

HYPNOSIS MASTERS



SERIES

*Advanced Indirect Hypnosis Strategies
With Legendary Hypnotist Steve
Brooks, Often Described As The English
Equivalent Of Milton Erickson*



Hypnosis Master – Stephen Brooks

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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: Steve Brooks



Overview

Born 21 July 1951, United Kingdom– British hypnotherapist **Stephen Brooks** pioneered the use of Indirect Hypnosis in the 1970s and established British Hypnosis Research as a major source of training resources for trainee therapists in Europe during the later part of the 20th century.

Brooks is today widely acknowledged as the world's foremost authority on Indirect Hypnosis and he is best known for his fascinating one to one "live" therapy demonstrations, usually performed in front of large groups of practitioners.

He is one of the few people able to work therapeutically with patients producing fast and dramatic changes while simultaneously teaching others what he was doing. His ability to break down his magical demonstrations into simple to learn patterns established Brooks as a major contributor to the field of hypnosis and a role model for many serious students of hypnosis.

Brooks developed the Indirect approach in the 1970s. Encouraged by Dr Milton H. Erickson, the world's leading authority on hypnosis at the time, Brooks was the first person to introduce Ericksonian Hypnosis into the UK, pre-dating the introduction of NLP by about 10 years. Brooks was subsequently responsible for creating Indirect Hypnosis training courses in over 20 British Hospitals and Universities over which time he trained thousands of Therapists, Doctors and Psychologists. As a recognized authority on hypnosis, recordings of his work have been preserved in the [British Library Sound Archive](#).

Stephen has lived in Thailand for the past 12 years and teaches for BHR and other organizations worldwide.

He was the first person to design a complete one-year on-line hypnosis course and the first person to give it away for, free.

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Introduction

Welcome to StreetHypnosis.com. My name is Igor Ledochowski and what you're about to hear is a very special interview with Master Hypnotist Stephen Brooks, which was recorded for us at a Private Hypnosis Club as part of our interviews with the Hypnosis Masters Series.

As you will hear, Stephen is not just a Master Hypnotist he's also a Master Innovator in this field. Stephen's interview and seminar will take us on a fascinating tour through advanced hypnotic principles, the secrets behind advanced covert hypnotic language patterns, as well as other hypnotic innovations and special insights that can turn almost anyone into a genuine master of hypnosis.

Listen on at the end of the interview to discover how to get your hands on over five hours of seminars and interviews revealing his fascinating insights.

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Igor: Welcome to StreetHypnosis.com. I'm here with Master Hypnotist, Steve Brooks, from British-Hypnosis-Research.com. Stephen is a Master Hypnotist in the indirect Ericksonian tradition, so, first of all, welcome aboard, Steve it's a real pleasure to have you here.

As you will hear, Steve is a Master of indirect hypnosis and hypnotherapy. His deep insights into people and their problems have given him a roadmap that anyone can follow to help others make profound changes in their lives.

His hypnotic technique is so unique that one of his inductions has even been recorded for storage in the British National Sound Archives as a national treasure. Listen on at the end of the interview to discover how to get your hands on over six hours of seminars and interviews revealing his fascinating insights.

Steve: Thank you.

Igor: Anyone who hasn't come across Steve's work yet, just a little bit of background about Steve. He has been probably the first Ericksonian style hypnotherapist in the UK for many years, as he'll tell us a little bit later on.

He basically, brought the whole field throughout Europe for many years and was even included some of his recordings in terms of sessions, including the National Sound Archives. Isn't that right?

Steve: Yes, that was in 1991, I think.

Igor: So we are talking to a genuine, bona fide national treasure. I hope you keep living a lot longer.

Steve: Yeah, I intend to live forever, in fact.

Igor: It's working so far. Whatever you're doing, keep doing it, right? So, Steve, many people in the UK already know you, but maybe in the U.S. and the rest of the world, you're not necessarily as well known. Although with your online course and things like that, you are becoming much better known.

➤ **Could you give us a little bit of background as to how you go into the whole thing in the first place?**

- How did you start in hypnosis?

Steve: It was accidental really. When I was a teenager, I was living in Cambridge in the UK I used to go to lectures at the University simply because I enjoyed walking around the colleges and the grounds and the gardens.

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Inside the Porter's Lodge, which is the entrance gateways to the various colleges, they had posters. There was a poster on one particular occasion all about hypnosis. I thought this is interesting. I'll have a look at this. So I used to go into these lectures.

I remember specifically this particular auditorium. It was sort of tiered seating, and I sat at the back because I was only a kid. Nobody actually questioned why I was there. I think they probably thought I was a son of the professor or something. I saw this hypnotic demonstration.

One thing I do remember was this demonstration of hypnotic phenomena, where one of the students was told in trance that they wouldn't be able to pick up a book. I was so impressed as a kid to see this that I thought, this is interesting. I'd like to learn more about this.

So I started reading about hypnosis, but all of the books that were available in the UK at that time were about the direct approach, or they were about self-hypnosis and were pretty basic, so I didn't learn a great deal from them.

At least my interest was aroused at that particular time. Then, somehow in the back of my mind, I always kind of decided I was going to learn how to do this at some time in my life.

Igor: So, you had this sort of initial excitement, if you like, for the whole thing.

How do you go from being in the UK in the – when was this, the '70s or so, is that right?

Steve: This was the '60s.

Igor: Oh, the '60s, even earlier, so there was really no real information in terms of hypnosis.

- **How to you go into actually starting and actually getting involved in the whole practice because it seems like almost an impossible leap?**

Steve: Well, I talked about those basic books. I kind of put hypnosis to one side, because I was so unimpressed with the books and then purely by chance, I came across a book in the library called, *The Practical Application of Medical and Dental Hypnosis*. It had three authors, one of whom was Milton Erickson.

There was nothing really about him in the book, only his initials after certain excerpts of his work. I just thought his particular contribution to the book jumped off the page, it was so impressive.

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So I thought, I've got to find out who this guy is, but there was nothing else around at that particular time, apart from in 1971, there was a book called, *Hypnotic Realities*, written by Ernest Rossi with Erickson. That book – and it still is – one of the best Ericksonian books, I think, specifically about language patterns.

Igor: It's a wonderful volume, isn't it and it really brings to life the essence of a lot of Erickson's work, doesn't it?

Steve: Yes, and it's very simple. You need to kind of go over it many times, but Rossi is very good at summarizing and being very precise and concise in his writing, especially about Erickson's work at that time. So it's a great book for learning language patterns.

He also did some chapters for the collected works, which didn't come out until I think quite a lot later, probably the early '80s, in a similar vein with transcripts of Erickson's sessions, broken down with Erickson and Rossi commenting on what was happening. That's why I started getting seriously interested.

But, at that time, I was in the music business I wasn't working as a therapist, but it gave me confidence to really think about working professionally as a therapist in some way.

Igor: Let me ask you my next question.

➤ **How did you end up making the switch then from a professional musician to a full-time and thriving hypnotherapist?**

Steve: Well, I went freelance in the music industry. I was working as a producer, songwriter, engineer and other kinds of things. I went freelance rather prematurely but didn't have enough contacts, so I didn't have enough income.

It was literally a case of thinking maybe I can make a living out of doing hypnotherapy, naively thinking that I guess, because I hadn't done any training.

I'd read a lot of Erickson by then. Mainly, that is to say, *Hypnotic Realities*. I decided to have a go at setting up a practice. It was actually almost too successful because back then– this was the late '70s, I was living in Essex in the UK– there were only three hypnotherapists in the telephone book for the whole of the county.

So, when I advertised in the local paper, I was swamped. I had so many clients that I couldn't cope. I was actually working in five different towns one practice in each town, every day.

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Igor: Wow. That's quite intense, isn't it?

Steve: And it continued like that for 12 years, I worked solidly for 12 years like that. It's really at that point when I started doing that. I thought I have to maybe do some courses. I just assumed that courses would give me a lot more than I already had from books.

I did some training courses. I did one complete diploma course, which was with the most recognized body at the time. It was awful. I ended up teaching them about Erickson on the very last day of the course because they hadn't heard of him.

It was that that made me even more confident that I had something to offer. It seemed to be because I didn't have time to kind of think or get scared really. I just worked with patients because they came every day. I used to get papers from Erickson and the American Association of Clinical and Medical Hypnosis. I think they were in New York.

I'd get an Erickson paper; this is before they were collated and published. I remember getting a paper about dissociation and hallucination, positive hallucinations, negative hallucinations. So, every patient I had for that week, I just assumed I'd be able to induce negative hallucinations.

Igor: That's how that old saying goes. *'The reason you have a private practice is so you can practice privately.'*

Steve: All those patients – The term I use is patients, because I've done so much teaching in the hospital, but I know a lot of people prefer client. For me, they're friends. They're not either. All of those patients at the time were my guinea pigs, and I have to say that I learned pretty much everything I know from them because I just took an idea and a principle from Erickson, and then just played with it, and then explored it.

With every new client that came in, I just explored it. That's how it kind of developed really over that period of time.

Igor: You said something very interesting, though, which is this idea that you took a principle.

Then, because you had all these clients to work with that basically, needed your help, you got to play with it and you let their minds teach you what is good hypnosis, because they'd react one way, and rather than saying no- no- no you must react this way because that's what the book said, you didn't do that, did you?

You just turned around and said, okay, well here's the principle. I'm throwing it out there. Here's what I got back. Well, let's try it this way

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now. Let's try it that way. In so doing, you created this much richer sense of how people work; the mental dynamics and so on, right.

Steve: Yeah, but I don't want to take credit for that because I wasn't being particularly clever by focusing on the principles. It was simply that Erickson didn't teach techniques. There were no books listing all the different therapeutic techniques you can use.

It was only when NLP packaged a lot of Erickson's work and streamlined it into teachable techniques that we got the idea about therapeutic techniques from Erickson.

Even now, they're very limiting. In fact, I do advise people not to stick to techniques once they've learned a technique it's really just a means to an end. It's a way of knowing the principles behind what you're doing. You should then let go of the technique and develop your own techniques based on their principles.

At the time, I didn't know any of this. I looked at all of Erickson's work, and there were no techniques. They were just ideas, concepts, experiments and principles. So I had to create my own techniques.

Then I discovered anyway that if you create a technique and it's too limiting or too structured and formalized, what happens is the second patient comes in, but they're a different person, they don't respond in the same way so you have to adapt it anyway.

So, I never really was using techniques. For example, the idea of scripts seems totally ludicrous to me as a therapeutic approach. It's fine for learning principles or language patterns, but to actually use scripts for therapy, seems to be doing an injustice to the patient, because they're not just a robot. They deserve much more than that.

Plus also, it's very boring working as therapist using scripts all the time.

Igor: I have to say I agree with you, because this is the thing where people get stuck. They think that all they need is more techniques. Whereas, what that little thing pushing them from the back of their head is not saying you need more techniques, it's the techniques that you have aren't satisfying because you haven't learned the principle behind it yet and that's where people get free.

I really like the idea that you, almost by accident, fell into this approach. This approach that you don't get trapped by some core technique you think is going to be the best thing ever since sliced bread, and then everyone you meet has to do the technique.

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Instead, you work at the level of principle which ultimately, although I guess it could cause a lot of confusion at the starting point, creates a lot of freedom for you because now you don't have to think about things anymore. They just kind of come out in the way that that person needs and the interacting shapes itself naturally, right.

Steve: Yeah, things are different because, as I said before I started teaching, I was working for 12 years as a therapist with nine patients a day, five days a week. That's a lot of practice.

Igor: For sure.

Steve: You can't get that kind of experience on a course. So the techniques evolved, they came from my applying the principles. Now, we don't have the luxury of having that kind of situation. Unless you're working a hospital or some kind of funded practice where you have a wealth of patient's coming in every day.

Then, you can, of course, in that situation, if you're working for the NHS, you're limited by all of the criteria they put on you – what you can and can't do. If you're in private practice and you've got that many patients, my goodness, what a wonderful opportunity.

Now, of course, we need techniques. People go on courses because they want that toolbox. The problem is – and I've heard this from someone else. This is not just my terminology here. Someone described NLP as 'fast food therapy' because it's highly structured and streamlined.

NLP is good because of the principles and because people have taken those principles and created something that can be taught. The important thing about that is you have to take the principles and continue creating from that. Otherwise, NLP will die. It will become stale because it will never evolve.

I think that the developers of NLP very much believe this to be true, that for NLP to survive, it has to evolve. My fear for NLP, for example, is it will become stagnant. It won't progress beyond the techniques that are taught. One of the reasons this has happened is simply because people have not been teaching principles, they've been teaching techniques.

If you go to the principles – it's like an artist. You have a palette with colors you're not painting by numbers. That's the art in therapy is that you are not following a strict pattern. You're applying the deeper understanding of what causes problems and what maintains them.

You're then applying your own skills – they're not techniques. Skills are not techniques. You understand; technique is a process. So you're applying your skills; that is, your ability to communicate more effectively,

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for example, to build rapport or whatever, or to put someone into hypnosis. You're applying your skills to take that palette of colors to do something wonderful and very creative for that person that makes a huge difference in their life.

This is the essence of therapy, of course. It's not about just fixing people either. Unless you come from the principles, you'll end up bored. You'll probably give it up. You probably won't carry on as a therapist.

Igor: I think that's a very wise thing on both sides of the coin.

1. On the one side, of course, you've got the clients who don't have cookie-cutter problems.

Two problems may look the same on the surface, but, may actually be caused by different things or work differently on the inside. So, to try to force them through a particular process is not necessarily the best thing.

For example, the best NLP practitioners that I know, are the ones that may start with one technique, and halfway through, they'll abandon it and do something completely different. This tells me they're now working at the level of principle, rather than at the level of, no, this technique works because I saw it work, and I'll have to work it the way it says on the tin.

Steve: It's funny, but it's not that funny, is it really? It's actually scary.

Igor: I can understand why people do it because techniques are like scripts; they're probably a more elaborate version of a script, in the sense that the principle's more obvious inside of them, but it's something that appeals to the conscious mind. It creates that sort of certainty of, like I know what I'm doing I just have to follow the instructions and it's all good.

Whereas, they don't realize that the real power and the real safety comes from the uncertainty. From having to trust the unconscious and going in there knowing that whatever happens, the next thing that the client says or does will feed you exactly the response you need to have for whatever your next step is going to be in the process of therapy, and so on.

Steve: That's correct.

Igor: As you said, it keeps everything fresh and happy for all concerned.

Steve: Yeah, who wants to spend their whole life watching people slumped in chairs while they read off a piece of paper? I can't think of a worse job.

If you're interacting with someone and seeing miracles happen in front of your eyes, because you're empowering them from within themselves to

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make those changes, you look back on your life and think I couldn't have done any better. That's an amazing feeling to have when you're old, look back and think, my goodness I couldn't have done any better.

What you've done, you haven't taken credit for yourself. You haven't said you're the all-knowing guru and you're going to change someone's life or you're going to be powerful. It has nothing to do with therapists at all. It's all to do with the patient or client.

Can you imagine how rewarding that is for a therapist to be able to just watch someone change because you've created a context, in which it's possible? That is an amazing feeling.

Igor: I can totally understand it, and it's the bit where everyone like in hypnosis the magic of this and the magic of that. I think what you've just expressed is the magic. It's when you're a part of something that's greater than you as a person and them as a person. You're part of some greater whole that you both tap into, and that's when everything gets more exciting.

That's when you can have people who – I'm not saying this happens every day, but you can have people who have had some major abuse or some major problems in their life who have had them for 30 or 40 years. It's almost like a religious ceremony. The next day they are totally transformed they're different they're happier and healthier.

Why? Because they've found something inside themselves that they forgot about or they didn't realize they had in that way or something like that. You can't find that by just saying go and find it. You allow it to emerge by creating the right context for it to come out.

Steve: Yeah, and it's not just working on what's been in the past. It's also working on what's going to be coming in the future, because you can't help but influence another person's behavior simply just by your presence, you're going to change the way they feel and think, and that will affect their future.

That short period of time you're together, whether it's a few minutes, one hour or three or four hours of therapy, is such valuable time because the therapist has the opportunity – and they should feel privileged that they've been given that chance – to be in the presence of someone who needs help.

And, that they have the opportunity to make some changes that will have a knock-on effect, like a row of dominos knocking each other down way into the future and that's how therapy should be, it's not about just fixing something in the here and now.

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It's not just about making someone feel okay today because they felt bad yesterday. It's about setting in motion a whole cause and effect chain of events that totally takes them to a wonderful life.

Igor: We've digress a little bit when we're looking now at the, shall we say, the essence of therapy and I think that's a very important thing. But, I'd like to pick up a little bit on a thread that you presented earlier on. This idea that you started by listening to Erickson – not listening, shall we say you were reading his reports and his articles and so on.

Then, you actually ended up corresponding with Erickson directly.

➤ **Could you tell us a little bit about how that happened.**

- What it was like to speak to the big man himself?

Steve: Well, it was nothing particularly impressive. I didn't know much about him, only that he was good. Someone at the American Society of whatever in New York put me in contact with him, and I wrote to him two or three times.

I got some papers and letters from him, of course. I was talking to one of his daughters, Betty Alice Erickson, who was his main subject, in fact. I was talking by email, not personally recently last year, about this because Erickson had made a comment in one of his letters to me that I was able to somehow pack an awful lot of information into just a few words.

She said that he never, ever gave compliments, so I was quite flattered about that. So I take that as a compliment.

