bring them into the present moment, into the here and now, that's a trance. Because it's such an altered state, it's a trance. So being awake to the present moment, as odd as it sounds, is a trance. Even though you're waking up to the present moment, you're still going into a trance because it's such an altered state.

So any hypnosis, if you will, that does that, that brings a person just into the present moment of being right here right now is an altered state. It's what Stephen Wolinsky in his *Trances People Live* book, calls the no trance-trance.

Igor: Right. I like that.

Doug: Yeah. So it's not the trance of the past. It's not the trance of the future. It's a no trance trance. I'm right here right now waking up into the present moment. A favorite thing of mine to do for that is what Bandler and Grinder called, 'the

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Betty Erickson Special'. This self hypnosis process he used to become aware of the present moment.

That's pacing, isn't it? When we talked about pacing and leading before, any verifiably true thing – like you can hear my voice, you can feel your feet on the floor (if their feet were on the floor). Those are verifiably true statements. They're paces, but they're also happening right here and right now.

**Igor:** So it's almost like you're suggesting that by absorbing their attention in present moment experiences, there's no attention left to project to the past or the future and be afraid of whatever pain might exist there.

**Doug:** Right. I tell them, one of the ways that I deal with those other two-thirds is I tell them that phenomenon, that truth. I give them examples of people, not them, but other people who have had fears about the future. And, they're so worried about it, they tense up and they feel even more pain even though they're not feeling the pain, or they think about all these other time – like that woman that had the whiplash that I told you about yesterday.

She just had so much fear about the memory of that experience that she was tensing up. Oh, I don't want that again. So it's both the past and the future imposing themselves together on the present.

By just letting her relax completely right here right now and distracting her from all that, she was able to relax and discover, oh my goodness I'm not feeling any pain at all.

**Igor:** I think that's another secret to pain control in general. As a rule, relaxation makes pain either much more bearable and in some instances can actually resolve it, because a lot of pain is physiologically linked in with the idea of muscular tension as well, isn't it?

**Doug:** Absolutely. So I want people to know that in a surgical situation, that old fight or flight response is unnecessary. They're not being attacked by the surgeon. That scalpel is not a knife attack or whatever. This is a surgical procedure. They're doing the absolute best thing for them, so they can just flow with that procedure.

So, when the surgeon goes in there thinking flow with it, it's almost like the molecules of their skin can open at the point of where the knife is and it just opens, and it's receptive to it and it's going to be really easy.

Again, I can't verify that all this is necessarily true, but it's nice imagery to have, that because they do this, they will recover faster and that there will be minimal bleeding and all that sort of stuff. So they can really relax. The primary thing that I do, however, is dissociation for pain. For example, I think I mentioned this

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yesterday with my story about the hernia operation did I tell that yesterday?

**Igor:** Absolutely. Yes, where you went to the beach and put some extra interesting distractions in.

**Doug:** Exactly. Thank you. The first thing I do is I'll ask them to tell me what is their pain level right here right now on a scale of 0-100. Whatever it is, wherever they are, I ask them to then increase it by five points, and then reduce it down to where it was again. Then I point out that they were able to do that. They were able to do that with no training whatsoever just because I said to; that their unconscious mind, their bodies were able to actually make that happen.

Then I say now hypnosis has been around for 200 years. Hypnosis has been around a lot longer than that by other names. I would imagine that maybe if you had some of that training from all those centuries of people using hypnosis to do surgery without any anesthesia at all, that you might be able to do even better than five points, don't you?

Just get them to the point where they can really appreciate that it is possible. It really is. They've just done it. They've changed their pain threshold with just their mind.

**Igor:** Let's pause here again, because I think you're doing some very interesting things.

I see the same maneuver happening in different guises over and over again. What you seem to be doing essentially is attacking the psychology of pain in many different ways.

First, with the idea of the past and the future and saying, if your mind's in too many places with pain in it, then you're not making your life easy. Then you're doing it in terms of the relaxation response and taking away some of the physical conditions that allow pain to occur or at least be experienced as painful.

Now you've gone on to the next step, which is to actually create an expectation of relief with this idea that you can lift it five points, reduce it by five points and your mind has all these other possibilities open to it, which we're going to show you how to tap into now.

At each step of the way, you're breaking down the concerns that people have about pain. In other words, pain will come back. The pain will be intense. I won't be able to handle the pain. I'm at the mercy of this experience, rather than having any control over it.

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Bit by bit, you're breaking down each of those beliefs and giving them counter-examples and actual experiences of them not being true. So by the time you actually get to the, shall we say "pain control of the actual induction," the whole mindset has already changed.

**Doug:** Yes. That's true, a good summary.

## **Seminar 2 – Part 2**

**Igor:**

- ◆ **Is there anything else you do in terms of your setup or, do you at this point, once you've done the five points up and down, reminding them that we've got over 200 years of hypnotic history on our side to help them do that five points into fifty or more?**

- ✓ Do you go straight into the induction at that point or is there anything else you need for the setup?