What happened was I got papers and I just used to think okay, I'll have a go at this. This was very early actually, before I started working as a therapist. In fact, I'd started reading the books. Well, *Hypnotic Realities* was the book. The papers hadn't been published yet. So I started reading *Hypnotic Realities*.

I was asked to give a talk for the wives of the Rotarians in Brentwood in Essex. So, I said yes. I'd never, ever hypnotized anyone. I'd never done a talk. So, I did this particular talk and I remember for about 10 minutes before I went and did my talk, I spoke to one particular woman. Obviously, what had happened is I had built rapport with her somehow. I wasn't doing it consciously. When I did my talk, I thought that's it.

After about 20 minutes, someone said, aren't you going to show us? I suddenly thought, oh my goodness, I've never done this. I've never hypnotized anyone. It was literally like that.

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I'd just had a paper from Erickson and it was a paper on negative hallucinations. So I thought oh, if Erickson can do it, I can do it. I thought well, how do you hypnotize people in a group? I didn't know. I thought stage hypnotists do this hand clasp thing. So I got them to clasp their hands. I'd never done that before, obviously.

Luckily, one person could not unclasp her hands. Everyone else could pull them apart. So I was a terrible stage hypnotist. This one woman couldn't pull them apart; it was the woman I had spoken to for 10 minutes prior, so obviously that's a demonstration of rapport, which is very important.

I got her up front. In one of Erickson's papers about negative hallucinations, he talks about how he does this indirectly, so I just copied the technique. So she was sitting there and while she was in trance, I nodded to her friend and indicated non-verbally that I wanted her friend to leave, or pretend to leave the room.

So she got up, went over to the door, she opened the door, closed it, and then came back and sat down again. So I said to my demonstration subject, you're friend had to go. She says sorry, she will see you later she's had to leave, so she's not going to be here when you come back and that was it. Then I carried on with something else. I can't remember what I did.

When I brought her out of hypnosis, I just said to her, have you ever seen a wine glass levitate. She said no, of course not. I just nodded to the friend, and the friend stood up, came up to the front and picked up the wine glass.

My subject just went white. She backed off in fear as this wine glass just floated in front of her, because her friend was totally invisible. Can you imagine how I felt? I thought okay, Erickson did it. I can do it.

Igor: I like this hypnosis game.

Steve: Yes, it was a lot of fun. I did exactly the same thing a month or so later at another talk, I was invited to do for something called an 18 Plus Group in Chelmsford, I think it was. I did exactly the same thing but, in this case it was the woman's brother that I got to disappear.

This time, I said, have you ever seen a beer bottle levitate, because it was in a different context. He would step forward to pick up the beer bottle, and it levitated. She went white and backed off – exactly the same response. Then the beer bottle lowered down, and I said to her listen, beer bottles don't levitate by themselves do they? She said no, but I just saw that.

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I said I have an invisible friend. Would you like to meet my invisible friend? She looked very nervous. I said put out your hand. She put her hand out and I got her brother to shake her hand. As he shook her hand, she passed out on the floor. She just passed out completely.

I thought they're not fooling here. They really are experiencing this. I thought well, if you can do this in such a simple way indirectly without even giving a direct suggestion that you want me to see someone, just by implication, can you imagine what you can do if you're doing this in therapy?

This was very re-assuring to me. That's how the whole Erickson thing happened in terms of his papers. I'd get them and just very naively think, well if he can do it, so can I and there was no doubt.

Igor: I think this is a great story, particularly in terms of people's path to mastery hypnotists. When we get our conscious minds involved, we are far too likely to start projecting fear and doubt and so on. As a result, if you just dove in, had an experience and did those things instead, you'd end up getting the kind of reference experience eventually, on which great hypnosis is based.

Let's put it this way. Making some poor girl pass out with fear is not necessarily the happiest start in life, but at the same time, it gave you such absolute confidence in the tools, how else could you respond other than to do great therapy? It sets a great path, doesn't it?

Steve: Absolutely. The fact is, I've never ever taught without doing demonstrations with real people, real patients. It's very important for me, but I know a lot of people are scared to do that. They're scared to teach and then demonstrate what they teach because they're worried about what happens if it doesn't work out.

For me, I've never had any fear about that because I'm totally certain that I can get results. Maybe it's that congruence, that certainty in the way I work. Plus, there was another aspect, of course, which is about the Ericksonian approach.

It's implication. It's all indirect. Nobody knows what you're doing, so there's no failure. It's not as if you're saying you will not be able to open your eyes, and then they can. You don't tell them that they can't open their eyes it's all implied. Then, when they can't you say oh, isn't that interesting how come you can't do that?

You didn't know you couldn't do that. Isn't that interesting that that seemed to happen all by itself? So, you kind of give them the credit for it, rather than you taking credit for it, because that's disempowering them if you take the credit. You give them the credit for it.

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However, if they can open their eyes, there's no problem because you haven't told them they can't. Do you understand what I'm saying? It's a coward's way to do hypnosis. Once you understand the principles and you feel competent with the skills, then there's nothing to stop you from getting better and better, because no one knows what you're doing.

Igor: This is interesting because this is exactly – when I teach conversational hypnotherapy, most people don't get this idea. It's actually a lot simpler doing it conversationally, because everyone thinks oh, it's so tricky and it's difficult. But no, don't you get it?

1. You don't have to know what the whole therapy is going to be. All you have to know is what's the next step. They'll give you the next reaction off which you work.
2. How can you possibly fail because usually you're done before you've even started?

If something 'fails', they're not going to know you've done it in the first place, so there's no loss of face if you're concerned about that. More importantly, there's no loss of momentum because as far as they're concerned, you're just throwing in interesting ideas, interesting things, and so on.

You haven't even started formally yet, so there's no failure as long as you just keep experimenting, keep exploring, until you find that magic combination in people's minds where the unconscious unlocks and presents to you the issue, presents to you the solution or whatever it happens to be that you're looking for.

Steve: Yes. Hypnotherapy – there are two things.

- i. There's hypnosis, and
- ii. There's therapy

In hypnosis, what you're doing is you're working moment by moment – let me speak for myself. I don't know what I'm doing when I work. I haven't got a clue what I'm doing.

Moment by moment, I'm watching for responses, non-verbally and verbally, because I like people to talk to me when they're going into hypnosis because it gives me more information. It's not totally a passive experience for them they're interacting.

Igor: For sure. Absolutely!

Steve: So, I watch them, I listen and I ask them further questions, but my questions are guiding them indirectly into a trance.

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My outcome is to get them into trance, obviously. The way I'm doing that is to utilize what they give me and observe the response when I ask them a question. So, the principles there are observation and utilization. They work with each other continually.

As long as you observe and then utilize, when you utilize what you've observed; observe the response to what you've done, then it creates a wonderful kind of sort of cycle. But you just keep doing that, keep doing that, keep doing that. You're not following a particular path in that particular moment. You're just watching and utilizing all the time. That's to get people into trance.

The therapy is a little bit similar but it's a bit different, in that with therapy, what I'm looking for is the fool. I'm look for the fool within every person. By that, I mean the part of the person that is somehow maintaining the problem or is not enabling them to see their reality.

It's like there's this fool in there, which believes its right, believes it knows how to do things better than its own conscious. It's like the conscious of the person gets in the way and has limited awareness of what's happening and it's that foolish part of the person that I'm looking for.

The way I do that again, is to observe and utilize. Then sometimes, I will observe and won't utilize it immediately because I think okay, I've just found where the fool is hiding. So, if I utilize it straight away, they may be onto me and they may sabotage what I'm doing. I'll hold back the utilization, and I'll keep on observing.

I'll ask other questions around what I've observed until I get enough information. Then I will re-phrase my questions in such a way that they start to trap themselves. A little bit like a barrister might do in a court. So, I get them to actually verbalize the actual patterns that are stopping them from getting better. If I can, I'll get them to verbalize. If I can't get them to verbalize it, I'll get them to become aware of it.

The reason I call it a fool is because when they become aware of it, they often laugh at themselves and say my goodness, how could I possibly have been doing that. Now I know and understand. That's the realization. They may not say those words, but that's what I'm looking for because at that moment, they completely let go of all of their old patterns.

I don't mean they let go of their actual problem patterns, but they let go of the part of them that's preventing them from getting better.

Igor: Right. This takes me back some years now. I remember we did that little hypnotic project where I watched you teach a seminar for a week, and I was in trance the whole time. We did the little unconscious call-back at

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the end of it. What you're saying right now sounds very similar to the kind of thing you said then.

I can't clearly remember everything that was going on, but something that was very clear in my mind was this idea that when you're working with someone, you'll find that little vulnerable area – I think you called it the bit that makes them squeak.

Then, you'll gently prod it over and over again. You don't say oh, there it is. Let's put a sticking plaster on it. You'll prod it here, you'll prod it there and each time, they squeak and squeak, until suddenly, they're aware of it. That's the point where everything gets a shift, the ability to transform something.

I don't know if you recall that time, but I find that very, very interesting. Especially, when it sort of started slipping out of my unconscious without my even realizing what was going on.

Steve: I don't recall. I vaguely remember teaching you, but I work with a lot of people. I don't remember the specifics of the session, but the general structure is right.

I will chip away until I get to the essence of what is preventing the person from getting better. You see I'm not that interested in problems because as far as I'm concerned, problems are caused by people becoming attached to things. Like attached to wanting something they can't have, attached to wanting to keep something that's going to deteriorate or get lost or stolen. Attached to happiness that is superficial.

For me, all problems are based on that, and that comes from my background in Buddhism. Anyway, so I'm not that interested in the actual cause of problems. I'm more interested in what stops someone from getting better. What stops them from actually getting over their problem?

If you help them learn how to develop the strategies for getting better or get the part of them that gets in the way, get that out of the way, then they can get better by themselves.

I'm not interested so much in doing therapy. I'm interested in people doing therapy on themselves because that way, they actually feel that they've made a difference. You were a witness to that and they know instinctively that they couldn't have done it without you, but they don't give you all the credit. They feel empowered to carry on their life and be able to handle other situations. That is good therapy.

Where a patient keeps coming back, you know, now I've got this problem, now I've got that problem that's not good therapy. Good therapy is you don't want to see that person anymore. They should be with you for a

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short period of time and then they're away. If you're a good therapist, you don't see them for many, many sessions because you've empowered them to handle their own life.

Igor: I think there's a very clear distinction between a good therapist and a poor therapist.

1. One is your stereotypical Freudian psychoanalyst who, for the next 20 years, will talk about the same rotten issue until everyone's blue in the face and comes to accept that they'll never be better.
2. Then you have, of course, the one magic pill that everyone's looking for. You have one session, and the person never needs to do anything again.

Of course, depending on the type of problem and the individual and so on, it will sometimes vary in between. Sometimes you may need a few sessions to get the result.

- **How would you decide, or how would you know if someone is a good therapist doing good work, or whether they're just being led up the garden path, going down a blind alley and not really having the full positive impact they could be having?**

Steve: Good therapists are totally committed to other people. They're not doing it for themselves. They benefit certainly, by being a good therapist, but they're not doing it for themselves. They're in that business or that particular art form because they can make a difference in other people's lives. They value other people, and they want to see other people be successful, almost regardless of what field they're in.

I've worked with many therapists, and in a bizarre way, I'm hoping they're going to be better than me. This is the kind of crazy stuff. I'm hoping they're going to be better than me, so I'm doing everything I can to empower them to go and be better than me. That means I've done a good job.

If I look back over my life and think, well, hang on a minute. No one's been able to do any better than me. I've done a bad job as a teacher. Do you understand? It's the same with therapy. What you're doing is you're totally committed. So, good therapists are totally committed to other people, and not just within a therapy context because you can't switch on and off compassion.

If you are a committed therapist, you are compassionate. That means you love people. The way you do that is to see within every person, even if

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they're bad, you see something of yourself. Then, it's like you're doing therapy on yourself, you think would I like to have that life? No way would I like to have that life.

Everybody deserves to have the same chance and a good quality life. So, your job as a therapist is to empower people to have that. So good therapists are totally committed to others and the way that impacts on you as a therapist is it means there's no limitation to what you can learn. You're continually learning, studying, working and training.

Recently, on my course, I had someone who said they wanted to come do it quickly and then leave. My students wouldn't take that. They actually wrote to him on the forum and said this is not the way it works you don't just come in and take what you want and off you go and you change the world. It's not going to happen that way.

The very fact that people train and they qualify, they graduate, but they don't stop. They keep coming back. I'm talking about an online course here, which is free. You continually improve yourself and find new ways of helping people because you're committed to other people. You're not committed to yourself so much as other people. Then, you just go along for the ride.

Igor: Those kinds of things you just said there, I'd like to kind of pull out again to really emphasize for people. First, I really like your frame that a good therapist is committed to other people. I think you use this phrase very nicely, that there are no limitations.

I see a lot of times weak therapists or weak hypnotists who are attracted to the Ericksonian approach because they're risk of failure is lower and so on. When I say a weak therapist, I don't mean this whole power and control angle, but it's very much what you're talking about here. They're so wrapped up in their own issues – I don't want to fail; I don't want to appear to be a bad therapist; I don't want to suggest something and it fails on me.

They're so driven by their own insecurities at that point that the attraction to an indirect approach comes from the wrong place because it's about not wanting to fail.

If you switch it around though, and go the compassion route, the sense of I want to help others, it really doesn't matter if you fail because if you fail now then just do something else, because now you're committed to help that person make a change.

It's kind of like when you commit to anything else in life. If you're committed to running a race and you stumble, you don't just lie down and go, ouch, that hurt. I'm going to keep lying here now, or I'm just going to

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go home. I don't care anymore. You're going to go, all right, I fell over and it hurts. But damn it, I'm getting up and I'm going to do it again.

I think there's a huge shift in attitude, which if people really adopted it fully, would in one fell swoop get rid of most insecurities people have around hypnosis and unfortunately, there's a lot of them, isn't there?

Steve: People feel vulnerable. Therapists feel scared the first time. They hypnotize someone and they feel scared when they see their first patients. It's only natural, I guess. I think I probably did as well, although I didn't have much chance to think about it. So that's kind of natural.

What is important here is what you're saying about where you're coming from. Are you coming from your head, or are you coming from your heart? Good therapy can happen over the garden fence, one neighbor talking to another. If that person really cares, compassion heals it's an absolute fact.

Scientifically, proven through research, giving love or compassion, especially if it's unconditional love, because that's the form compassion takes it's unconditional, you're not asking for something back. It absolutely heals. It brings about changes in the immune system. There's a change in the T-cell count. We can affect genetics with compassion.

So, just by caring you're going to help someone heal. If you start with that as your foundation that you care about people and you feel compassionate about helping people, and you show compassion and give compassion – it doesn't mean you don't have to charge. You can still charge money.

Everyone has to live. The point is you come from that particular place, from your heart. Immediately, you're going to be a healer. You're going to start doing good therapy and everything you build on that is going to just enhance that.

If you come from a position of insecurity or uncertainty, guess what, people in hypnosis are very sensitive, they pick up suggestions indirectly. If you're coming from a position of a lack of confidence or insecurity, you're going to be suggesting that to the person. They're going to pick it up and they're not going to come back because they're not going to be confident in you.

If you just come from your heart, they're going to keep coming back to see you because they trust and they believe you. That's, of course, where true rapport – I don't mean matching physiology, but true rapport—happens from the heart.

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Igor: I think that's a wise thing and a very true thing. Anyone who's worked with people in any kind of depth, I think will have a real sense of what you're talking about there. I think there's another thing that comes out of what you're saying there, which is something that again, took me a while to learn.

When a client comes in, they're so wrapped up in their problem they're doing kind of a negative hypnosis on you, the hypnotist, to want to believe them. It's so important to be able to see through that. You were saying that you've got to be able to see something inside of the other person, some part of yourself.

But, I also think a step beyond that, you have to be able to see them healthy and happy the way they could be if they weren't trapped by this illusion they call the problem. The problem isn't real. It's just the story they're telling to themselves in order to have a problem.

I'm not saying that owing someone money or that someone is going to put a gun in your face next Tuesday because you know it's going to happen, whatever it is. That's not going to cause any kind of problem. But, mostly the thing that people have is the fear of something happening. It's the paranoia, that something is going to happen and it's the sense of their lives going out of control and so on.

All these senses are created internally. If you believe them, just at the surface level, then that's all they can be. If you can see that as like, yes, I see that. That's where your mind is right now. Beyond that, there's this vast wealth of potential that you could have in terms of experiences, and you're not having right now.

If you can see that, if you can see them healthy and whole then that illusion, that thing that's trapped their mind becomes a little easier to go through. Then, your whole therapy becomes easier because you're not running around the same thought loops with them.

You're saying how can I get you out of that thought loop, rather than wow, I'm running on this thought loop and it's not going anywhere. It's intense. I'm sorry. I don't think you can be helped.

Steve: Yeah. The worst thing that can possibly happen in therapy is for the therapist to buy-in to the plot line or the story the patient gives them. It can happen. Some patients do need to talk and you have to give them that space to talk simply to maintain rapport.

If you start to really listen and buy into it, you end up as confused as the patient and you won't be able to be objective, stand up and make decisions for them. The reason people go to therapists is because the therapist isn't them. The therapist is able to be objective, stand outside of

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the problem and see it in a different light. So, it's very important not to take on board everything the patient says.

When I'm working with a patient, I give them space to talk. But to be honest, I'm not that interested in their conscious mind because if they were telling the truth they wouldn't be with me. If they were actually right in their analysis of their problem, they wouldn't be sitting there with me they'd have fixed it themselves.