**Doug:** It really depends actually, if this is a person I'm working with for the first time, then there's probably more that I'll do. I tended to work with people three to five times in the hospital, so usually the pain thing wasn't the first thing I did in my first interaction with them.

Somewhere along the way, I mentioned yesterday, that a placebo works because they know they got the pill.

**Igor:** Of course.

**Doug:** It wouldn't work if you slipped it to them while they were sleeping they need to know they got the pill, so there would be some hypnotic experience I'd have with them that would essentially be a convincer. One I learned from Ernest Rossi that he called a fail safe induction, which is where two hands are face to face and they come together.

By the way, I've done this in certain circumstances where the hands did not come together, but moved further and further apart. They do respond to the suggestion that you offer.

**Igor:** Let's pause for a moment. For those with us that don't know the particular induction, let's get them up to speed. The essence of the induction is a double bind, where you have palms facing together and you say to them, if your unconscious mind wants to go into a pleasant trance right now those palms will come together, if not they'll move further apart. So it's a nice double bind, whatever happens it will be hypnotic.

**Doug:** It's a lot like that, but a little different. What Rossi and I both do is say, I don't know if your hands will come together, stay where they are or move further apart. But what I'm looking for here is to create a dissociation and I don't say this to them, but I'm looking to create an observer position.

The way it works is I have people sit and hold their hands about 6 to 10 inches apart in front of their face. So, they're sitting up in a chair with their hands up in front of their face looking between their hands and I ask them to select a point somewhere between their hands and to just allow their eyes to rest in that spot.

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Then I'll say take a nice full deep breath in, hold the breath for a few seconds, hold it and then sigh the breath out. Then I'll say the reason I asked you to do that is because I want you to notice the difference between doing and observing, because a moment ago you did the breathing, you held the breath and now I'd like you to continue breathing normally, but observe the breathing without doing it.

Feel yourself breathing in and out and I'll pace this to their breathing. But let it happen, as it's been doing it for so many years, your unconscious mind will do that for you. Consciously you can observe it, so there's that distinction between the doing and the observing and that's what I now want you to have with your hands.

Your hands can be out there and if you wanted to you could make them come together. You could make them move apart. You could make them stay right where they are, but I'd like you to do none of the above. Just watch and see what happens. I'm going to ask your unconscious mind to bring your hands closer and closer together. You can sit back and be curious, whether those hands will come together or not.

Maybe they'll stay where they are I don't know what your hands will do. Maybe they'll move further and further apart. The really important thing is that you allow that process to take place and be in that observer position. Then it honestly doesn't matter what happens. If their hands come together you say that's right your hands are coming closer and closer, you're going deeper and deeper, whatever you want to say.

**Igor:** Right, because you've talked about all the possibilities then.

**Doug:** You utilize the fact that their hands are coming together. If their hands stay where they are, say that's right beautiful, your hands are steadfast just like you know what's right for you in this world. They're staying right where they are and that's excellent.

What's important is that you're in the observer position and you're just letting that happen, breathing in and out. So it doesn't matter, if their hands go further apart great, you should find some reason why that's good too. You utilize whatever takes place, so whatever happens they're going into trance.

Certainly, they go into trance they're mostly in one already staring at that one spot and breathing like that. They're complying with the suggestions and going deeply. That's how I will start with them at some point and maybe if it's at that point I'll do it right there, but for most people I've done that sort of, getting the pills routine already.

So they know what trance is. They know they can be in there and they will comply to suggestions that are offered to them.



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**Igor:** So you've given them at least one experience of trance without any other agenda than to convince them that a trance experience has occurred. Then you can start layering in things like pain control and whatever it is.

**Doug:** Absolutely. By the way, I rarely am completely agenda free when I'm doing these things. It may seem that way and it may be primarily to give them the experience, but I never let an opportunity pass without...

**Igor:** For sure. So you weave in things about health, succeeding and getting through it and stuff like that. As far as the subject or patient is concerned, they don't realize there's a particular outcome that's expected of them so their mind is a little more off guard; it's like we're just going to be having an experience here and that's fine vs. right, my pain is still here. No, it's not working my pain is still there.

So they won't be focusing on an outcome, but you can weave in a couple things subtly as you do it.

**Doug:** For sure.

**Igor:** Let's assume you have that as a setup, they're coming in now and you can actually work on the pain element of a session. You've gone through your whole breaking down of the psychology of pain, the past and the future bits, the relaxation and sort of stuff that we talked about a moment ago.

### ◆ How do you actually do the main induction to deal with the pain control?

**Doug:** What I did mostly, back then and probably would do again, if I was in the hospital situation and that is Dave Dobson's beach trip induction. It's a brilliantly wonderful and what could simply be looked at as a progressive relaxation, although there's a bit more to it than that.

Its beautiful imagery that works extremely well for 95-99% of the people I've used it on. The only time it doesn't work is if a person really has a bad association to beaches. If they have, for whatever reason, fear of beaches then I'll modify it. I'll do the same induction, but with different imagery.

**Igor:** Right, like a woodland scene or a nice garden.

**Doug:** Exactly, even a den in their home.

**Igor:** I think most people are probably familiar with the general idea of a beach type trip, the visualization and stuff like that. I know you said there are some key features of the Dobson beach induction we've mentioned several times throughout these interviews, which makes it unique and more indirect, Ericksonian, whatever your way of looking at it might be.

### ◆ Could you tell us some of the key maneuvers that will be in there, so people realize the difference between a regular visualizing

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**yourself on a beach having fun vs. the more purposeful and mechanisms you put into the Dave Dobson version you’ve been talking about?**

**Doug:** One of the things I’d like to point out is that Dave is no longer with us, but his beach trip tape is available. I would highly recommend that people listen to that at some point or other, because anything I do would pale in comparison to what Dave was doing. He was really a master.

**Igor:** Whilst I might disagree with the pale imitation element, I would still agree that listening to that tape is certainly worth it. Dave was a true master of his craft and as you were saying Doug, the beach induction he’s done he’s famous for and quite rightly so. It’s a beautiful piece of work.

**Doug:** Indeed, so one of the things I think Dave was great at, and it doesn’t jump out as being totally obvious but was great at, was breathing in time with his patient. The way he did that was to watch their breathing and speak only as they exhaled. That was a brilliant thing to do.

Number one it matched/paced them and created that neurological rapport, if you will, with the person.

Number two it created a rhythm.

Just like the sound of beach waves coming in and going out, Dave’s talking was just like a rhythm of waves coming in and going out and sometimes there were variations, but it was pretty regular as well. He, of course, had this amazingly mellifluous baritone, almost basso profundo without trying to. He was very relaxed but nevertheless, a very rich voice, which he would also use.

For a guy who was nearly completely deaf, he had a pretty amazing command of his tonalities. During the course of his seminar, as a brief aside, when he would get us into a little trance to talk about fractionation, he would use a particular tonality. Then when he started the beach he’d go like all right, and shift down into that same tonality and we all had gotten anchored and used to this tonality, knowing it meant to go deeper and deeper into trance now.

**Igor:** Exactly, that’s where your hypnotic voice is set in and you just have to hear it, and off you go.

**Doug:** Impossible to resist.

**Igor:** To pause for a moment there’s something here to pull out for people who want to use this that can be a great feather to put into your caps.

Whilst you are doing hypnotic explaining and your test inductions with people to get a friendly feel for hypnosis, you are instilling your hypnotic voice on them so when it comes to the bigger work, all you have to do is shift your tonality and

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already 50% of the work is in the bag for you at that point. It's re-defining the trance just by a tonal rhythm.

I can't emphasize that enough how useful that little trick can be.

**Doug:** Yes. I guess we should just plunge in and do it. There's one other little thing, it's an anchor. Dave had this thing where you would close your eyes and then he'd say take a deep breath and roll your eyes towards the top of your head. So behind closed eyelids you'd roll your eyes up until you feel a little eye strain and then relax your eyes and let go.

That became an anchor also, which meant every time you're doing that it means you're going into trance again.

**Igor:** Right, so you have a self anchor.

**Doug:** Yes, you ask people to do that and they do it.

**Igor:**

◆ **Can you give us a demonstration of the famous beach trip induction?**

Then maybe at the end we can pull out some of the things you've been doing so people have an experience of it.

**Doug:** Sounds great.

As Dave did this beach trip, one of the things he often would suggest to people is that before you start, think of what you want to accomplish. He would have people go through a long process of writing down what they wanted and then reducing it down to 10 to 15 words or less and then finally down to a single word.

Then that one word would symbolize everything that it was they were going for. So, you might do that now and utilize this opportunity while listening. It's also something you can suggest to your clients. His beach trip tape is very general purpose. There are no real specific direct or indirect suggestions in it, for any particular purpose.

When I was using it at the hospital I would use a lot of specific suggestions within it as well.

Let's get comfortable. If you're listening in a private and safe place where you can sit back and close your eyes. If you're in a moving vehicle, then stay alert and don't pay attention to the suggestions I give for relaxation and then find time later where you can listen to it more comfortably.

As you get comfortable now, sit back, put your head back and take a few deep breaths. If you haven't already closed your eyes, do so now. With

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your eyes closed take a nice deep full breath in, hold the breath for a few seconds and then just sigh the breath out. Then take another nice full deep breath in and this time, with your eyes still closed, roll your eyes towards the top of your head until you feel a little eye strain. Then relax your eyes and exhale.

Then you can forget about your eyes and your breathing. Part of your mind has been monitoring your breathing for all these years, day in and day out. Right now I'd like you to take a little trip with me. I personally like to take my beach trips on a beach I was familiar with at one time in Sebasco, Maine. You can go to any beach you like, maybe one you've been to and are familiar with. Maybe one you imagine and will be visiting for the first time, whatever works for you is fine.