The very fact they're telling me all this stuff means that what they're telling me is not enough. It's not right or it's not accurate, so I'm not interested in it. I just look for things like events, dates and patterns that they're telling me.

They're filtering it, of course. They may not tell me everything because they're telling me a script that they think I need to hear. Of course, it's the wrong script because if it was the right script again, they wouldn't be with me.

So, I'm not interested consciously too much. I'm more interested in going deeper beyond that and seeing what their unconscious mind can do. So, I'll just nod my head politely and then ask them questions which evoke unconscious responses. It's the unconscious responses, which give them some kind of insight into how they're maintaining their problem.

Igor: At that point, you have at least the doorway to freedom because they go oh, now I have a choice. I think this is another thing that comes out of what would be a good therapy, which is its not making problem's go away or taking away problems it's giving them a choice, which includes the choice to sometimes be afraid because it might be appropriate rather than, I'll never be afraid again.

Steve: Yeah. The thing is most people come in with their problem and they want you to reduce it or take it away. Some people want you to give them something different. That's nice and positive. Most people want you to take something away that they've already got that they don't like.

They become very attached to not wanting it, which actually makes the problem worse because they become obsessive about it in some cases because they become attached to it. What they're bringing to you is often not the problem. They're bringing to you their own personal way of coping with it.

So they say look I've got this situation. I smoke too much or I do whatever behavior and they'll say I want you to take it away. They don't realize that their actual problem that you're presenting to you is their own personal way of coping with something at a deeper level.

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They're presenting the symptom. Now, in my mind, the symptom is not the problem. It's the result of the problem. It's the response to the problem. It's a way of coping. People have a symptom because it somehow enables them to get through life more easily. It's like their personal therapy.

So, they're coming to you saying look, I want you to get rid of my way of coping, I want you to get rid of my personal therapy. They don't think of it like that, but that's what they're actually telling you. If you just say, okay, fine, I'll take away your therapy you're not actually working on the problem.

What happens, of course, is they find some other way of giving themselves therapy because you haven't dealt with the actual cause.

Igor: Exactly. That's one of the main reasons why, again, you don't believe their story when they come up with it, because then you just do the whole band-aid therapy and it'll either, undo itself or something else will come up.

If you dig a little bit deeper, see how this person can be totally healthy, happy and enjoy their life, then you're asking a very different set of questions, which means you may end up doing some band-aid therapy. That might be all that's required at that point.

But you may end up adding some other bits in there as well, which makes sure that the band-aid actually lets their wound underneath heal properly, rather than just hiding it.

Steve: Yeah. Absolutely! You put it in a nutshell really. It's about them having a happy life. They want to be happy, and they're not, specifically, in one particular area, in the one that they present to you. They want to have a happy life.

Some people leave therapy when they're actually getting better, but they feel okay. They feel happy because now their problem or their symptom is reduced. We couldn't maybe get rid of it completely because it's a lot deeper, and they can't afford to come back for more therapy or whatever. So they're often happy to go away with a new symptom that you've given them.

Take something like an NLP with, I think they call it 6-step reframing, a technique that I know people still use. The principle is you take one symptom and replace it with something that is better, something not so devastating or crippling in some way.

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Some people are happy with that, so therapy isn't necessarily about taking away a symptom. What it's about is someone being happy. All therapy – all problems are a question of perception. It's just about perception.

Say someone decides to commit suicide today. Death is not a problem for that person. They're not worried about death because they've decided to commit suicide. They want to die, so it's not a problem. It's perception. For that person, death is not a problem. For others, it is. It's just a matter of perception.

It's the same with all problems. People perceive themselves to have a problem because they're not happy with what they've got. They want something to change. They want more of something, or they want less of something.

They want to move towards something different or they want to move away from something they've got. It's because they're attached to not having or having. It's about attachment.

If they let go of that and they have no attachment to moving away or moving towards, they're happy. They're actually content with how things are, and so the problem ceases to be. It disappears because they're not attached to wanting to change.

Igor: Something that I think is important to point out here, what you're not saying is everyone just go off and lead miserable little lives and never do anything with your life. That's a completely different thing to saying, if you accept where you are in life, without the need that you must change it, then chances are your ability to transform it will skyrocket.

There's an old saying that I really like, which is, "*What you resist will persist*". It's what you accept that you're going to vow to transform. This is where people get themselves in trouble. They resist life, rather than accepting it as it is right now. Rather than push the river back upstream, realizing the river is going to go downstream anyway.

I'll ride along with it, and see if I can steer myself to a happier shore, rather than just sitting here splashing because I don't want this river to flow anymore.

Steve: If someone's anxious and want to get rid of their anxiety, what do they do? They try to relax. Now listen to the language. Try to relax. That's their words. They would say I'll try to relax and an even worse scenario is the therapist says to the client, try to relax.

So the person then tries to generate a feeling that is completely out of their frame of reference. The more effort they put into trying to relax, the

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more they realize they're not, and so they actually become anxious about not being relaxed. So it doubles their anxiety.

It's almost like people have problems because they try to solve them. If you actually let go of desperately wanting to solve something, what happens is there's no attachment to it anymore. You feel much more relaxed about it, so you're suddenly freed up. Then suddenly, you're able to access the resources that you need in order to solve it and resolve it.

It's a bizarre situation, but most people are trapped in this whole concept of trying to do something and that therapy should be painful and should take years. It's about trying to get better.

When people come to see me, I don't want them to try. I want them to just not bother. I want them to just let go and just be there and have a great time while they just drift off somewhere else to never, never land, while I talk to their unconscious. The unconscious doesn't take on board this whole concept of having to try. It just does. It just does things.

As soon as we can get the other person out of the way – the conscious mind out of the way, we then get our therapeutic foot in the door, and we can make changes happen. It's because people get so desperately attached to wanting to be different that they can't be different.

It's sad. I actually feel very sad when I see how people are trapped. People can be quite aggressive sometimes. I don't mean patients. I'm talking about everyday situations. You know something like road rage. If someone is aggressive to me, I feel an outpouring of compassion and love for them. I feel so sad for them because they're having a miserable life because they want to change how they experience their reality.

So what if someone has just cut them off or someone has turned without indicating it, something that could easily happen. Suddenly, that person becomes evil and so this person gets road rage and wants to get out and hit him. It's a crazy, bizarre situation. I feel very, very sorry for people who are victims of their own attachment to needing things to be right, needing to have things the way they want them, or to not have things that they've got. It's very, very sad.

How can you not feel anything but compassion for people who have problems? When people come in to me, they haven't got something like road rage, which is like an unreasonable problem. They've become victims of life patterns or events or maybe they've got pain. Maybe it's even psychological pain or psychosomatic pain.

They've got something that they genuinely can't cope with. How can you not feel compassion for people like that? The root cause of all problems

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and all suffering is an attachment to things being different, wanting them to be different.

Once you accept things as they are, it doesn't mean you're going to have a miserable life. Guess what, it means your problems disappear. Things are okay.

I think there are only two things that are absolutely essential- food and shelter. It's only in the last few thousand years that we've actually cluttered up our lives with other stuff. Prior to that, all we needed and all we actually had was food and shelter, and we survived for millions of years. We are living proof that our ancestors didn't need any more than food and shelter. Yet, we somehow fill our lives with so much crap.

You want a nice car. You save all your money up, and you get the car. It's outside your house. You go to bed at night, and you're thinking about your nice new Mercedes out there. Suddenly, you hear someone kick over a dustbin. You're up at the window. Suddenly, you've got panic and fear.

Then what happens? Every day that passes, that number plate becomes out of date. Then each time you wash it, you get a little scratch on it. You start to suffer. Then you want a better car.

People give themselves therapy by getting a new mobile phone. This is crazy. This is short-term therapy. Real change happens by letting go of all of the non-essentials in life. That's where I come from. When I work as a therapist, I see people in pain suffering deeply because they're attached to the non-essentials in life.

I know if you can strip those away and just be content with what is necessary and what is essential, you're going to have the happiest person in the world.

Igor: I think that's a fantastic philosophy. Again, it's a very simple one, without being simplistic. It allows you to adapt it to all kinds of situations in life and to all kinds of degrees.

Some people will go down those no attachment roots to a greater degree. Some people will be quite happy just to enter it enough for the problems that have been consuming them to evaporate. They say where did they go? Again, it's a question of letting people have the choice as to how much they want to do it and where they go. Ultimately, like you say its people having a rich, healthy, happy life.

Steve: That's it. It's nothing more. It is actually simple. It's not simplistic, but it is simple. You just have to decide that you're not going to follow everything thought that you have because the brain – the conscious mind

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bombards us with thoughts about what we should have, what we should not have, and what we think we want.

If you buy into that and listen to every thought, my goodness, we'd end up real victims of this whole kind of attachment process.

If you're able to listen to a thought, and the thought says, I'd like to have this or I'd like to have that, and you think, yes, I'd like to have that, but I don't have that. Really, I don't need that. It's not essential. Am I okay with that? Well, someone else has got that. I would like to have that. Yeah, but does it really matter if someone else has it?

A bit of reasoning, if you're able to stand back from the trigger effect, the cause/effect relationship where the thought produces a feeling, then you're suddenly motivated to go out and buy something, if you can just step back from that. This gets into Buddhist psychotherapy, which is my main field now.

If you can dissociate and step back, if you can see the thoughts come and not allow them to produce the feeling that motivates you to go and get attached, then you're able to be free of those impulses and free of the thoughts that trap you into a life of suffering and a fear of loss, etc.

It is actually incredibly simple. It's so simple that some people think it's too good to be true, even when they feel it. They're so conditioned to wanting, having and believing they need in order to be someone or to be happy, or to even survive.

You only need food and shelter to survive. I've proven that myself. About 12 years ago, I gave everything away in the UK I closed my business down. I went off to Thailand, and I lived in a bamboo hut in the jungle, simply because I didn't want to be attached anymore. I used to live Knightsbridge with a Porsche for heaven's sake. I got rid of all of that.

I went from that to a little bamboo hut in the jungle, and meditated. I just worked with monks and shaman. I knew that happiness doesn't really come from getting more and more stuff. The more stuff you have, the more you have to carry on your shoulders, the more you have to worry whether someone's going to steal it and the more you're going to worry that you have to replace it. That's no way to have a great life.

When you're lying on your death bed, do you want to look back and think to yourself, I wish I had cleaned the Porsche more often? You're going to think, who did I not love enough? That's what you're going to think. The way we interact with others is what gives us the most happiness.

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Igor: So, seeing as we're coming towards the end of the interview, I want to really thank you for really going into the background philosophy. I think your philosophy is something that really drives your whole approach to hypnosis, hypnotherapy and so on. It happens to blend with the whole Ericksonian indirect school or direction very seamlessly and nicely.

In the seminar portion, which is coming up, you'll be focusing on some of the principles that we've been talking about. Rather than techniques, here's a principle in hypnosis or hypnotherapy and so on, and helping us dissect some sessions you've done so that we can actually see the principles in action.

In order to prepare us for that and kind of give us a sense of what the indirect approach is all about, could you give us what, in your opinion, are the top five most important principles in your indirect approach to hypnosis?

Steve: No two patients are the same. The principles are not written in stone, I already mentioned one:

1. The principle of observation.

For me, that's incredibly important. If you're facing away from your patient or your client, you're not picking up visual information. You're just listening. So, you're short of information. If you're looking at a notepad or looking at a script, you're missing out on a lot.

You have to be totally committed to that person in terms of your sensory acuity, to use an NLP term. You have to be totally focused on that person, so you have to be external. All of your senses are tuned external, so you're observing.

2. The principle of utilization.

The utilization principle is that you take on that information that you observe by being acutely aware of every minor change in muscle tone, in voice tone, in pauses, hesitation, the change of language, the ways the eyes de-focus as they look up and they think of something; there are hundreds of minimal queues that occur in therapy.

You're watching these, and you're listening for the actual account that the person's giving you. You're watching for the running commentary, the non-verbal running commentary that they're giving you as well.

Then, you're going inside – I don't mean you're switching them off because you continue to stay focused on them, but you take that information and you put it inside your head, and your unconscious mind processes that. So that's the second principle.

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3. Trusting your own unconscious, as well as the patient's unconscious.

As you take that information in, you can't possibly sort it out. There's just too much. Consciously, we can't cope with that much data. So, we have to trust our unconscious. Of course, that comes with practice. Initially, of course, as we've spoken about, people are nervous when they're therapists.

You know, can I handle this situation or whatever? It's very important to trust your unconscious.

Even though we've got ample examples in our life of trusting our unconscious, we somehow don't do it enough. When you learn to drive a car, there are too many things to do consciously, so you have to hand them over to the unconscious one at a time in order to learn to drive. Same with playing an instrument or anything like that, same with therapy.

We have to trust more and more our unconscious. That's the third principle – to trust the unconscious.

4. Trust the unconscious of the patient that they will be able to handle and know what to do.

The very fact that the conscious mind gets in the way means we have to have abilities and skills to bypass their conscious minds.

5. We have to have ways of indirectly bypassing the conscious mind. Some people might say conscious resistance. I like to say the conscious limitations that a person has.
6. Communicate your intent and your purpose. The whole thrust of the therapy should be coming not from your head; it should be from your heart. It is to enhance that person's life. To create a better life for that person.

You could be leaving your home and the telephone rings. You pick it up, and you're distracted for like 30 seconds by a wrong number. You put the phone down, you go to the door, you leave the door, and the taxi that was waiting for you left.

So you never get to go to the railway station where you would have gone to some party in town, where you would have met your future wife, with whom you would have had four children and inherited her father's multi-million dollar business.

Igor: Damn that phone call.

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Steve: If a half a minute phone call can change your life that dramatically, can you imagine what one-hour with a therapist will do? You have to come from the heart.

- When you're working with your patient, you have to be totally responsible for that person.

They must be the most important person in your life. If they're not, you are doing a disservice to that person.

You are not a good therapist unless that person is the most important person in your life at that time. You don't take them home with you. You don't think about them and dream about them in bed. It's just while you're working with them, while you have access to them, they have to be the most important person in your life.

There are lots of principles; those are just the first that come to mind.

Igor: I think that's actually a wonderful list. I know when we get to the seminar portion we'll be teasing out some other principles as the therapy progresses, including these ones, of course, because they're very fundamental.

For those of you who are interested, Stephen has agreed to do a seminar, which is very generous of him. He's given us an example of him actually doing hypnotherapy with someone else. You'll be able to watch it or listen to it. It's up to you how you attend our session.

He's going to break it down for us, step-by-step, maneuver-by-maneuver, explaining here's the principle we're using here, here's why we're using it and so on. It's really a chance to peek inside the mind of a genuine master of hypnotist. It's going to be a fascinating process. I want to thank you for that in advance, Stephen.

Steve: Good. It will be a pleasure. That particular session is a weight loss session, and it's from the archives. I've got so much stuff recorded, but what I did was I put a commentary on top of it recently to really break it down.

Then, what you and I can do in addition to that, we can talk about why I commented what I did to expand upon it further.

Igor: Perfect. That's exactly what we're doing.

Now, before we close today, video or audio, depending on which format people want to download it on, is an example of the kind of thing you have on your online training program, which is actually free.

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- **Could you tell us a little bit more about your free online training program?**

Steve: Yeah, I disappeared off to Thailand about 12 years ago, and I stopped teaching, as you know, I just wanted to work on myself. I thought the day would come when the Internet would be up to speed and I could actually create something for people.

So I created a 1-year course. It took me two years to write it. It's got 12 months of weekly lessons – three lessons a week. There are a whole bunch of streaming videos every month that people can watch and then an analysis of all the therapy sessions again each month. There are forums. There are exams.

It's a very lively course. When it first went online, I think we had 1,800 people join. So, it's the world's biggest hypnotherapy course and it's free, simply because that's the way I want it to be. The reason it's free is because most of these people online now I'll never get to meet. They will get to meet hundreds, if not thousands, of people who will benefit from the skills. That's why I'm here.

My purpose again, is about commitment to the patients, to the other people.

This is my way of one day lying on my death bed, looking back and saying I couldn't have done any better. I've reach that many patients through all of the students who are graduating. The course has been going on two years now, so that's amazing. I'm very happy about it.

Igor: So, if you want to hear more about it, you can go to British-Hypnosis-Research.com and they can enroll there and find out more if you want.

Steve: There are links on there that will take them straight to the free course they can enroll straight away. I also do retreats in Thailand as well, which is Buddhist psychotherapy, personal development courses, which are intensives for people who want to learn more about my approach from that angle. It's not a course about Buddhism. It's a course about psychotherapy, especially for one's personal use.

Igor: So these I believe, are at the end of January beginning of February every year is that correct?

Steve: Yes.

Igor: For those of you who, of course, you've been listening to Stephen now for a little over an hour talking about his whole approach to hypnosis, you can see how his core philosophy, his core principles are so intertwined with the psychological elements of Buddhism. Not necessarily the religious

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ones, just the psychological ones. If you want to find out more about the mindset – and this is really the mindset that characterizes all of Steve’s work that would be a great place to go and explore it.

Steve: Yes. It’s very experiential. We did the retreat in a Buddhist temple. In the mornings, I teach. In the afternoons, I send everybody out on field trips where they actually experience what they’ve been learning. So, it’s not head stuff, they’re not just learning academically. They’re learning by experiencing. It can be quite moving for a lot of people because they actually experience these principles.

Igor: So, again, that’s quite intensive, isn’t it? That’s like a 4-week course, so it’s really an intensive life transforming kind of experience.

Steve: It’s only two weeks.

Igor: If people are interested in your Buddhist retreat and want to know more about it, they can go to British-Hypnosis-Research.com.