With every breath, begin to get more in tune with your beach, the sound of the waves, feeling the warm sand and sun, the smell of the salt air, that tangy fresh salt smell. You can imagine for yourself it's one of those rare and wonderful times when you've temporarily taken care of all your responsibilities, no deadlines to meet, no appointments to keep, just relax.

Enjoy the beauty of this place. Then if you like you can take it even one step further. Something I've often fantasized about but never really experienced in real life and that would be this. You can imagine that you've got this place entirely to yourself, that you can stop and stand, look down over there at the waves. You can thoroughly relax and let go, enjoy the beauty and the solitude of your beach.

Then you can go ahead and walk down to the waters edge and you notice a difference as you step down onto the sand. The sand is firmer and cooler under your feet. The froth of the waves as they come in and go back out leave a foam around your feet and ankles. As you look down into that foam it may begin to look like a lace tablecloth.

Go ahead and reach down in your minds eye and draw in the sand a number 5. As you do, begin to get in touch with a feeling, a feeling of comfort and relaxation that starts in your feet. Perhaps your toes or heels, but gradually and with every breath that feeling grows. It spreads throughout every muscle and sinew, every fiber of your foot, both feet, soothing and relaxing them.

It spreads up to your ankles, relaxing your ankles. It spreads up to your shins and calves, all the way up to your knees. Now, some people experience this feeling of relaxation as a heavy sensation. You feel your feet and legs sink down heavily into the floor into the cushions.

Other people experience it just the opposite, like a floating weightless sensation. Maybe for you it's a warm or cool sensation, maybe a tingly

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feeling, but whatever it is for you, starting today and this day forward, that symbol of the number 5 will be associated in your mind with a soothing relaxing feeling from your knees down to your toes.

Lookout, here comes a wave that starts to wash away that number 5. You move down the beach a little further now, reach down and draw in the sand the number 4, 4. With the number 4 that soothing feeling begins to flow up from your knees up into your thighs, relaxing the quadriceps and the hamstrings. Flowing up from the thighs into the buttocks, the hips, groin, all the way up to your waist.

Starting today, from this day forward, that symbol of the number 4 will be associated in your mind with this relaxing feeling. So any time you see a number 4, any time you hear the number 4, any time you read, write, dial or type a number 4, part of your mind will associate that symbol with this letting go of stress, this release of tensions from your waist down to your knees. Then a wave comes. It starts to wash away the number 4.

So you move down the beach a little further. You reach down and draw in the sand a number 3. And with the number 3, that soothing feeling flows up from your waist into the muscles of your lower back, softening and soothing the back muscles. The large muscle groups relax quite rapidly along the back while the smaller muscle groups take their time, one by one, along the vertebrae of the spine, relaxing.

As your back relaxes that same soothing feeling flows into your front to your stomach and abdomen, up through your solar plexus and chest, softening the musculature of the rib cage, allowing the breathing to become soft and gentle, gradually filling your entire torso with this relaxing and soothing sensation. Then a wave comes and washes away the number 3.

So you move down the beach a little further and draw in the sand a number 2. With that number 2, that soothing feeling flows into your shoulders and as the trapezius muscle that connects from the neck out to the shoulders releases and you might feel like your shoulders are widening, opening up and moving away from one another.

You can enjoy that feeling as that relaxation flows then down your shoulders to your upper arms, down through your upper arms to your elbows and forearms, down to your wrists, hands and fingers.

Nothing is important right now, just like when you take a nice hot shower and that warm water runs down your back, runs down your arms and drips off the ends of your fingertips. And so too you can let all tensions and strains just drain away. Then a wave comes and starts to wash away the number 2.

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So you take another step or two down the beach, reach down and draw in the sand a number 1. With the number 1 that soothing feeling then flows up into the neck muscles, continuing along the spine vertebrae by vertebrae, relaxing your neck. As your neck relaxes your throat relaxes. As your throat relaxes, if you feel the need to swallow that's all right it's natural.

As that soothing feeling then flows up along the back of the head, in between the muscles of the head and the scalp relax. It flows up over the top of the head and down into the forehead, relaxing your temples, eyes, cheeks and jaw. It fills your whole head with a calm peaceful state of mind.

Then, any time you see a number 1, any time you read, write, dial or type a number 1, part of your mind will associate that symbol with this calm, peaceful state of mind.

Then you turn and begin to walk back up onto the warmer, softer sand feeling it pressing up between your toes as you go. You might look back over your shoulder and notice that a wave has come and is washing away the number 1. So you find a nice spot up there on the beach and use your toe to inscribe in the sand a large circle, like a zero.

You spread out a beach blanket or towel inside that circle and then you just step inside, stretch out and enjoy the feeling of that warm sand as it radiates up from below you. Enjoy the feeling of that warm sun as it shines down from above and with every breath, as you inhale, you can relax a little bit more. With every breath, as you exhale, you relax a little more deeply.