Steve: That’s it. There are other resources on the site. So, that can just explore and look around.

Igor: Beautiful. Well, Stephen, thank you so much for coming online today and having a chat with us, and really sharing your approach. It’s a wonderful approach, and it’s a very caring approach. You’ve been very generous in the way that you’ve allowed us to delve into your mind to get a sense for it.

I, for one, really look forward to our next session together where we’ll break down one of your sessions, and then look at those principles in even greater depth to get a sense of what these principles are that are indirect hypnosis.

We’ll learn how we can take these simple principles and apply them into our therapy sessions and our daily lives to put into effect what we’ve been talking about, this idea of compassion and transformation in the world around us without trying to force anything to happen.

So, that’s going to happen on the next session. Thanks a lot, Steve. We’ll see you at the next session.

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Seminar 1 – Part 1

Igor: Welcome to StreetHypnosis.com. My name is Igor Ledochowski and I'm here with Master Hypnotist, Stephen Brooks, from British-Hypnosis-Research.com.

Steve, welcome back.

Steve: Thank you.

Igor: Today Steve, I think you've got a pretty cool session planned for us, which is basically you're going to play for us a demonstration of a session you did with someone using only indirect principles. In between, you'll be breaking them up and stopping along the way and saying, here's what I did here and why I did it. It's actually quite a long session. I think it's almost two hours in length.

Thank you for doing that.

Steve: That's fine.

Igor: Before we launch into the tape itself, I know that your work is filled with a lot of hypnotic principles. Just to give people a taste...

- **Could you give us an example of the kind of things people should be paying attention to in say the first 10 or 15 minutes?**

Just so they see how rich, in terms of principles these session can be and they pay attention to these things as the session starts?

Steve: The important thing about principles is that they don't come in any specific order. A therapy session has a kind of structure which basically, is initially rapport building, then information gathering, trance induction, therapy and then ratification – finish up the session. They are very big chunks.

In terms of principles, these are ways of perceiving the work we're doing– that ideas, beliefs and philosophies behind the way we're working and the techniques we're using– they don't come in such a structured ordered way.

We tend to use them as and when we need them, depending on the context, or depending on the needs of the client at that particular moment.

In the first 10 minutes of this session, which is a weight control session, there are about 20 or so principles that are determining what I do and

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what I say. They are being determined themselves by the response that I get from the patient. So, I haven't thought ahead of time which principle I'll use.

Igor: So basically, they say something or do something and that reminds you oh, this one fits in and you just throw it out there. Then, the same thing happens again and again. Each time you do something, they respond, which tells you what the next response should be.

Steve: It's totally spontaneous. Initially, I think when people are trainees or certainly, when they're fairly new to working indirectly, even if they've been therapists for a long time, if they're unfamiliar with working indirectly in this particular way, initially you have to consciously be mindful of the principles.

That is, you have to have an awareness of what they all are, as well as the potential of the principles because all techniques come from principles. It's not kind of one principle produces one technique. There could be hundreds of techniques from one principle, which is why it's important to know the principles.

So, initially, students have to be mindful of them but eventually that becomes an unconscious process for the therapist.

Igor: Right.

➤ **What kinds of principles should people be mindful of as they listen to the start of the session that's coming up now?**

Steve: We'll take the first 10 minutes of this session. There are at least 20 principles in play here, so going through the session in sequence, so people can actually see this happen. The commentary that I've put onto the session doesn't mention the principles, so I'm going to mention them now.

It mentions what I'm doing and why I'm doing it, but it doesn't give it an overall label for what's happening. That's what I want to do now. The first principle that you see and this is pretty much true of all therapy sessions to be honest, because time is a limiting factor here.

1. The Maximizing Principle; to maximize the time available.

A lot of therapy wastes time for the first few minutes on chit-chat and winds up the session with the same kind of chit-chat. That can take off maybe 10 minutes of a one-hour session. For me, that's an injustice because really you should feel privileged that you've been given the chance to be with the patient. They've chosen you so you should maximize the time available.

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I start working right from the very first moment. In my mind, that actually means the first contact. It could be by email or on the telephone, I start working therapeutically right at the very beginning.

By that, I don't mean I start doing therapy because I may not know what the problem is. I start working therapeutically. That is, I'm creating a context where therapy is possible. So I might be building rapport. I might be inducing trance even on the telephone. I don't mean a formal hypnotic trance, but sewing the seeds of trance.

Igor: Perfect.

- **So you're basically establishing the context in which the whole therapy can actually evolve, so that even if they're a week away something happens in the back of their mind, so by the time they get to you, it's like fertile ground ready to change?**

Steve: Yeah. If you think of establishing the context is a technique. It falls into the principle of maximizing the time available. There can be any number of techniques that fall into that maximizing time available principle so, you're not wasting the words, if you like.

It's not just creating the context. It's also starting to sew seeds for particular things you want to occur later, or a shifting of the person's belief system, so there are lots of different things you may be achieving with that, but you don't waste time.

Igor: Okay.

- **What's the next principle that people should be paying attention to?**

Steve: Again, this is true of all sessions, but you can see it right at the very beginning here in this particular therapy session.

2. Eighty percent principle; 80% of your communication should be implication.

It should be implied, not direct. That is you're having a conversation that appears quite simple and fairly direct, but everything you say has a real deep, meaningful purpose and that falls into the 80% implication.

So you're implying what you want to have happen. I say what you *want* to have happen because the next principle again, which applies to all sessions and you'll see it at the beginning is that of...

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3. Leading Indirectly

Although we're working in an Ericksonian way, where it's very open, we're utilizing the client's resources and we respect their unconscious, we need to take control of that because we have a timeframe. We can't just have a complete open session.

We have to lead the patient to a place where they can trust their own unconscious and do their own healing. So we are leading indirectly pretty much all the way through the first part of a session, until we get to the point where we can let go and allow their unconscious to take over. So, the implication, a principle, is about leading someone indirectly through implication, rather than doing it in a direct way.

In this particular example, I start the session by asking the person which chair she thinks she would prefer, which is going to be the right chair. It's a very vague question. Of course, she can't answer than consciously because she's never sat in either of them.

So, she has to go inside and get a feeling or maybe an emotion about the chairs. She's going to have to choose one or the other. She comes up with an answer and that's an indirect way, of course, of implying that the chair has a purpose.

If one chair is right, that means the other is not right. So the implication is that if she chooses the right chair, a part of her knows how to make decisions appropriate, but it's not the conscious part. So, right in the very beginning, using that kind of double mind, I'm implying two things:

- a. That she has resources that she doesn't know she has.
- b. That she has picked the chair and the chair itself is going to be responsible for the therapy to change, that it's the best chair to sit in.

That's the example on the video.

Igor: It's an important thing for you to realize that what you're doing here is you're constantly stacking the deck in your favor with these principles.

There could be little slivers that in themselves may not actually create any massive change, but when you stack these little slivers together, by the time you get to the 'change work' it's already stacked in your favor. The mind's working- the river's slowly being turned towards where you need it to go in order to get the result.

Steve: That's right.

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Just to summarize briefly the whole concept of direct and indirect if you were standing up, for example, with your client and you wanted the person to sit down – there's a lot of fantasy here there are a number of ways you could say it. You could be very direct and say, you will now sit down. This is how direct hypnotists work, of course.

You wouldn't say that to someone in normal conversation; it's offensive. So, if you wanted to be more indirect, what we tend to say is, would you like to sit down? It's a question. It's soft, more indirect, but it's still not an indirect suggestion because we're actually overtly stating that we want the person to sit down. Would you like to sit down?

Another way of doing it, but even more indirect, you could say, do your legs ache after that long walk? That implies that they should be sitting down. So now we're more indirect. If we wanted to get even more indirect, we could say oh, my legs really ache after that long walk to the office today. Then, the patient will say, well, why don't we sit down.

If you wanted to be even more indirect, you would say nothing and you would just sit down. Then, because they're standing, they feel there's a lack of rapport, so they will follow you and sit down.

That's just an example of how you can shift from being very direct to very indirect. This is why I mean by implication. You jump to that much, much higher level where something you say or do can trigger a whole sequence of responses within the other person, but lead them to achieving or accomplishing a particular behavior that you want them to achieve.

Igor: It sounds like there's a very purposeful beginning to this session, which is going to be very important for people to pay attention to.

So, you've got the idea of the 80% principle and even leading them indirectly and thank you, by the way, for that summary of going from very direct to very indirect.

➤ **What is the next thing that people should be paying attention to in terms of principles here?**

Steve: The next principle is...

4. Principle of Refocusing on Unconscious Choices

Most people tend to think that they choose consciously. When they come in to see you, the idea of not making a decision in order to make a decision is quite alien because people tend to kind of thing they have to make a decision themselves and be aware that they're doing it for it to be worth carrying out.

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This actually limits people because if people come in with a problem, it's because they haven't been able to make the right decision. Yet, they still carry on trying to make a decision about that. So, they somehow don't trust that they can just let go and the decision will be made for them at another level. It's the principle of refocusing on conscious choice.

So, in the video, the patient picks a chair and I point out to her that she picked the right chair, but she didn't know how she did it. Of course, that's a truism. She can only agree with me. That builds rapport because she can't say, no, because she's just done it. That happens all the time, but you do it to a lesser or greater extent depending on the kind of patient you have.

If, you have someone that's very laid back and relaxed. They just kind of go into trance almost as soon as they hear your voice. You don't need to necessarily do this to such an extent. But if you've got a patient who's fairly analytical or maybe defensive or anxious, or someone who needs reassuring, you need to shift more this conscious kind of control that they have. Get that out of the way and work more indirectly at an unconscious level.

So, we give analogies and metaphors about how the unconscious can actually make better choices than the conscious mind. We can do it directly. We can give examples about how people can tie shoe laces better without having to do it consciously.

That's a little example of how we learn things better if we trust our unconscious. But we can also do it indirectly and in the video, I do that by saying, how come you picked that chair? How did you know that was the right chair?

Igor: Now, to tie this in with the kind of stuff that people listening here will be familiar with, what Stephen is talking about here is what you may come across as the non-awareness set that you'll come across on the club forum, as well.

I think it's a very powerful principle because basically, it means that there's nothing to resist. Everything they do is the right thing, isn't it?

Steve: Well, it's appropriate for that context.

Igor: Exactly.

➤ **What's the next thing people should be paying attention to?**

Steve: I think the next thing, in terms of this session, is when she actually picks the right chair, I want her to confirm what I want her to have realized. What I wanted her to realize is that she made a decision without having

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to try and she made the right decision, that's the thing I want her to understand, but to know that she has understood that, I want her to confirm that she understood it. So I said how did you know that was the right chair. She gives her rationale.

She says it just felt right, which is a perfect response because she's now saying that she's responding to a feeling and she doesn't know quite why she felt that or how she felt it, so she verbalizes it.

What it does is it confirms to me that what I've just done has worked. It confirms to her that she's taken on board this principle and she's also reinforced it by saying it, so she's actually repeated what we've just done by saying it, by verbalizing it and saying oh, it just felt right. It's now kind of cemented that, if you like. That principle is now embedded in her reality.

Igor: Beautiful. So, we've sort of confirmed the lesson so right at the start they have a sense of what things to pay attention to when the unconscious mind provides wisdom that starts a thread of trusting the conscious even further, right.

Steve: Yeah, that's right. The next principle in this session is sewing seeds of the work that's to follow later on in the session. I'm sticking very much with the session at least 10 minutes because my response to her saying, it just felt right was, I said to her, a part of you seemed to know that.

And, of course, I'm implying the unconscious I'm not mentioning the word unconscious here, because this is important. If someone is fairly sophisticated in terms of psychological language, you can use the word unconscious and know what it means. For some people, it means blacking out. So, you have to be careful with your choice of words.

So I said a part of you seemed to know that, which is everyday terminology. Of course, that's sewing the seeds of what's going to come in the future because we're going to be using that part of her more and more throughout the session. That's the next principle.

5. Sewing Seeds on What is to Follow

Igor: Right, something they can listen for is a repetitive theme that's going to go throughout the whole session.

Steve: That's right.

Igor: Perfect.

➤ What else can they look out for?

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Steve: To follow-on from that, what I do is I test her ability to trust her unconscious. When I said a part of you seemed to know that, I wanted to see how she'd respond to that. I got her to nod her head, if I remember right. I think she nodded her head.

These are not assumptions because you kind of know they are realities, but they're already assumptions to her and you want her to kind of acknowledge and ratify them.

I'm now testing her ability to trust her unconscious. If I said, a part of you seemed to know that and she said no, I just decided. It means she doesn't trust her unconscious or she's not aware that her unconscious is making decisions.

But because I said, a part of you seemed to know that, then what she did was respond non-verbally with a head nod and it was total congruent, you're looking for a congruent head nod, where her whole personality seems to be agreeing at that moment.

So, I know that she understands and that she trusts her unconscious. So, I have my therapeutic foot in the door, if you like. I know that we can start working. If she'd come up with a negative respond like, oh no, I just decided, I'd know then that I'd have to do a lot more work. I have to then chip away at her conscious belief system that she's in charge and knows absolutely everything is right.

By undermining that belief, by giving her examples of how she hasn't been right, especially like she can't get rid of her problem, for example. So, you undermine it so she has to let go. You can't work with someone who builds a 10-foot wall in front of your face.

You can't work that way. You have to take away each brick at a time. When you've got that hold or foot in the door, then you can start working. I just wanted to get her to acknowledge that she does trust her unconscious. So, just that question is a way of re-assuring me that I can now do the next step.

Igor: Perfect.

➤ **What is the next step that you're going to be doing from here?**

Steve: What I did here was to bring in the cavalry. I wanted to get some reinforcement here. To summarize, she came in, she made her decision, she didn't know how she made the decision, she sat down, she's acknowledged that she trusted herself, that she's able to trust herself and she picked a chair.

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There's a reason she picked the chair, but she doesn't know why she picked that chair. You see we're avoiding talking about the actual chair in terms of the value of it or it as a resource, but that's implied all the time. Everything we've been doing, everything we've been discussing is heavily weighted in favor of this chair being important, but we're not talking about the chair directly; we're talking about her decision.

So, she's not thinking, what is it about this chair? It's all implied that this chair is the trance chair because she's there. The context is hypnosis. So the context puts a framework around all the work you're doing and all the questions you're asking.

So, if she has to choose between one chair and another, obviously, if she chooses the right one, she's chosen the right chair to go into trance in, to receive therapy in or to get better in, so it's heavily loaded in favor of this chair.

I want to seal that now. I want to get some author. So, what I do is I refer to the audience because this is in front of an audience of therapists. I just say to them, isn't that amazing how she picked the right chair? The whole audience goes yes, like they know because they are all therapists and they all know that she picked the right chair.

This way, she can't say, well, I'm being tricked here, or maybe I made a wrong decision because I've got 50 people all telling me I made the right choice.

Igor: Right. So, you're kind of using social proof to reinforce the fact that she trusted her unconscious, chose the right chair and, as a result, all the other implications must be true.

Steve: That's absolutely, true. Of course, how can you refuse that? If you're a patient on the receiving end of something like this, how can you go against that when you've got all these people saying yes to you? People tend to follow groups.

An individual will make a decision if 20 other people have made the same decision, they'll follow that. If you're on the Titanic and one guy says I know where the lifeboat is, you're going to follow that guy. So it's very much just following the masses. So, you can use that but it doesn't have to be a whole group of people

6. The principle is utilizing an authority or referring to an external authority.

It could be a research article, in a book, that you refer to. If you're halfway through a session, you're trying to give a task and you say well, I'm not sure which task to give you, but let me show you this and you

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show them an article, for example. So, they read that and go wow yeah, this sounds right for me.

Or, you may give an analogy about a previous patient who benefitted through using a certain technique, for example, so you call in another authority to back up what you do.

Igor: Perfect.

➤ **What's the next principle in the sequence?**

Steve: Depending on the response you get – in this instance, she acknowledges she chose the right chair, but she didn't know how she did it. Because that was such a wonderful response – I mean you'll get it pretty much most of the time because of the way you set up the whole context.

But when the patient actually acknowledges that they did something and they didn't know how they did it, you use that. You immediately want to come back in and insert a suggestion that this is going to be the way we're going to work.

I tend to use humor a lot to open up trance states because when people laugh, they lose awareness of their immediate context. They go into an altered state in order to make sense of the humor, they laugh and then they come back out of the trance state. So, I'll use humor to embed suggestions.

So, as soon as she said, I don't know how I chose that, I said to her, I wonder what else you know but you don't know that you know it. It's funny because the language is funny. It's a strange thing to say. If you break it down very slowly, it's the vocabulary of the unconscious mind.

I wonder what else you know but you don't know that you know it.

What it's saying is there is more to come (else) that you don't know (that you don't yet know) that you know. It's a humorous thing. So, when she says that, she goes into a trance state. She takes that on board and she comes back. I can't remember what her response is now.

What you're doing with humor is to embed deep and meaningful implications at that moment. Use that opportunity. When she said I don't know how I chose, you want to reinforce that. You're now opening it up. There's so much else out there that she doesn't know about how she's going to choose. That sets the frame for the entire session.

Igor: Beautiful. Right now, we're roughly into the first four or five minutes and already there's a huge amount of principles coming out.

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Steve: Yes, about five minutes worth.

Igor:

- **What are the other things people can pay attention to before playing the whole session for them where they can actually get the richness for themselves?**

Steve: Well, metaphors and analogies we use. I give her an analogy.

A metaphor is different from an analogy, a metaphor is story, it can be about fantasy, fantasy characters and bunny rabbits or whatever.

Analogies are stories that parallel what's happening there in the session in some way, or they're about real cases or real people. I give her an analogy about invisible fish in an aquarium. That's a true story and I recommend that when you give analogies, whenever possible, use real stories.

As you go through life, just kind of love all the little quirky stories that you hear or things you experience because you'll find you can use them in therapy. So, it's a real story because it's congruent when you tell it. The little analogy I give to her is a paradox and about how our ability to perceive things can change depending on context. It's about deception.

What I'm saying here is that nothing is true. Nothing is absolutely solid and real. Understanding is not a deep fixed-in-stone understanding. It's only a perception of reality. It's not what reality actually is.

This taps in, again, back into my whole Buddhist work as a Buddhist psychotherapist, about the nature of reality. I don't want to spend too much time talking about that because we'd be here for hours. It's just getting her to look at reality in a different way. Things are not as fixed as they appear to be.

So, I give her a little analogy there, just to loosen her up because I'm already now starting to see that she's holding on quite tight to the session. I talk about her breathing a bit later, as well because she's kind of nervous and holding on there or holding back. She's not that willing to let go, which is great because these are the perfect sessions to learn from.

When you have an easy subject, you don't learn much. But when someone is holding back and they're not giving in and not going quite with what you're saying, the audience, the therapists learn so much more from that.

Igor: Excellent.

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- **Before we wrap and actually start playing the session, are there any more principles you want to share with us?**

You've already shared quite a few there.

Steve: Let me give you a summary of the others that I noted.

7. When you're changing someone's perception, you're shifting their beliefs on certainty to creative thinking.

Sometimes I use the word uncertainty because that's a negative. But you're shifting it from their beliefs on certainty to creative thinking. When you realize that what you had was only a belief, it wasn't fact that means it's open to creative thinking. We can change reality.

That's another principle, taking a belief and liquidizing it, if you like, changing it so we can do something wonderful with it.

8. Implying Future Change With the Use of Language

I talk about her language because some people trap themselves with their language. Of course, if you could only describe things with your vocabulary, you tend to believe the things you hear yourself describing. So the richer your vocabulary, the richer your reality is. This is why people who travel have a different perception of reality, for example, because of the different languages, etc.

I talk about the language that she's using and that people tend to use negative language. I talk about positive language that people use and how that can free people, as opposed to trapping them. I'm already picking up that there are parts of her vocabulary that actually stopped her from achieving things.

I then use non-verbal behavior to confirm that she understands. I'm talking about as she nods her head, because *as* is a very positive word, it has momentum into the future. So I use the word *as*. I talk about, as she nods her head. Of course, as I'm talking about it, she understands it. Guess what happens, she nods her head.

So, I'm saying look, you're doing it right now. Of course, she wasn't aware that she was doing it so it's re-confirming that there are things happening unconsciously that's she's not aware of, but she's agreeing with me. I'm getting agreement and because I'm getting so much agreement, I use another principle.

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9. Neutralizing Negatives

I put in a negative there. I say you're not doing something. The way she responds to that is to agree with me that she's not doing something. So, I manage to use a negative to neutralize all of the positives that we're getting. We're getting so many of them, but I'm still getting agreement, which is a very interesting principle.

I'm taking over control of the patient's perception and leading them through implication. I'm utilizing and deflecting their resistance, casting doubt if I see any resistance, backing off if I'm meeting with resistance that's difficult to confront at that moment, I'm coming back in at a different angle and implying positive change with tonality shifts.

Like when she's talking about her breathing being okay. I thought, that doesn't sound very exciting, does it? Her breathing is okay. So, I said would you like to feel even more okay? There's a trance voice there. I'm implying a positive change with a tonality shift.

Then, when she starts to go into trance – because she starts to go into trance within the first 10 minutes without my talking about trance because of the way I'm working. As she starts to go in, there's another principle.

10. Frustrating the Trance

If you frustrate a response, it makes it more compelling. A lot of trainees need to know this. If you have someone going into trance, most trainees think, thank goodness get it over with. But no, you should actually prevent your client from going in, hold them back and then let them go because it's going to make that trance more compelling when you frustrate the trance.

All of these things are happening. That's all in the first 10 minutes. I think the whole session lasts two or three hours. There's a lot to take on.

Igor: Certainly, I mean it sounds like we're in for a real rollercoaster ride. I want to thank you for taking the time to pull some of these principles out. When people start watching it it's very easy to skip over something that's just a casual gesture or a little word.

I want people to start realizing when they listen to the session and when they watch the session, all of these things have a real purpose. So, by all means, go through once just to check out the general experience of it. You'll be able to come back to this over and over again to look at these principles and find the nuances and the way they shift.

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We've already spent about 25 minutes talking about these principles so far.

Once you've actually watched and listened to the example of Stephen working with someone, including his breaks where he talks a little more about the strategies rather than the principles involved, all the maneuvers and why he's doing them; in the next session we'll be taking the principles that we're talking about here and some of the others, having a much more in-depth discussion about them.

Isn't that right, Stephen?

Steve: Yes, that's right. What I want people to do is to replay parts of the video.

As you say, it's easy to miss things, although generally, for every 10 seconds of therapy session, you've got about 30 seconds of my explaining it. It does stop and start, stop and start all the time. The important thing is that there's so much coming at you, sometimes it may be important just to stop and just replay what you've seen.

Igor: This is definitely something that is not fast food. Really, take your time to appreciate it and go through it meticulously. You will pick up so many things it will really make you a much better hypnotist.

With that thought in mind either, play the next sound track, which will be the audio version of Stephen doing this session and interrupting in between to tell us what he's doing, or if you want to, play the video session. It's exactly the same session, only you get to have the extra richness of seeing Stephen doing his work.

Then, you can come join us again after that, when we'll have a quick wrap up. Otherwise, we'll see you on Session Two of this seminar, where Steve and I will be talking about the principles in much more detail so that you can get a real sense of the depth of Steve's work.

(Video playing)

Steve: ***Do you have a preference of any particular chair here?***

An interesting way to start a session is asking a question like this? Why would I ask a question about a preference for a chair? There's an implication in the question that one chair is going to be more of something than another.

For example, more comfortable and more hypnotic, I'm also shifting the emphasis away from her thinking about the session and any worries she has into making an immediate decision. So, I'm focusing her attention on something.

Hypnosis Master – Stephen Brooks

How did you know that was the right chair?

Jill: I didn't.

Steve: How did you know it was the right chair? The right chair for what? She didn't say, what is the right chair? She said I didn't know it was the right chair. Again, the implication the question is loaded. Somehow, she has picked the right chair, unless we work with hypnosis. So, it has to be the right chair for hypnosis.

A part of you seemed to know that.

Jill: It just felt right.

Steve: I'm using humor, so she's relaxing because I'm cracking a joke. It's very informal very conversational. I slipped in a part of you seemed to know that already, I'm starting to talk about the unconscious mind. That is the part of her that's able to help her, although she didn't know, she still made the decision.

She's already admitting that she trusted a part of her to make the decision for her. So, we're already working therapeutically, even though it's just a conversation at this point.

You just knew somehow instinctively.

So, I get the audience to confirm that she chose the right chair. Do you see how we're placing emphasis now on her decision being the correct decision? The audience is backing us up as well, saying this is the right chair. So, it's becoming very, very heavily loaded in favor of this chair being special in some way of helping her achieve something.

I wonder what else you know but you don't know you know it.

I wonder what else you know but you don't know you know it. It's humorous, but at the same time, it has a message. It says you have resources you don't know you have. I wonder what else. There's an implication that we're going to discover those resources later in the session.

You know, my mother and father went to a garden center and my father was having a joke with my mother. They had an empty aquarium with water in it. He said to her look, Jean, there are some of those invisible fish. She had a look and said I can't see anything.

Hypnosis Master – Stephen Brooks

So, a little joke, a true story that I tell here- it's about paradox. It's about the nature of reality. How we can see things and we can't see things. I'm starting to change her observational perception of reality because that's important when you go into trance, your reality changes.

I'm starting to imply how people can do this naturally. I'm giving her a little analogy to help her understand that.

So, what is it you know, but you don't know you know it? You don't know yet. Yet is an important word. It's a great word. Yet is a fantastic word.

Okay. What is it you know that you don't know yet? This gives me a chance to start playing with language. I picked up almost immediately that there was something about her where she maybe had an internal dialogue with something that somehow challenged or doubted her ability.

You use words if you have an internal dialogue. I wanted to kind of break down some of the words that she's likely to be using to sabotage her success, but also talk about words that she could be using as an alternative.

So, this is the start of a kind of reframing process, where she's starting to look at her language. I'm doing it in a very conversational way. I'm not actually challenging her directly. Indirectly I am.

Always implies there's something to come something to follow something new. That yet word. If only. There's another word. If only. That's not quite the same meaning, but yet, if only people took around yet words with them all the time- yet- yet- yet- yet- you know, this is yet to happen its yet to happen. It seems to suggestion some positive movement or momentum. You're looking forward to something's going to happen, that kind of thing.

So, we're trying to get a positive word, yet. It implies future, momentum, something positive.

That's great that yet word. What some people carry around is if. I don't like that word. If or but. If or but. That's terrible, but.

Jill: It's an excuse word.

Steve: *Yeah. But words. I agree with you, but I don't really agree with you. If and but.*

Now I give an example of the opposite. Negative words- if and but. I'm trying to make conscious the language that she uses unconsciously in

Hypnosis Master – Stephen Brooks

order for her to stop herself from using these words as part of the session.

And is quite good as well. And it hasn't happened yet. And it can happen later. And is a good. It's similar to yet. As is quite good. It's like it implies you're already doing something. As you sit there in the chair so you can really learn something special.

I used the word *and*. A positive word. I used the word *as*. Again, staying with the positives in language, but this time I'm using the word *as*, as a vehicle for implying something beneficial. As you sit in the chair, you can experience something special. So, I'm actually telling her about one of the language patterns that we use in hypnosis.

Of course, she can only respond positively as I'm saying, *as* because she knows it's a positive word. I'm not saying *but* you're sitting in the chair. I'm saying, *as* you're sitting in the chair, you can experience something special.

Again, this special word, this chair, has a purpose. I'm implying the purpose is important by using the word *as*. I'm embedding that whole implication or suggestion in my explanation about language.

Feels good, doesn't it? As you nod your head, you're listening to the things I'm saying to you. You got that one as well. As you're smiling and as you're smiling, you weren't thinking about your breathing, but now you are.

Jill: Yeah.

Steve: Notice this little trick I played on her, I said as I'm talking to you, you're nodding your head. And as you're smiling – she thinks I'm going to say something else in the same way. Instead, I said, you're *not* thinking about your breathing.

So, I bring in a negative there. Why do I bring in a negative? You're *not* thinking about your breathing. Because if you say too many positive things someone thinks, there's something strange going on here. How come I'm agreeing with him all the time.

So, you give them the chance to kind of have a negative. So, you put the negative in for them. You're *not* thinking about your breathing. She has to agree with that because she wasn't thinking about her breathing. So, I'm still getting a positive response from her, even though I'm talking about something that's negative. She's *not* thinking about her breathing. She has to agree. Wow, I wasn't thinking about my breathing.

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But now you are, I said to her. Immediately, I redirected her. Do you see how I'm taking charge. I'm taking complete control over her perception on how she's directing her attention. I'm guiding it. Now, she doesn't think that I'm controlling her because it's very conversational, very passive. I actually have control over what she does, what she thinks and where she focuses her attention because I need to guide her.

At every step with your patients you need to, in a conversational way, guide them positively towards the outcome.

How's your breathing at the moment?

Jill: *Okay. All right.*

Steve: ***All right. Thank you.***

Notice how I said that all right. Thank you. There's almost a little note of sarcasm in there. Now, why would I use that? It's because I picked up there was some tension in her breathing. She's nervous. Okay. She's in front of an audience of health professionals. She's working with me publicly in front of a group of people. So, she's bound to be a bit nervous.

Well, I want her to feel more comfortable. I'm going to work on that. Rather than just hope that she's going to relax, I'm going to work directly on her body, on her breathing, on her attention. When she said, oh I feel okay, it's okay at the moment, I said all right, thank you. So, I cast doubt on what she's just said because I want her to tell me more because she's covering it up. She's not revealing the discomfort that she feels and I want her to open up about it.

You don't want to share with me? How's your breathing?

Jill: *It's okay.*

Steve: ***It's okay. It's okay. Would you like it to be even more okay?***

Jill: *Yeah.*

Steve: ***I wonder what would have to happen for your breathing to be even more okay.***

She wants to win. She's not willing to let go and admit that her breathing and her anxiety is there at the moment. So, when I say it's okay, it's okay. Yes, it's okay. I know I can't push that because if I push that further and say, I don't believe you, then she's going to just defend herself and come say no, it's okay.

Hypnosis Master – Stephen Brooks

What are you talking about? I'm perfectly relaxed. I don't want to push her that way because I'll lose rapport.

So, what I want to do is maintain rapport but still get her to somehow let go of that tension. So, when she said, its okay, rather than challenging that, I add to her okay-ness. I say, would you like it to feel even more okay? I change my tonality, even more okay. You make it sound beautiful, something very positive more, okay. I'll also use the hypnotic tonality as well because we associate it with the same language pattern we used earlier.

Here, I'm pushing for her to feel more comfortable but without challenging her. I felt tempted to challenge her, but I held back because I knew that would break rapport.

Can I ask you a question? Don't go into hypnosis yet. Can you stay out of hypnosis for a while?

Jill: Yes.

Steve: ***Thank you very much, more comfortable.***

More comfortable– notice how I changed okay into comfortable. How did I do that? I just transferred one word for the other. Okay, is now comfortable. So, we're making a progression towards a more relaxed state and then I noticed, as I said more comfortable, her eye blink reflex and pupil dilation changed that is, her pupils started to dilate more, that's a sign of going into trance.

So, it's interesting. She has intention there, but I've noticed already that when I start using hypnotic tonality and using a hypnotic language pattern, she starts to drift a little. She waters around the eyes and the muscles around the eyes relax a little bit. So, I'm going to pick up on that. I'm not going say, ah, yes, go deeper, go deeper, go deeper because she's someone who wants to fight a little bit. She's holding on to some control there.

If I tell her to go deeper, guess what's going to happen? She's going to fight back. So, rather than tell her to go deeper, I'm going to actually tell her to not go into trance, which is the last thing she expected me to say. I'm giving her permission to carry on holding on, resisting or whatever you want to call it.

So, by saying would you mind not going into a trance just yet – even when I say that, I'm using words to say don't do something, but my tonality says do it. Would you mind not going into trance just yet? I use the hypnotic tonality, so she's got this two-level communication.

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1. On one hand, she's being told to hold on,
2. On the other hand, she's being told to let go.

What does she do? She doesn't know how to handle that consciously. So, she has to trust her unconscious feelings and her unconscious feelings will just take her into trance a little later when the time is right.

Hypnosis Master – Stephen Brooks

Seminar 1 – Part 2

Steve: *Let's talk a little bit about you, if you're happy to do that.*

Jill: Yep.

Steve: ***What's your outcome from being here? What would you like to have happen?***

Jill: I'd like to get my head around losing weight, really.

Steve: ***Do you mind if I talk to the group? Is that okay, because you're going to be teaching people here, just by your being here. It's important that they learn as well.***

She'd like to get her head around losing weight. I spoke to this group earlier about how often when clients come in, they'll tell you exactly what you need to do the very first time they open their mouth. She'd like to get her head around losing weight.

This is a very important part of the session. She's come in to lose weight. I said, what is your outcome, and her outcome wasn't to lose weight. It was to get her head around losing weight. So what's she telling us?

She's not saying I have a problem with my body. She's saying I have a problem with my head. That makes our life a lot easier as therapists because we work with heads. We work with minds, brains and conscious and unconscious processes. We don't work directly with the body, apart from via the brain.

So, she has very explicitly told us that her problem is that she cannot mentally control her weight problem. That makes our life a lot easier when we work through it, particularly with her.

This is why I wanted to explain that to the audience. I spelled it out very, very slowly to them so they'd get the message too, but also she's getting the message. Even though I'm talking to the audience, I'm indirectly talking to her. So I said it very slowly, you want to get your head around losing weight.

Steve: ***So, you haven't got a problem with losing weight. You got to head around to it, so if your heads in the right place...***

Jill: Yeah. Get my head in gear and stay there.

Hypnosis Master – Stephen Brooks

Steve: *Yeah. She hasn't got a weight problem she's got a problem getting her head in gear. If her head's in gear, there's no problem. Isn't that right?*

So, I turn to the audience and say, she hasn't got a weight problem. What's her perception of that? She's come in believing she's got this weight problem and I'm telling the audience she hasn't got a weight problem.

Now, people with a weight problem normally try to lose weight. They make an effort to do so, and if they fail, they feel a failure and they feel it's a huge insurmountable problem.

If a therapist says you haven't got a weight problem, all of the sudden, it throws them off balance. It changes their perception. We're making her look at her problem in a different way. She's come in with a concept of having a weight problem. We're telling her she hasn't got one.

So, any sabotaging process that she might have had in mind set up to sabotage what we do is put to one side. She can't use it because we're no longer dealing with a weight problem.

Notice how we've kind of sidetracked what she believes to be the problem and looking at it in a completely kind of indirect way, going through the back way to kind of work with it? This part of the session is very important.

As long as your head is there, the commitment is there mentally, you make that commitment and you stick with it. Is that right and it works?