But no matter how deeply you relax, part of your mind will continue to listen. Part of your mind will continue to listen, record and utilize any and every positive suggestion, every valuable idea and thought that I offer you that is appropriate for you. And, will set in motion and reinforce those outcomes and desires you have in mind for yourself.

Right now, you can just let yourself drift more and more comfortably. You don't even have to try to listen to every word that I say you can just trust your unconscious mind to do the work for you for a while, while you just drift- drift. As you continue to drift it might be re-assuring to recognize there's a part of your mind that knows how to learn, even without knowing that it's learning.

It's sometimes confusing for that conscious part of your mind. A long time ago, remember that first time you walked into that school room? A part of you was excited and a part of you was a little apprehensive. A part of you was even confused, do you remember? Remember all those alphabet symbols above the blackboard? What was the difference

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between the little (b) or little (d), or even a (p) or (q) for that matter? That was confusing then. A 3 was just a little (m) up on its side and a (6) was an upside down (9), all very confusing.

But, a wonderful thing is happening. Each day when you went to school, part of your mind is making sense of this material, having it available to you. You learned that you could sound out the letters and associate the sounds with the shapes.

As an example, you learned that (c) could be pronounced (see or ka). You learned that (a) could be pronounced (a or ah). You learned that (t) could be pronounced (tee or ta) and (c-a-t spells cat), but you knew that one already. It wasn't long until all you had to do was look at c-a-t and it just was cat, just like that.

It's nice to know that that part of your mind is still with you here now, today and you're learning. You're learning even when you don't know that you're learning. So it's nice to know that you can take all those associations with those images and ideas that you have for yourself and put that into motion now.

Now, someone once said that all hypnosis is self hypnosis and I think there's a bit of truth to that. After all, I've been here talking away and you've taken yourself to some beautiful places, beaches and done some important change work inside. So, since all hypnosis is self hypnosis, you can begin to bring yourself back now.

Take as much time as you need in the next 30 seconds of clock time to re-orient all the way back to full waking consciousness, but don't open your eyes until you're really ready to see that changes have begun to materialize, consciously and other than consciously.

And you come all the way back feeling good, that's right.

**Igor:** I'm feeling on top of the world right now. It's like one of those trances when you're thinking, just don't stop talking; keep going. That was great. I love doing these interviews, especially some of the more interesting master hypnotists who are willing to do the inductions over the recording, because I get the benefit of it also. It's my time for private therapy, so thank you.

**Doug:** My pleasure, thanks for having me.

**Igor:** There are a lot of things you were doing with that maneuver, of course, the overt structures out of a simple beach trip. But there's a lot more going on there than meets the eye.

You have the utilization of even the unconscious with a selection of things you can do and then letting it choose its own path, what type of beach wear

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and so on. You're getting the unconscious mind more and more involved in the decision-making process, rather than the conscious mind.

You have a lovely pattern of the countdown deepening, which at the same time, I felt my own thinking patterns totally distracted. In other words, I couldn't think the way I normally think because whilst I recognized the deepener was going on, at each number you stopped and you didn't just do the deepener you went off on a little mini-loop of other hypnotic experiences, each one of which sort of took my consciousness offline.

It was very interesting, the more the numbers went through the less I could keep a grasp on what you were actually saying, although I could understand everything you were saying, at the time it sort of slipped away just like the surface of the water you were describing so elegantly.

So I presume that's part of your dissociation thing you were talking about to get the mind out of its regular thinking mode and into a more possibility oriented mode is that correct?

**Doug:** Yes.

**Igor:** Then, of course, we had the age regression or early learning set, which is all about going to a younger time where the mind was preparing to learn all kinds of new things. I'm presuming that's partly also that because this is a learning time, some time for us to learn about functioning in a different way in the world.

If it's to do with pain control it's about having a different learning towards pain. If it's to do with, in this case, a more open-ended induction it's whatever purpose we came in with in the first place. So you're creating an environment in which the mind automatically gets to focus in on whatever purpose it came in for.

### ◆ Is that what you were aiming for?

**Doug:** Absolutely!

**Igor:** That would also be the time where I guess, after the early learning set is where you would be investing most of the "direct suggestions" around the pain is easing, time is passing, you can make this happen quickly and all that sort of stuff we've talked about, in general terms a while ago.

This is the point where you will emphasize because you've gone through those double deepening loops, the bit where the conscious mind goes offline and secondly, the bit where you have that early learning set creating a possibility to relate in a different way to the world.

**Doug:** That's true and it is, at this point, in time where in traditional therapy you would pile on direct suggestions. I still don't ever get quite so direct except



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in certain circumstances like I said. If somebody has told me a past experience of being hypnotised by a direct suggestion hypnotist and it worked wonderfully for them, that's what they'll get from me too.