Jill: Yeah. Yeah. I hope it works. Yeah. It's a struggle, but it does. But it's so slow that this goes elsewhere and I go off it.

Steve: *Yeah. It loses confidence in itself almost. It gets distracted or something, what happens?*

Jill: I start to get uninspired because it seems such a long road.

Steve: Notice when I'm saying things I always ask her, is that right? Is that right? I'm getting her agreement. I know it's right because she just told me. I know the answer is going to be yes, so why would I ask her to answer a question for which I already know the answer? It's because I do want her to say yes.

I'm building up a positive momentum so that every time she nods her head or says yes, she starts to find herself totally in agreement with everything I'm saying.

Hypnosis Master – Stephen Brooks

This means it's going to be easier for her to follow everything I'm asking later. I'm building up this positive motivation and momentum towards achieving things that I suggest.

Now, she's used the phrase, it's a long road. It's a long road ahead of her. How does she know that? That's in her future. So, we can't let that pass. We have to grab that and say let's deal with this. What on Earth, is she doing by thinking she has a long road ahead of her? She's making an assumption based on the long road behind her. That's because she's been trying to solve her problem her way, which hasn't worked.

She's assuming that it's still not going to work because she only knows one way to solve her problem her way. We have to make sure that she realizes that by being here with us, it's no longer going to be the same pattern. Things are going to change, so that long road ahead of her is a concept that you have to banish.

You have to get that out of the way because that's going to prevent her from achieving anything. Even if you do wonderful therapy, if she leaves thinking that she still has a long road ahead of her, guess what? That's what she'll have.

You have to deal with these things. So, when a patient comes up with a valuable little bit of information, a phrase that's somehow sabotaging, you grab it and you deal with it right there and then.

Steve: ***What was that you just thought about there?***

Jill: I was just checking that was right.

Steve: Notice that. What was that you just thought about then? She says, oh I was just checking that was right.

You have to watch very carefully–

1. Observe
2. Utilize

These are the two rules.

You cannot utilize if you don't first watch and observe something. You have no raw materials. I watched. I saw her. She suddenly kind of went up into her head and she thought about something. I thought, well, she hasn't come back and told me what that's about.

She's got something there that she's thought about, and she's going to hold it back from me. I don't know what it is, and I'm going to be working with limited information. I want to know.

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So I ask, what was that you just thought about? Was she thinking I was wrong? If she was, I want to know about it so I can kind of rework what I said to get her to agree with me. She said, I just thought about whether that was right or not. Now, you can see she's nodding her head. We're getting agreement.

So, observe- observe- observe. If something seems incongruent, doesn't seem to match what she's saying or doesn't match the way the therapy is going, grab it, ask and challenge about it, in a comfortable non-threatening way.

Get the information out up front and deal with it. You can work very quickly through a therapy session if you do this. When you see something and you don't pick up on it, that therapy can last weeks. You might miss something valuable very early on in the sessions.

So, pick up on everything that she does right from beginning, bring it out, comment on it and let the session progress from there.

Steve: ***You see a long road?***

Jill: Yeah. It's something I've got to do for the rest of my life.

Steve: My facial expression said it all. Yes. It's a long road. It's something I'm going to do for the rest of my life. I didn't even comment on that. I just drew back, put my head down, look at her as if to say are you serious? You're going to have to do this for the rest of your life, talk about a huge roadblock.

What chance does she have when she has that kind of belief that it's something she has to do for the rest of her life? What's the point of even starting? No wonder she can't succeed to lose weight, if she has that belief that she has to do it for the rest of her life and it's a long road. Who would want to spend their own life fighting something like that? Why not just stuff yourself and be a roly-poly, happy, jolly fat person? It's a lot easier than taking this journey, this long road, all your life.

You've got to deal with this negativity. As soon as someone gives it, you've got to grab it and deal with it. My way of doing this is I could either, fall about laughing, in which case she'd be shocked and maybe start laughing at herself, or I could just give her that sarcastic look.

So, grab it. As soon as it happens, grab it and deal with it.

Hang on a minute. Slow down. Can you just say that to me very, very slowly?

Jill: It's something I've got to do for the rest of my life.

Hypnosis Master – Stephen Brooks

Steve: *What makes that true for you? What makes you believe that to be true?*

Jill: I know it to be true.

Steve: I asked her to repeat it slowly. This is a little trick you can use with your patients, when they say something that is obviously wrong and disabling and preventing them from moving forward, get them to repeat it slowly.

They're so used to saying it quickly and kind of believing in it that when they say it really, slowly they can actually hear what they're saying. You can actually get them to repeat it maybe three or four times. Say sorry, could you say that one more time? Maybe I'm a bit stupid here, but, could you say it one more time really, slowly this time?

What will often happen is they'll start to hear it and start to laugh because they realize how they're falling themselves.

Now, I got her to repeat it once here. Then I said what makes you think that's true? What has to happen for you to believe this is true? What has to happen? It's like, what goes on in your brain for you to believe this. She says I know it's true. It's like saying there, fix me. How are you going to deal with me now? I know this is true. You can't fix me.

It's a huge block of concrete she's put right in the middle of the therapy to say you can't help me. But, at the same time, she's not doing it maliciously or deliberately to sabotage because she really does believe that she knows it to be true.

Why? Because it's based on her past failures. She's given up, so her belief has now become a kind of ingrained knowledge. Of course, it's not true. She can't know it to be true fully because she hasn't explored all avenues.

Notice the tone of her voice. I know it to be true. She felt emotion there. She's upset. She doesn't show it too much. She's hiding it and holding it back. She feels very upset by this. So, we have to work on this knowing.

Jill: For me to be slim or to have a body that I can be happier with, I know for the rest of my life that I've got to stay up here to control it.

Steve: In a rather emotional voice, she tells us exactly what she knows. For the rest of her life she has to stay up here to control it. The word control implies it's a difficulty. She's already putting herself under pressure by using the word control, but she at least said I have to stay up here. This is the good news.

Hypnosis Master – Stephen Brooks

She's come back to what she said earlier – I have to get my head around it, get my head in gear – I have to stay up here. This is the good part of what she's saying because this is the part we want to work on. Again, she's given us something to work on. She's given us another clue on how to help her. We have to get this part right. If we get this part right she's going to be okay.

You know, and you are right, but you're also maybe there's something you don't know yet about what happens up here.

Steve: Notice I said you are right. What am I doing here? I don't want to reinforce her belief, but her belief has been given to us as knowing. If you say to somebody, you're wrong. How will they respond? You can see she's a bit of a fighter.

If we say, you are wrong, she's going to fight that and defend that position even more, thereby strengthening it even more and making it harder for us to work with.

I have to somehow keep the rapport, so I'm saying, you are right. She's going to feel that I agree with her. So we've got some rapport there, but we're putting in a little safety net by saying maybe there's something you don't know about what happens up here. We've bypassed that knowing she can never be helped and that all of her life she's going to struggle.

I'm saying you are right. Yes, but. So we've used the yes but pattern on her. We've negated her firm, solid knowledge or belief that she can't be helped. We've implied that there's something maybe she doesn't know. We've already told her right at the beginning of the session, I wonder what else there is that you know, but you don't know you know it.

We've now gone back to that so we can safely say maybe there's something you don't know. She can't say, well you're wrong because she's already proven earlier in the session that there are things that she knows that she doesn't know she knows. So, she has to agree with what we've said.

There are two ways you can control yourself, whatever the behavior is...

a. One is by trying and that's what you've been doing.

b. The other is by not trying because it happens all by itself, that is like you program your brain to do it for you.

Hypnosis Master – Stephen Brooks

There are two ways. One is by trying, and that's what you've been doing. She has to say yes because that's exactly what's she been doing. What she doesn't know is we're going to say trying is bad. She doesn't know that yet. If we would have said, it the other way around – one is by not trying and that works really well.

And one is by trying, which doesn't work and that's what you've been doing – she'll say well, maybe sometimes I've tried but often I've just liked hoped.

We have to put the trying in first. One is by trying, and that's what you've been doing. She goes, yeah, that's what I've been doing. Then she finds out that it's not what she should have been doing. There are other ways of doing it.

We're introducing a completely new concept in therapy here. That is, you can get better by not trying because it goes against everything that patient believes. Try-try harder remember that? We're telling people that it's the very act of trying that's making your problem harder to resolve here, because, trying happens where, at a conscious level? And, you can do things better unconsciously than you can consciously; we need to introduce that whole concept to her here so she understands it.

Can I ask you a question; do you drive a car?

Jill: Yeah.

Steve: ***There was a time before you sat behind the wheel that you wouldn't have known what to do. You wouldn't have known what it's like to drive because you'd never actually driven a car. Is that right?***

Jill: Yeah.

Steve: ***So, when you first sat behind the wheel of a car, there was all these things to do simultaneously. Now hang on, there's about seven things here to do at once. And it was difficult. It was hard. It was awkward.***

Then, as you practiced that, another part of you took over the job of driving so you didn't have to think about it. Is that what happens to you now? That happens by itself. It's not an effort to drive and you don't have to really try.

Jill: It just happens.

Hypnosis Master – Stephen Brooks

Steve: Here, I give a common, everyday analogy about what happens when you try to do something. I'm quite graphic. I describe in great detail about seven things, that it's difficult, and I try to get her to relive the moments of learning to drive a car and the difficulties.

It's a very conscious thing because if I can get her to step into that memory of having done that, she'll remember how difficult it was. I want to relate difficulty to trying. I want to put the two together because that's part of her reality from the past anyway with losing weight.

Difficult, trying – they go together. I'm saying to her okay, and then once you've learned, it happens automatically. You don't have to think about it. There's no trying involved. Is that right? She says yes, it happens all by itself.

Thank you. Thank you. That's exactly what I want her to say. She's now telling me what she needs to do. Let it all happen by itself. This is perfect. We're selling a concept to her. We're therapy salespeople. We're selling the concept of change. We're introducing new ways of looking at how to get better.

So, what happens when you drive a car now? It all happens by itself. She gave the perfect response.

You know you've got shoes with shoelaces. Jill, I reckon –in fact, I'd put money on it, that your hands could tie a shoelace a lot faster than your mouth could describe how you tie shoelaces.

Jill: Yes.

Steve: Don't be content with one analogy. Give a couple because you want to back it up. You don't want to just say one thing that she can perhaps go back and say, well, yeah, you're kind of right, but maybe not. You need the argument weighted in your favor.

So, give her two analogies, metaphors or examples, whatever you want to call them. Case histories of people, it doesn't matter or your own experiences. Here tie your shoe laces. Why did I talk about tying shoelaces? Because she's wearing shoes with laces. I actually pointed that out to her. I said you've got shoes with shoelaces.

I gave her an analogy about early learning experiences being really, difficult. Most people have had problems tying shoelaces. I know from my own experience as a kid, I used to get very, very anxious while people were waiting for me to tie my shoelaces at school. They'd stand there waiting. Some people would laugh because they had learned to tie their shoelaces a few months before me.

Hypnosis Master – Stephen Brooks

It's an experience that people have had, that's traumatic for some people, so I'm just talking about the difficult here. I'm giving her another analogy that mirrors exactly the first analogy about driving. It's about things being difficult, but things that were difficult are now easy. Think of that as a metaphor for her.

She's told us how impossible it is for her to lose weight, but we're telling her, you have as part of your repertoire of life experiences the knowledge, not just the belief, the knowledge that things that you thought were impossible or difficult are now effortless.

That's a metaphor that she can take and lay that over the top of the problem she's brought to us, and she can see that we're implying that her weight problem, one day, will no longer be a problem. Losing weight will be effortless that's the way we're working.

You know what, if you had to describe it, you'd have to think about it consciously. You'd have to make an effort, and you'd have to try. Okay. I don't like the try word because try implies difficulty. Can you try to put your arm up in the air? No- No- No. Listen to me again. Can you try to put your arm up in the air? No.

Jill: Just try to do it?

Steve: ***Yeah. Try to put your arm in the air. That's it. You've got it. What does the word try imply? It implies difficulty.***

Here's another example, another analogy, but it's a physical one. It's actually behavioral. It's not a story it's a behavior. What better way to get someone to understand something than by actually getting them to feel it? You can tell someone what it's like to ride a horse, but they're never going to understand unless they ride it.

Here, we actually demonstrate it physically with her behavior. I say, can you try to put your arm up in the air? She does it. She still doesn't understand fully. Then, she finally gets it. Trying means difficulty. So, we're using all of these different analogies, as a way of telling her that what she's been doing has not been the best way to help herself.

We want her to let go of that and be open and willing to do what we suggest, to do something new.

Steve: ***Just do it.***

Jill: Yeah.

Steve: ***And, you've been trying to lose weight. The reason it seemed like trying is because you haven't been as successful as you wanted***

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to, and you get distracted, it's a long road all of that stuff comes in. And, that belief also that you're going to have to do it for the rest of your life. That's a long sentence to say.

Notice that I called it belief rather than knowing. I don't want to mention that knowing word because it limits what you can do with it. That belief kicks in. That belief comes in that it's going to be a long road. Notice what I say then. That's a long sentence to say. You're going to have to do this for the rest of your life that's a long sentence to say.

It literally is a long sentence to say. But, what are we talking about here we're talking about a life sentence. She's giving herself a life sentence in that body and not being able to lose weight with the belief that she's got. So, I'm telling her without saying it overtly. I'm saying it covertly, indirectly. She's giving herself a life sentence.

Notice how we're playing with words here, it's like a little metaphor we've thrown in there, that's the way she's actually set her life up. Who wants to have a life sentence? Nobody. Again, we're kind of negating, making very negative the thought processes she's having so she doesn't have to have those thought processes anymore. She wants to try something new.

Isn't it? That's quite a mouthful, a long sentence.

Steve: A long sentence. That's quite a mouthful. That's a long sentence to say. It's quite a mouthful. What's her problem? It's a weight problem. So, if I'm going to be fat, I have to eat. I have to eat too much and exercise little. That's how you get fat. It's quite a mouthful.

Can you see here we're now bringing in the whole concept of eating into this? We've tied up a mouthful, eating, long sentence, life sentence and long road. We're bringing them all together. We're now making the whole idea of having a big mouthful of food being a life sentence. See what we're implying indirectly?

She's not even in a formal trance state, but she is in a trance state because she's totally engrossed in what I'm saying. So, she's excluding other things in the room. She's totally just listening to me and making sense of what I'm saying.

She's in a kind of altered state. Call it a trance. It's not a formal trance, but she's in a light trance state because I've captured her attention with novel ideas, new approaches and new ways of looking at things.

That's a mouthful, that long sentence is. And you're going to have to do it for the rest of your life. I don't know. You know what we do as people; we structure our future in such a way that we make it difficult for ourselves. Sometimes we make it harder than we

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need to by putting roadblocks or hurdles in the way that we have to get over. Sometimes they're a little bit too high for us to leap and get over in one go. Can we do it? Can we not do it?

Sometimes we give ourselves a tougher time than we need because of what we expect is going to happen and because we believe something will happen a certain way. Because we believe it, it does.

Here, I'm just giving her my account of her situation. I'm telling her that she sabotages herself because of her belief. That she puts obstacles in her way and that makes solving her problems a lot more difficult. I'm saying this very explicitly to her because she's ripe. She's like a fruit. She's ripe. She's ready for this.

I couldn't have told her this as soon as she sat down, but now I can because of all the work I've done up to this point. I can now be much more direct and say this to her. I'm still going to give her other examples. I want to give her analogies or metaphors to back up what I'm saying because that's the way I like to work. If you give an analogy or a metaphor, it's difficult for people to resist or reject those. They have to kind of listen passively. They're kind of teaching tales.

Throughout the history of man-kind we've taught people through teaching tales, sitting around the fire telling stories. Maybe back in prehistoric times, the same. So, it's not a new concept, giving teaching tales. It's something that Milton Erickson would have done very frequently in his work.

There's nothing to say it necessarily would have happened that way. It's like as a child, if you walked out of your house and tripped over a paving slab and fell flat on your face, you'd cry, you're embarrassed. Okay. You brush yourself down. No problem. Not too traumatic. If you do it on the second day, you feel a bit of a twit. If you do it third day, you think, God I'm stupid.

If, at the same time you did that, someone laughed at you, you'd start to feel humiliated.

Jill: Yeah.

Steve: ***The fourth day do you know what happens? You're so careful. You go out of the house and you think where's that bloody paving slab, I'm not going to do it a fourth time. And then you find every crooked paving slab in town simply by trying to avoid them. As far as you're concerned, the counsel never ever...***

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I like this little story because it's very true, and it applies to a lot of people who have problems. Those problems started back in childhood. They did something and they did it three or four times, and it's become a pattern. Then, to avoid the pain or the hurt of that experience, they try to avoid it. As soon as they try to avoid it, they look for it so they can avoid it.

So, by looking for it, it's there more frequently in their life. The interesting thing about this story, as I tell her and I'm watching her, how she's responding to it. I'm saying the first time you just brush yourself down. The second time, you feel a bit of a twit. You feel stupid. That's a provocative word, you feel stupid. I'm matching the way that she thinks about herself, and she's agreeing.

Then, I say the third time, people laugh at you and you feel humiliated. Again, I'm matching her fear of how people will look at her. Again, she understands what I'm saying. If someone walks in to your therapy room and they're fat, your initial response might be, I better not comment on how fat she is.

If she says I have a problem I want sorted out, you say tell me what it is? Tell me about it. They say, well, I've got this kind of weight problem. You don't say okay, well maybe it's not that bad. Don't worry about.