**Igor:** Of course, but otherwise you'll be more the permissive, it could be this, could be that and I wonder how this is going to come through or I wonder if you'll have it this way, that way or another way that I haven't even considered yet? So it's still the offering of possibilities approach, but directed towards the main outcome be it pain control, surgery, weight loss, etc. that you're working through, correct?

**Doug:** Right.

**Igor:** Excellent!

- ◆ **Is there anything else that you'd like to draw out of that induction or have we hit the main sailing points that make it so unique?**

**Doug:** I think you've hit the main points very well and the subtle things I hope people are getting were in the language, but overall, please notice that there is a through line through this as well, that the conscious mind if you will or the person, however, you want to think of it can follow along.

We are taking a beach trip together. We are going from here to there. There's a direction thing that's simple to follow and yet there is something going on within those other little loops that are taking place within it. There's a through line that takes place, as well.

**Igor:** Right. This would be a classic example where a script might be interested investing in, purely because, so you can watch those maneuvers in action, listen to the recording again and see if you can catch those through lines, as you call them, as they develop and develop themes as you go through the whole induction process.

That's where so-called scripts have a real value, which is assisting you in strategically thinking through what you're actually achieving.

**Doug:** Yes, and I don't know of a script for this.

**Igor:** No, I'm not suggesting there's a script for this I'm just suggesting more, if he were to sit down and maybe write it out or listen to it rather than to have experienced it, but more for the language and strategies you're going through, that's essentially the same thing as a script. All they're doing is looking for the strategic elements of why they're all placed together like that.

**Doug:** Right and one of the things I did in an effort to learn and get better at this sort of thing is I took Dave's beach trip tape. It was an actual tape at the time, I believe it's available on CD these days, but I transcribed it word-for-

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word and I listened to it. When he paused that was the end of a sentence, I didn't write it down as one long huge paragraph, these were little phrases.

I realized that the pauses are just as important, especially for Dave, the space is just as important as the words.

**Igor:** Right, and that's actually something really worth emphasizing.

**Doug:** All right, I'll emphasize it again... when I go back to my days as a musician, Mozart said that same thing...he said the silences in music, what we call rests, are just as important as the notes themselves. He said, without that it would be like having a piece of paper that you wanted to be a doily, what makes it a doily? What makes it a lace-work is the holes in it, the holes are what give you the design.

Dave said, you need to give people space to process internally, so you need to have that little space like between the numbers, if you noticed, there were five counts between each of the numbers where I was just silent. There are moments where that's really crucial.

**Igor:** I think Erickson talks about this as well where he said the difference between doing experimental work with real deep trances where people have physiological shifts, he would literally hypnotise them, deepen the trance and then leave them along for 20 minutes. He wouldn't talk with them or anything else, for them to stew and cook in this hypnotic juice and then he'd start doing the big work with them. It's a very interesting insight that many people miss.

**Doug:** Yes, I typically, in a client session with somebody there will be a point after I've done a lot of work with them when they're in a trance and I'll just say, now you can take one or two minutes of clock time. I'll go into that little spiel of how one or two minutes of clock time a person can dream a dream that would seem to take one or two hours, one or two days, one or two weeks or even one or two lifetimes.

Just take one or two minutes of clock time now and dream a dream of integration, integrating all these ideas down to the deepest part of your conscience and unconscious.

**Igor:** That again is a very important part. It's allowing the mind to actually absorb, rather than just throwing stuff at it hoping it will penetrate. There is an osmosis going on, a sense of absorption and pauses are key.

I recognize that we're getting close to the end and I want to cover one more thing if we can before finishing up.

**Doug:** Sure.

## Hypnosis Master – Doug O'Brien

**Igor:** That is your interesting work with oncology patients, those with cancer and other conditions like that.

- ◆ **Can you give us a big overview of what it's like working with someone who has cancer or some similar condition?**
- ◆ **Can you also give us the key ideas you have to keep in mind whilst you're doing the work with them?**

**Doug:** One of the things is that you want them to believe and have a positive outlook that things are going to work out fine. I don't know if anyone with us has done much work with oncology patients, but they tend to be in a beautiful place, really.

They've come to a place of peace, most of those that I've ever worked with, with this life and death process. They start to really understand what's important in life and what's not, so you want to be supportive of that and find out what that is that they've come to. Where are they, so you can pace, lead and be supportive of that position?

You are there to help. In very many ways I felt like I was so honored to be in the room with them and to be learning from them how this process went. Then I would create an environment auditory, a type of dreamscape where they could make those changes happen for themselves and go to that place.

One of the things I would do is the beach trip tape sometimes often, with people, but another one I did very often with oncology patients where I had them walk up a flight of stairs just imagining with every number they counted they went up another step. So instead of going down, which I found from first hand experience, for some people that's like going down into the underworld, a grave or something like that, it's kind of scary.

Instead they're walking up a well-lit flight of stairs, which was really nice for them. I never had a problem with that.

**Igor:** So, instead of having the symbolism of going down to darkness, death and the underworld, you went up into the light, the spirit realm and the higher self, whatever the metaphor is.

**Doug:** Right, they'd walk up a flight of 10 steps and when I got to the number 10 the doors would open and they'd walk out into this beautiful place, the most beautiful place on Earth.

**Igor:** It's basically the same idea as the beach trip, only this time you're letting the unconscious spontaneously generate this other dreamscape, a nice word you used there, so that they have an uplifting experience of their own creation.

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**Doug:** Correct. When I was there too, I would speak in general terms. I'd be visual, auditory, kinesthetic, but very vague about it. I'd say you can look around and see all the beauty that surrounds you. You can look up at the sky and notice if it's cloudy or clear. I wasn't making it I was just giving them the opportunity to make it for themselves.

**Igor:** Right.

### ◆ What's the purpose of sending them to this place?

Of course, you'll be weaving in certain suggestions about T-Cell counts going up, health, healing and trusting their body's and so on, but there are other purposes for bringing them to this dreamscape.

### ◆ What was your thinking behind that?

**Doug:** The idea is certainly that what they're going into is a realm of healing, that there's a place. Again, ladies and gentleman I don't know if this is real or not but it's useful to have this belief that says if I go into this trance state then I can go to a place where I communicate, if you will, with my body and health processes and it will make a difference. It changes things and lo and behold, sometimes it does.

It makes them feel like I'm doing something that is really working. They feel so much better when they're done and it helps most people. So they go to this place where this can happen and then once they're there, they can do a number of things.

They can go to a place where they just relax, maybe like a beach or maybe their beautiful place is a garden, but wherever it is they find someplace where they can stretch out and relax, then while they go relax there they're totally peaceful, they can close their eyes, drift off to sleep and I'll talk to them.

**Igor:** To comment here on one of the earlier points you made, which I think was an interesting meta study that was done with people diagnosed with terminal conditions, comparing people who did nothing but regular treatments to those who did the regular treatment plus some form of visualization or hypnotic exercise coupled with it.

The meta study found that it was an analysis of dozens of other study's brought together, that on average people live 50% longer if they had some type of hypnotic intervention added to it.

Therefore, even though we can't say this will absolutely cure you and fix it, guaranteed. We can say with much confidence that it definitely increases the chances by a huge amount and it's very likely that it'll extend the life span, if not necessarily cure it.

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**Doug:** One thing I want to also add is that you need to be careful and respectful of people's places. There is a belief and again, I have no idea if this is true and sometimes doubt that it is, but there's a belief that people cause their own cancer, because they're stressed or whatever.

So people say things like yeah, you have the responsibility to cure yourself and there's almost a guilt feeling, if I'm sick then I must be bad. There must be something wrong with me, why can't I cure myself kind of thing. You want to steer clear of that. Don't use the word responsibility unless you're talking about the ability to respond, which is another nice reframe about that.

**Igor:** So the difference you're aiming at here is the difference between blaming someone for their condition, empowering them to have at least some control over the healing process to be able to do whatever it takes to give themselves the best fighting chance to live through it.

**Doug:** Right.

**Igor:** That takes us to another point, which you emphasize in your work and I'd like you to emphasize for people listening to this as well which is, whilst your job is a very difficult one in the sense that you want to give people confidence. You can't actually sit there and guarantee them and go oh yeah, we'll fix that, hypnosis will cure you and we'll get your T-Cell count up to a proper count, no problem at all and within a few weeks you'll be right as rain.

That's something that specifically with people who have got a serious condition like cancer or something like that, that's something you can't tell them is it?

**Doug:** No, its not. It's also something you want to be very careful of, because it's like doing a convincer in hypnosis where you say okay, when I count to three you'll be unable to open your eyes. If they count to three and open their eyes you're screwed because nothing else you say after that will work.

You have to be careful of your convincers. If you say something like, when we do this your T-Cells will go down and they go up...uh oh.

The other thing I did with cancer patients and others is to help them do the things necessary to assist in their own healing. For example, sometimes they would have challenges with digestion and loss of appetite, and of course, they needed to eat to stay healthy but they had no appetite and food tasted bad to them.

It often does when they're receiving chemotherapy. We've all known hypnotic studies where people have imagined that a glass of water is a glass of Vodka. It's funny in stage hypnosis, but that functionality can be useful for a cancer patient who, when they see this grapefruit it's wonderful

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to them. Because they're remembering it, even though they're not experiencing it in the real life, their hypnotic experience of it can be like oh yes, this is wonderful.

I remember working with this one woman who hadn't eaten much in a long time, because every time she did she threw up. When I was with her she was able to eat pretty much her entire tray of food and keep it down.

**Igor:** That's of huge importance when you're helping people heal themselves. That probably doubled her chances of survival didn't it?

**Doug:** Yes. It's akin, like working with the heart patients who need to quit smoking. Get them to be able to do the things that are really useful for them to increase their odds of survival.