No, you say you're damn right you've got a weight problem. You really do have a weight problem and I'm just so glad that you're here with me right now. This is one area that I really love to work in. So how is he or she going to feel? At last, somebody understands me. They're not going to keep telling me that everything is going to be okay and that I shouldn't worry about it. You have to be honest.

So, what I'm doing here is I'm saying, stupid. You feel humiliated. Then, the third or fourth day, you find every paving slab that's crooked because that mirrors her experience. She's now trying to do everything to avoid getting fat.

What happens is she's thinking of fattening food all the time. It's like she's saying to herself, don't think of chocolate, don't think of chocolate. Guess what happens, she thinks of chocolate.

I'm telling a story that she recognizes as being true for her because the more agreement we get, the more willing she is to let go of her old pattern and do something new.

You'll find everything that could go wrong, and that's by trying to help yourself. So, sometimes by trying to do something consciously what we do is we actually make things worse.

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Jill: Yeah.

Steve: ***The trick is how do you do it without trying? Without first having to do it?***

Jill: Yeah.

Steve: She's agreeing with me. Then, I say to her, but how do you do it without trying? This is what she's thinking. She's saying, yes you're right. Yeah, I've tried. Okay and it's not working. Yeah, I understand that. But she's thinking yeah, but tell me- tell me- tell me, how do I do it without trying? But she's not saying it. She's thinking it.

So, now I say to her, how do you do it without trying? So, I'm mirroring what she's thinking. Guess what, I'm not going to tell her straight away because I want her to drag it out of me. If I can frustrate that question she has- yes but how? Tell me how. Just tell me.

If I don't tell her, she's going to get more and more frustrated, and she's going to feel more compelled then to do what I tell her because I'm frustrating her need, her response and her achievement of knowing. So, I'm deliberately going to hold it back.

Do you think you've got a lot of experience at trying?

Jill: Yes.

Steve: ***So, you're well qualified in trying?***

Jill: Yes.

Steve: ***So, maybe you already kind of know what to do if you were to try to do something. Maybe what you need to learn is how just to do it without the trying part.***

Jill: Yes.

Steve: ***Now, you don't know how you're going to do that yet. That yet word comes back, you see?***

So I'm reinforcing it here. You don't know. You don't know yet. Bringing back the word from earlier on, yet remember, yet is a positive word. You don't know. You don't know, and you're wondering how can I do it? You don't know. I'm not telling her. I'm holding it back. How do you just do it without trying?

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I'm frustrating her because I want her to be frustrated, but I bring in that yet word because it's positive. Yet means you're going to find out. You just have to wait.

You know you were right. If you can get this sorted out here, then everything else will happen by itself, as long as you get this into gear, if you get this into gear. The way to get into gear isn't so much to consciously try, but to train another part of you that knows how to tie shoelaces and knows how to drive a car to also know how to lose weight successfully and maintain that success.

So, now I'm telling her, you have to trust another part of you. It's the part that can tie shoelaces, the part that can drive a car automatically, come on. If you can drive a car without your thinking about it, surely you can do other things. I'm telling her, you need to trust that part of your mind, to lose weight successfully and maintain that success.

I'm using the hypnotic tonality again, and I'm embedding a suggestion there, to lose weight successfully and to maintain that success. She's looking at me. I'm looking straight at her and telling her those words. All of the sudden, I've told her, we're going to use the part of you that ties shoelaces to lose weight, and it will enable you to lose weight successfully.

How are you feeling now? It's hypnotic. You can feel it. It's a strong suggestion as I'm saying it to you. Lose weight successfully. So, I'm using hypnotic language and tonality here, which I'll also bring in later in the session when we do more formal hypnosis work.

Do you get a sense of what I'm talking about here?

Jill: Yes.

Steve: ***If we can get that other part of you involved in this, it's not going to be trying. It's going to be effortless. If it's effortless, if there's not trying involved, it means that you don't have a fear of failing.***

This is a wonderful little loop we've put in here. If it happens by itself and there's no trying involved, there's no fear of failing. One of her problems is that she's certain that she's going to fail and that makes her scared.

Guess what happens when you're scared, when you're anxious, when you're worried or when you're in fear? Guess what you do, you comfort yourself, you want to be more comfortable, so what way do you turn to comfort? Probably food.

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What makes her feel good is taking in the food. What makes her feel bad is then seeing the response to that. Eating must be a pleasure for her. Otherwise, she wouldn't eat.

So, she comforts herself to make herself feel better because she's anxious and worried about her weight, and she's scared that she'll carry on failing. She feels hopeless and all the other stuff that goes with that.

So, if you don't try and it happens all by itself, there's no fear of failing because it's not a conscious activity. It's an unconscious activity. So, we've now dealt with the fear of failing as well, as part of this lovely little loop we put in there.

Do you get a sense of that? Do you have any fear about not being able to a shoelace?

Jill: No.

Steve: ***That's what I mean.***

Jill: I know I can do that.

Steve: ***So, if we can prove – because you want proof. If we can prove to you there's a part of you that can lose weight better than you can, would you be willing to trust that part to continue doing that for you?***

Jill: Yes.

Steve: ***Does that make sense?***

Notice how you have to think on your feet here as a therapist? You have to be so quick. Just get in there. If the patient sabotages, just get in there. I said, do you have any fear about not being able to tie a shoelace? No. She immediately said, because I know how to do that. So, she's saying I don't know how to lose weight. That's why I have fear.

I said, okay, you need proof. If we can prove to you – because what's she saying is that she knows how to tie her shoelaces. She still needs proof that she can lose weight in the way that we're suggesting.

So, I say to her, if we can prove to you that you can lose weight without trying, would you be willing to trust the part that does that for you? She didn't say no, of course, not. She's going to say yes to that. In sales, this is called the conditional close.

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We're saying, if we can deliver this product to your satisfaction, will you go ahead and buy it? They're going to say yes, of course. Then, just work on all their objections.

We're doing the same thing here. We're saying, we want your objections. We want to find out why you think it's not going to work, how you're going to sabotage it, and all the little things you've got up your sleeve. If we can prove to you that you can lose weight without trying, would you be willing to trust the part that can do that? She's going to say yes.

All we have to do then is prove to her that she can lose weight without trying by getting her unconscious mind to get her brain in gear. When she has proof, then she's going to be willing to carry on trusting the part. Do you see how it's the self-generating therapy? All she needs is proof, and then it's self-generating.

Let's step back and let go of needing to help it. Isn't there a little but in there somewhere?

Jill: Could be, yes.

Steve: ***Yeah, I can see it coming through.***

Jill: Yeah well, I hope to. Yeah, have faith in that other part of me.

Steve: ***What's the little but? The but is – can you tell me a bit about the but?***

Jill: I don't know. I suppose because I've been down the road so many times, and I keep failing, keep failing and keep failing suppose I've lost faith in being able to do it.

Steve: Another emotional speech there– Failing, failing, failing– she used the word a lot. Been down the road so much. I picked up on the but. How did I know that? I just looked at her, and I listened to her tonality and the way she said yes or yeah, I thought there's a but there. She's not being totally honest here. Let's get in there and deal with the but. Let's kick it.

So, we got that but and dealt with it. I said, get it out and talk about that. She gave a little emotional speech there. Now, what I'm going to do is kind of agree with her on how difficult it is and then move forward again. It's interesting.

She's a yes but-er. She gives us the stuff that we have to deal with it, put her back on course again, and then she yes buts again. You deal with it put her back on course again.

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Some therapists just give. Some therapists would say, go home. I'll refer you on to someone else, but when you get a patient like this that gives you a yes, but just take it on-board, agree, deal with it, put it back, get her reframed into feeling positive.

If she gives another yes but, do the same thing again until you kind of wear her down. Reframe things in such a way that she understands there is a new way and it is possible as long as she trusts herself and her unconscious.

It's very difficult thinking like that and looking back at yourself and evaluating yourself, who you are, it's not just about weight, is it? Because it's also a representation of who you are as a person.

I'm reflecting back to how she feels about herself emotionally. Saying, it's not just about weight. It has to do with self-esteem. It has to do with how she feels other people perceive her. It's about humiliation. It's about all of the fears that people have when they have a problem, and they feel they're different in some way from other people.

I'm reflecting this back to her, so she understands that I understand her. This is in order to keep the rapport.

You know, I don't remember the guy's name now. What is it now, March/April. In January of this year – I was in Birmingham– anybody in Birmingham with me in January this year? No, okay. I was at a venue in Birmingham, and we had this man there. He came in because he wanted to learn some social skills to communicate. Were you there? You remember. Okay. He's actually coming back next weekend, by the way.

Do you know he wanted social skills? Because he'd never ever had a chance to talk to anybody and the reason he never had a chance to talk to anybody is because he didn't want to. He was afraid of talking to anybody because he was overweight. When he came to see me in April to learn the social skills, he came having lost; how many pounds?

Stan: It was a tremendous amount, 27, etc.

Steve: *That wasn't his weight it was more than that. Thirty something plus--- and he'd lost something like 27, because he was about 47 to start. And, he was now down to 14 or something.*

Stan: I think he was down to 12.

Steve: *See I'm not fibbing. I haven't set this guy up. (The check's in the post.)*

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Anyway, there was a point in this man's life where he felt that it was a long road and he was going to have to do it for the rest of his life. I don't know if you remember, you may remember, it is effortless for him now. He doesn't have to try. He can eat whatever he wants. He doesn't have to try and he hasn't put the weight back on.

Now, I'm telling you this story because this individual did it simply by using his mind and that's exactly what you've said here. If you can get your head around it and that's exactly what you need to learn, because that's how it's going to work.

So, you can see I'm doing a good selling job on this approach to therapy that we're using here. I really want her to be convinced that the way forward is to let go and to trust her unconscious and trust that we know how to help her. Again, I'm giving her an example. You may give an example of a patient that you have seen in therapy who's been successful or whatever.

We're trying to give evidence because she's someone who needs evidence. We need to prove something to her before she's willing to let go of her fixed ways of feeling and believing in things.

So, we bring this patient in and luckily, one of the audience can verify my story so I'm not just making it up. Again, I come back to the point I made earlier. Whenever you can, you use actual true stories that are true from your own life or stories you feel are true because you've been told them by some authority. Then, they're more credible and you say them with congruence. You say them with certainty, rather than just making something up that happens to fit.

Steve: ***I'm sure you're fully aware – you must have read lots of things, tried diets and all of that stuff. Have you done all of that stuff?***

Jill: Yeah.

Steve: ***Been there, done it? Got the T-shirt?***

Jill: Yeah, got lots of T-shirts.

Steve: *Right. So you know almost everything there is to know about all of that?*

Jill: I lose weight, it goes back on and I lose it.

Steve: ***Yeah, and over how long a period?***

Jill: I gave up smoking six years ago, and I sort of blew up. I never really worried about it much before then. I was only a little bit overweight, and I

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was reasonably comfortable with myself. But now I've gone too big, and I don't like it, but I just can't get around it.

Steve: Now, this is an interesting point when we work with smokers. It's quite common for smokers to put on weight after they've quit smoking, and one of the reasons for this, of course, is that they lack that oral stimulation, that process of lifting something to their mouth.

It becomes a habit, and when they can't do it with cigarettes, they find something else to do it with, so they often turn to food and they also feel an emptiness inside in some way because they no longer smoke. For many smokers who have smoked for a long time, a cigarette becomes a close friend. It gives them a chance to take time out to kind of think or be creative and have relaxed time. So, they turn to food as an alternative.

This is not a useful thing to do, of course. When you're working with smokers, you have to bear this in mind that some people will turn to food. So, you have to build some kind of weight control program or plan into your therapy when you're dealing with smokers.

Jill: I did try very hard to years ago, I lost two stone, it took me nine months, I was exercising and everything, even eating all the correct foods. I really got my head around it for a while, but it was just so long and I just got...

Steve: ***You lost two stone? Have you put that back on again now?***

Jill: Yeah.

Steve: ***Okay, so you lost two stone, so something went wrong to sabotage that.***

Jill: Yeah. Don't know. It was finding the time. It was...

Steve: ***Finding the time to what?***

Jill: Exercise and everything.

Steve: So, now we're looking at her failed attempts and her successes from the past. She lost two stone. Then she put it back on again. So, we're looking at that particular pattern. My question there was, what went wrong? What happened, you were doing so well, what went wrong?

If we find out something quite specific from her, we'll know then what to avoid in the future. If something happened, like something traumatic, and then she couldn't cope with the anxiety that she started eating, okay, we have to give her strategies for coping with some kind of traumatic experience because these things do happen.

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The same thing applies to smokers, by the way. They can return to smoking if something traumatic happened.

So, I'm asking her what went wrong? Because she was succeeding, and we want to know how come it failed so we can avoid that happening the next time.

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Seminar 1 – Part 3

Jill: I had to work more so I couldn't go down to the gym. That was the start of it because I stopped exercising, and it started creeping back on. Then, I don't know I suppose I just thought this is impossible and just started eating normal.

Steve: ***This is impossible.***

Some good information from her there. I like the way she said, I couldn't. I couldn't do this. I couldn't do that. Who's stopping her? What's going on here? If she really wanted to, could she not have found some way? If your life depends on it, you can usually find a way.

If you said to someone, okay we go to the edge of a cliff and either you find some way to exercise, or over you go, and that's the end of your life? What are you going to do? You've got no choice. You're going to either, go over or exercise. Most people will find some way of exercising. So, it's a question of motivation and not a question of you can't. It's just usually motivation.

So, you need to find a way of motivating the patient to do what they can do. At the end of this little interview, she said it's just impossible, and I just fed that work back- impossible. Again, it's her roadblock. These words like long journey ahead and all of these are roadblocks that stop her. So, I'm challenging her again- impossible.

You have to be aware that all of this as it happens and just feed it back to try to break it down.

Steve: ***That's what you thought? Nice roadblock.***

Jill: Yeah. I know. But life is such a battle.

Steve: ***Yeah.***

Jill: It was really hard, you know – I enjoyed it. I was enjoying exercising. I was enjoying eating healthy, but I suppose winter came as well. It was a lot of things. A lot of roadblocks got in the way, I suppose but I just can't around it again. I will try again. Do it again.

Steve: ***In fact, you were successful is that right?***

Jill: Yes.

Steve: ***You were successful, and then something happened or several things happened to actually sabotage that success.***

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Jill: Yes.

Steve: *That's what happened?*

Jill: Yes.

Steve: *So, we haven't really a question about your being able to succeed in losing weight. The question we have is about your maintaining your success.*

This is a nice reframe. We're reframing her here. What she perceives as failure we've changed into success. I wanted to push that back to her at this particular point in time to get her to start feeling more positive. So, in fact, you didn't have a problem losing weight. You actually succeeded. Your problem wasn't in succeeding at losing weight. Your problem was in maintaining the success.

So, we're narrowing it down, letting her know that she doesn't have a weight problem.

1. It's about getting her around it.
2. She hasn't got a problem with losing weight. Her problem is maintaining the success of losing weight.

So, we're narrowing it down so we can work with it. It's more tangible, something we can actually work with in a much more concrete way.

Jill: yes.

Steve: *In relation to what was going on back then. I mean how you lose weight this time will be different. It may be the same. I don't know, but in relation to how you did it the last time, you were successful. What we need to look at – that's why I'm asking you questions. What actually happened, all of the different things that happened at that time to sabotage that?*

If we know what they were then, we can plan ahead to make sure if they come up next time, you don't become a victim of those. You don't give in to those. Do you understand what I'm saying?

Jill: Yes.

Steve: *You don't trip yourself up. Okay. We'll come back to that in a moment. Can you tell me about your life for the moment, family and relationships? What's going on in your life?*

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Jill: I have a partner. I've been with him 16 years – going on 16 years now. I have two daughters. They're 15 and 13. I'm a registered child-minder. I look after lots of babies. I work around the home, which I think is also the downfall.

Steve: *Why?*

Jill: Because I'm around the home and things are there, aren't they? The cupboards are there, and...

Steve: *Easier to eat.*

Jill: I mean I don't grotesquely overeat. In comparison to friends that stay with me, I sometimes eat a lot less than a lot of my friends. I obviously do have a bad – well, I believe, I have a bad metabolism. You know, metabolic rate. But I work around the home. I'm around the home quite a lot. There tends to be a lot of focus in my home. Whether that's...

Steve: *Your child-minding is in her your?*

Jill: Yes.

Steve: *People bring their kids around?*

Jill: Yes.

Steve: *Babies and stuff? Okay.*

Okay. She's started to respond to my questions here about finding out how her success is sabotaged. The important thing about what she is here was that she has access to food. She's in the home, so she can go and eat at any time. That's an important piece of information, which we may or may not use.

In some cases, you could do all your therapy based on making the available food in accessible in terms of her perception of it. You can use hypnosis for that. It's possible to get someone to look in the fridge and not see what's there. You can use hypnosis to do all kinds of wonderful things.

I'm just making this point here that you're starting to look at what could go wrong. If you get all your cards on the table, you can see what could possibly go wrong. Then, you deal with them ahead of time and incorporate it into therapy, you've got a much more chance of being successful.

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Does that mean you have to do a lot of running about in your home?

Jill: Yeah. I got out a lot. I do take the children out a lot and do a lot of tumble gym and things like that. I tend to take them out a lot and do a lot with them, rather than sort of just sitting in the house. I try to get out a lot.

Steve: ***Could you describe your daughters?***

Jill: Describe my daughters; what they look like?

Steve: Yes.

Jill: They're gorgeous. Jessica is a bit like me. Quite well built with a lovely face, she's a lovely girl.