**Igor:** Right, so to sum up in that case. In the three sessions we've been talking about, there's a theme emerging here repeatedly, which is whatever department in a hospital you choose to help out in whatever condition you're working with, if you meet with them time and time again, the first set is always find out all the stumbling blocks.

Find out what fears they have, the blocks they have, their limitations whether it be that they smoke too much, eat too much or eat too little and have no appetite. Find all those things that would be a little stumbling block to the healing process and then you target them one-by-one like a laser and shoot them down in the session out of the session through hypnotic explaining, through reframes, through my friend John's style stories and through the actual hypnotic technique, suggestions you give.

You're setting all those things up just to shoot down the stumbling blocks which exist, one by one and you won't know what those are unless you actually go in there and talk to them. The doctors will have a checklist of everything patients do "wrong", like not eating if they're doing chemo; like eating too much when they're having heart surgery, etc.

Then you can target them specifically using what you've been talking about and teaching throughout the seminar, and then it becomes relatively straightforward, if not necessarily easy, to work with almost any condition.

**Doug:** Okay.

**Igor:** Thoughts or reactions...?

**Doug:** I'm not going to argue with that that pretty well summarizes it. Through experience you find things that are generally true for most people in those circumstances, so you'll know what needs to be worked on for the most part and then you can personalize it and gain rapport with the person while you're talking to them. You can find out what little details about what's true

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for them and how they're experiencing this phenomenon that you've seen in other people.

**Igor:** Right, which takes us back to your neo-Ericksonian training, the purpose of which isn't necessarily to focus on surgical hypnosis or oncology, etc. whilst people are always free to ask you these questions as part of the seminar if that's their interest.

The thing to emphasize is that your neo-Ericksonian training gives them the toolkit and mindset to be able to go into these situations and work out for themselves, a protocol of how to proceed. Because, you're doing this questioning process, this goldmining, find the stumbling blocks and fixing it which is all part and parcel of what you do with people.

**Doug:** It is. It's client centered training. I remember Dave telling a story once while in Denmark doing a seminar and at the back of the seminar there was a man there who didn't really participate, but was watching.

At the end he came up to Dave and said, so Dr. Dobson I understand what you're saying then, if I could summarize it is basically, you're creating a situation in which the client themselves does the change work. Dobson said yes, that's about it. He said it's really that simple? Dobson said yes, it's really that simple. He said well, don't worry when you're dead we'll make it more complicated.

**Igor:** Isn't that the way of the world.

**Doug:** So far I don't think that's happened.

**Igor:** Let's hope the prediction goes wrong. All I can say at this point is that you've shared a wealth of knowledge and information. I want to thank you so much for this, it's obvious you have a good handle on how to work within a hospital setting and all the conditions within that and that you are truly a master of the neo-Ericksonian approach, this whole indirect client-centered method.

Anyone interested in your neo-Ericksonian training can come to [Ericksonian.com](http://Ericksonian.com).

**Doug:** That's right and [Ericksonian.info](http://Ericksonian.info) is a wealth of information about Ericksonian and neo-Ericksonian hypnosis.

**Igor:** Exactly, which is where they'll find this script by committee, if people are interested in the checklist and drawing out these ideas for themselves and the only reason I emphasize that is because your work is far beyond where that script is, but that's a nice example of the kind of things people can create for themselves.

**Doug:** That's right, thank you very much.

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**Igor:** Is there anything else you want to say before we wrap up?

**Doug:** They can also go to [DougOBriensBlog.com](http://DougOBriensBlog.com) where I talk about Ericksonian language patterns and hypnotic language patterns of various kinds and of neo-Ericksonian concepts.

**Igor:** Okay, those are the three sites to look out for, be sure to check them out.

You’ve now had a chance to get a taste of Doug O’Brien and what he can do. He’s a true master of his craft. Doug, thank you so much for being on this interview with us.

My name is Igor Ledochowski from [StreetHypnosis.com](http://StreetHypnosis.com).



## Hypnosis Master – Doug O'Brien

### End of Seminar

On that final note, everyone, as much as I hate to say this, this is the end of this particular session. We will be back again with another master next month.

Until then, I've been talking to a true hypnotic genius, Hypnosis Master Doug O'Brien from [Ericksonian.com](http://Ericksonian.com). My name is Igor Ledochowski from [StreetHypnosis.com](http://StreetHypnosis.com) and I look forward to speaking with everyone again in the next session.

### Meet Your Host

Each month's Interview with a Master will be hosted by Igor Ledochowski, a master hypnotist of international acclaim. He is regarded as one of the world's foremost experts and trainers in conversational or covert hypnosis.

Igor created the Private Hypnosis Club, the world's first community for master hypnotists.

He was the first ever hypnotist to release a full audio course on Conversational Hypnosis, the latest version of which is 'The Power Of Conversational Hypnosis' and is the No.1 best selling hypnosis course in the world.

Igor is also the creator of over 30 other advanced hypnosis programs. All his programs are available from:

[www.StreetHypnosis.com](http://www.StreetHypnosis.com)