Steve: ***If you had to sort of say, okay she's so much overweight, how much in terms of how much would she have to lose in order to be what you feel...***

Jill: I'd like to Jessica about two stone lighter.

Steve: ***What about your other daughter?***

Jill: She's got a drop dead figure.

Steve: I'm just checking out a bit of the family history here to see if there's a history of obesity in the family, whether there's anything genetic going on. Two daughters, very different in size. So, I'm just doing a bit of investigation here to check out a few things so I can eliminate some points.

If there's a history of obesity, if both daughters were overweight, husband's overweight, whatever then I'd have to start looking at what they're eating and how far back that goes into grandparents and stuff. Of course, that can be learned. It doesn't have to be genetic. I'm just investigating.

Jill: She's pretty shaped. She's a pretty girl.

Steve: ***And which one is the oldest?***

Jill: Jessica.

Steve: ***What do you think the difference between those two is that allows one to have this bigger than the other one?***

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Jill: She takes after me, my oldest one.

Steve: *She takes after you?*

Jill: Well, the physique. Yeah. That's what I feel.

Steve: *She's inherited fat genes?*

Jill: Yeah.

Steve: *She might inherit your big jeans, but not your fat genes.*

Jill: Yeah, but you know, she's a large girl that's going to have a weight problem all her life probably. She's going to have to battle with weight all her life.

Steve: This makes me feel uncomfortable hearing her say this that her daughter's going to have to battle with weight, all of her life. I only hope that she doesn't tell her daughter this because if these kind of suggestions go in from the mother, what chance has the daughter got. She's going to grow up believing exactly the same as the mother.

This is scary. It makes me feel uncomfortable because we do inadvertently suggest things to each other. It's okay if it's positive, but if it's negative, it makes those particular problems harder to shift later on in life.

Jill: My other daughter doesn't...

Steve: *Have you told her that?*

Jill: Yeah. In a nice – I put it right. I've sort of said you're a bit like me. You've got to be careful what you eat and things like that. Yeah. She's very aware of it though. She's very aware of that. She doesn't eat a lot. She's very good and what her friends eat in comparison – you know they down the chocolate machine in school, and she doesn't touch it.

They eat bars and bars and they're all like thick, as we call them. But you know what I mean. Some people can get away with it, can't they? Which does seem a bit wrong.

Steve: *It seems that way.*

Jill: Yeah.

Steve: Notice my little comment, it seems that way. It's just like saying, yes, but I don't buy it completely. It seems that way. Seems is like, yeah, that's how you perceive it. Perception is different from reality. So, I'm not

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buying into what she's saying, but I'm maintaining rapport, yet at the same time kind of gently challenging. Yes, it seems that way.

Steve: *And what about your partner?*

Jill: My partner? Well, he gave up smoking with me. We did it together. We're quite proud of that. He actually put on weight too. He put on about four stone, and he has managed – he manages to maintain that. He does a lot of bike riding.

Steve: *So, did he manage to lose some of that four stone that he put on?*

Jill: By taking up bike riding. Yeah. He eats like a horse, but he burns off a lot of energy and goes out every day on his bike.

Steve: *Do you all eat together as a family?*

Jill: Yes.

Steve: *And the middle – the youngest daughter, the thin one – what does she eat when you all are eating? What does she eat? Because I get this picture...*

Jill: The same.

Steve: *She eats exactly the same?*

Jill: She eats more, yeah.

Steve: *She eats more than everybody else?*

Jill: Yeah. She doesn't want to stop eating, but she's very energetic too. She's a muncher, all day.

Steve: *And she's very energetic too?*

Jill: *What I'd like to do is to ask you a little about what went wrong last time you were successful. How you've managed to sabotage that. Undoubtedly, nine months of effort to achieve two stone weight loss, if that was me and after nine months, I've put in a lot of time here. I'm not going to let go that easily. I'm not going to give in and just say, to damn with it. I'm going to carry on.*

I've invested nine months of my life in doing this. Fine, okay, two stone. Maybe it would be nice to have more, but that's still quite a little amount. Two stone is pretty good, even so, for anybody, any time. So, I'm wondering what somehow sabotaged that. That you just said okay, it doesn't matter anymore. You'd actually come

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quite far. What was the thought utmost in your mind that somehow...

Jill: I don't know. I got more children, so I worked five days a week, so it's hard for me to get down to the gym. Winter, obviously, came around, so I couldn't get out in the morning and go out in my back because it was dark. I actually don't know what it was. It could have been partly the fact that it was such a big thing.

I'd go to Weight Watchers and I'd put on a pound or so, and I couldn't understand why when I'd stuck to the diet. That was a bit disheartening. Then I might go back the next week and I'd be the same. So, that's two weeks, and nothing's moved, and I'd munched on salad for two weeks and potatoes.

The only barriers I can think of that came around was that I worked longer hours, so I found it hard to find time for myself to do things for myself.

Steve: ***Right now, in your life, is your life any different from that?***

Jill: No. I still work hard and long hours.

Steve: ***Why?***

Jill: Why?

Steve: ***Why do you work so hard?***

Jill: Because I have to financially.

Steve: ***You have to. What happens if you get ill?***

Jill: I try not to be off sick because I don't get paid if I'm sick.

Steve: ***Yeah. Imagine you didn't get paid. Imagine you were ill and you had to take three months. Say you break your legs or something and you're off sick for three months. What's the worst that can happen?***

Jill: Well, it wouldn't be anything drastic I'd survive.

Steve: ***You're kidding me.***

Notice how I sit patiently and listen to her. I give her plenty of time now to tell her story. Then, I say to her, what if...? What if you broke your leg and you couldn't work for three months and couldn't earn any money?

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What's the worst that could happen? She says well, it wouldn't be that bad.

This is exactly what I was hoping she would say because she's given a huge excuse here why she can't lose weight. She has to work. She's got all this work. She needs the money. She still has to work now. This is the reason she can't lose weight.

I'm asking why work so hard? Is this not just an excuse, or are you deliberately trying to sabotage it? What's going on here? So, what's the worst that could happen? Often if you go to the worst possible scenario, it's often not as bad as they think. When then realize that, they think, well, maybe I could just stop work.

In fact, I've had some patients who I've actually had to hold them back from quitting jobs and taking more time for themselves because it was too much, too soon. They thought hang on a minute, yes, what am I doing for Heaven's sake? I should have a better life than this.

I'm like slow down. Slow down because your whole life will change if you suddenly make these dramatic changes very quickly. Your relationships will change too. Once people realize, hang on a minute yeah, the worst thing that could happen is I'd probably feel more relaxed. I wouldn't have a big worry. Then, they want to go and do it.

So, go there sometimes. I just say to someone, what's the worst that could happen if? Often, they'll be surprised at how much easier it is, and it's not really a big issue.

Jill: Right.

Steve: ***Do you mean you could take three months off work and you'd still survive?***

Jill: I'd survive. Yeah. We'd survive, but it would be very difficult financially.

Steve: ***Do you reckon somehow that it would balance out somewhere along the line. Somehow, something else would change and somehow it would right itself? Things tend to find their own kind of balance, equilibrium, if something gets upset, sort of one-sided, then it kind of evens out somewhere else and then kind of levels off again. That's the nature of life.***

I have a sense that if that if you did find that you were without work for three months, somehow you'd make up for that somewhere else. Something else would come out of that.

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Some people find that if something like that happens, they end up on their backs for three months, then they start studying a new subject or getting interested in something else, and they end up with a new career with four times the wage. Something always comes from that.

Jill: I suppose I'm worried to do it in case, financially, things didn't pick up. I'm very fond of the children I look after. I'm very fond of them, so if I sort of didn't have them anymore, I would lose them because obviously, the mothers would have to find alternative care.

Steve: ***Do you have some favorites, ones you like best?***

Jill: I love them all.

Steve: ***You love all of them?***

Jill: Yeah, I love children.

Steve: ***But some that you feel closer though?***

Jill: No?

Steve: ***So, it would be hard to choose who not to have?***

Jill: Oh, yeah. I couldn't decide on that at all.

Steve: ***That would be down to what hours I suppose. If you said, I can't see anybody after four or something like that. That would kind of...***

Jill: It doesn't work that way, see? They come half past seven in the morning until half past six because of the parents' hours. They have to get to work and things like that.

Steve: ***What would have to happen to recreate the situation or the context that you were in back then when you were succeeding? What would have to happen to recreate that context? Because that was working, and then something came along and sabotaged it.***

Jill: Yeah. Well, I was only doing three days a week; working three days a week. So, I had four days to find time for myself and do my own thing a bit.

Steve: ***But then to have four days off now, that's quite unrealistic, isn't it?***

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Steve: Notice now, I'm challenging her. She's told me the background. When she was successful, she had four days off a week. She's also told me that she's got all these children now, and she can't bear to be without them because she misses them all. I tried to kind of negotiate a little bit. Are some of them her favorites, maybe just see those, but she wouldn't buy that one?

So, now I'm taking the other attack. I'm going to come at it at a different angle here. I'm challenging her here. I'm say, surely you can't take four days off now? I want to see how she responds to this because if she starts to defend it and says, well, maybe I could, then I'm going to say, surely not.

I'm not sure how she's going to respond. Let's see what happens.

Jill: It's not unrealistic, but I suppose you get used to your income, don't you? You're used to your lifestyle, and if my money dropped, you know...

Steve: *What's your grocery bill like?*

Jill: Enormous. I seem to live in the shops, but I do feed these children as well. A lot of people are eating at my house.

Steve: *So you have an enormous grocery bill. A lot of people eat in your house. In order to be able to pay the grocery bill, you have to work the way you do.*

Isn't this lovely? This lovely little vicious circle she's got in her house there. She has enormous grocery bills because there are so many people to feed and this family of hers all sit there at the table and eat lots and lots of food. Even the skinny one eats more food than they do. So you've got this enormous grocery bill. They need the money for Heaven's sake.

Hang on a minute if they didn't have enough money to buy all the food, they'd eat less. So, the fact that she works, does this job and works so damn hard means she can stuff her face because she's got so much money that she can just buy all the food.

They're not going to starve if they have half the income because they're not skinny. They can afford to lose weight. I'm saying they here because we've talking about the partner, the other daughter and the mother; they all have a weight problem to different degrees.

So, if they reduced their income, they'd buy less food and they'd eat less because they wouldn't have the money to spend. They wouldn't be so flamboyant with their income.

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So, I'm thinking well okay, is there some way that she can actually work less, go back to the four days off a week so she can exercise and have less money coming in? It makes a lot of sense.

Can you see how she's actually gotten trapped in a little vicious circle there? Needs the money to buy the food, to pay the grocery bill and therefore, has the food there and she has to eat it. It doesn't make sense does it? It's not good. It's useful and not healthy.

I have a sense that if you had a smaller grocery bill, you might even eat a little less. Because, if there's less food around, you might eat less but, of course, there's not going to be less food around if you're going to be working every day and then earning all that money. It's almost like if you went through a period of hardship you'd probably lose weight reasonably well.

Jill: I don't know if it works like that, to be honest.

Steve: ***It depends on what kind of hardship you had.***

Jill: Because, if you financially can't afford nice things, like nice fruit and things like that to keep, so that you enjoy what you're eating – if you've got very basic foods because of your finance is... it could be even more boring.

Steve: ***Boring?***

Jill: Yeah.

Steve: ***What kind of foods do you eat?***

Jill: Well, I actually really like healthy food. I love pasta. I love jacket potatoes. I love salad. My weakness is crisps. I love jacket potatoes, salad and stuff like that. I love pasta. I'm not bothered about meat.

Steve: ***Do you eat the crisps with a meal or separately?***

Jill: Separately. That's usually when I'm unwinding in the evening. I like a packet of crisps.

Steve: ***Do you have to unwind?***

Jill: Yeah.

Steve: ***Is that because you're so busy in the day?***

Jill: Yeah. It's just nice to sit by the television, isn't it? I like a glass of wine.

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Steve: *A glass of wine with your crisps?*

Jill: Yeah.

Steve: This is very interesting. A glass of wine with her crisps in the evening to unwind, because she's working so damn hard. Doesn't it just call out to you, just work less! Do less work. That's what you were doing when you were so successful.

Can't you just see this? Just give up some time off work and just free up your time a little bit so you can exercise and do all these things.

Hang on a minute. Salads are more expensive than the fattening foods? I don't think so somehow. If she earns less, she'll have to eat fattening food? I can't believe that. I'm not taking that on. I don't believe that to be true.

It's an interesting excuse that she's making there do you see what's happening. She wants to lose weight, but she's sabotaging everything we're suggesting. What's going on here? There's other need that's being met by her having a weight problem. Somehow, it's fulfilling some need for her. Maybe it's comforting in some way. I don't know what's going on there, but there's some need being met somehow.

Steve: *So you use the crisps as a kind of blotting paper.*

Jill: Yeah. I've got the wine now. It's not always a bottle. I've cut down on the amount of alcohol, but I do like a glass of wine.

Steve: *I imagine it's nice to wind down, have that drink and that crisp. It's like a reward for this effort that you're putting into the day.*

Jill: Yes. I'm aware of it. And, if I'm fed up or peeved with somebody, that's when I will go out and buy a bar of chocolate. I'm very aware of what I do. You tend to sort of do it again, like you say.

Steve: *You're aware of what you do, but you don't do anything about it to change it.*

Jill: No. I know. This is what...

Steve: *So, maybe you actually want to be like this.*

Jill: No.

Steve: *If you really wanted to be like this, you could consciously just choose it. I'm not going to do this or I'm not going to do that.*

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See, here I'm challenging her. I want her to fight back here now. I'm saying, maybe you want to do this. I want her to say, no! Because so far, she's just sabotaging everything I'm saying and finding ways around it. Then, she'll come up with a little snippet of information that's useful.

I want her to now argue with me that she does really want to do this. She really does want to lose weight. She doesn't like be like this. So, I'm pushing things out at the moment to see how she's going to respond to them.

Steve: *If you really wanted to lose weight...*

Jill: But I do really want to lose weight.

Steve: *You know I have a sense that you think you really want to lose weight.*

Jill: No. I do want to lose weight.

Steve: *Let me tell you now –you're in Surrey, do you ever go down to Sussex?*

Jill: Occasionally.

Steve: *Have you ever been to somewhere called Beachy Head?*

Jill: Once, I think.

Steve: *Was it a cliff?*

Jill: Yeah.

Steve: *If we were on the edge of the Beachy Head right now, and I said to you, you have two choices here either, you say I'm going to lose weight or over you go. That's your choice. Over you go, that's it. Finished or you lose weight.*

Jill: Yeah. I'd probably lose the weight.

Steve: *Yeah, I think you'd choose that. This is like a decision where you say yes, and you mean it. You make a contract knowing that if you break that contract, the other alternative is not very nice.*

If it's a matter of life or death, yes, I would believe you that you want to lose weight. At the moment, I don't believe you because I think if you were in that context, you would not hesitate. You would change your life. You would probably work less. You'd give yourself more free time.

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You'd go back to what worked before in terms of success, you'd be there and you'd pursue it that way because that's the only way you know. And, it did actually work for you then, even though things kind of got sabotaged. That's probably what you would do if it was life or death.

I think the first thing you'd do is try to recreate what succeeded last time, and use that as a starting point.

Jill: Yeah.

Steve: ***But you're actually choosing not to do it because you don't see it as a matter of life or death.***

Jill: I don't see it as a matter of life or death.

Steve: What did she say when she came in? She wanted to get her head around it. So, what are we working with here? We're not working with her body. We're working with her head, her attitude and her degree of motivation. She's lacking any motivation, and I'm challenging her. I'm saying if you really want to do it, you can do it.

I'm even saying you don't even need me to help you with it. You can do it because you've done it before. So, I'm really pushing her here. I want to get her to fight back and say, I can do it and the way I'm going to do it is to do what you're telling me. I want her to agree in that way because she's a fighter.

I want her to win by agreeing to do what I'm telling her and she'll feel that she's actually walked away from this having won. It's not an argument, but a negotiation that we're doing here.

If it was a matter of life or death, she'd choose to get her act together, get her head together and lose weight. She knows how to do it. So, I'm pushing her into this tight corner to see how she responds, and she's responding exactly as I want her to respond very positively. Let's see where it goes from here.

Jill: I still want to lose weight. I'm not happy as I am.

Steve: ***You're not happy. I know that.***

Jill: No, and I want to lose weight, but I just find it very hard. Struggle to as you say yes, I understand what you're saying. Don't work. Get yourself more time. Do more things for yourself, but...

Steve: ***But you wouldn't do that.***

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Jill: But!

Steve: *You're not going to do that. You're not going to do that.*

Jill: I'm not going to do what?

Steve: *Create more time for yourself, go back to what succeeded before, have another go at it and take care of what sabotaged it. We could do that. We could actually look at what caused you the sabotage and work on those things. We know you can be successful. What you weren't able to do was maintain the success.*

So, we could work on what sabotaged it, if only you made the decision that you were going to actually do this. I have sense that you're not because, okay, you're unhappy, but you need to be a lot more unhappy in order to really feel motivated to do this.

You see, the only thing that would really make you get off your backside, off this chair, is if I put a lighted candle or something underneath it and it got so hot, you couldn't sit down. Sometimes people need something like that. You know that but that came in? It's almost you need a kick of the but.

Jill: Yeah. I've said that to a few people.

Steve: *Part of my reason for being here with you is maybe to help you do that. You come here because you want help, and I just tell you that I'm not a tour guide. You take the journey. I've got the map. What I do is I show you the map and the directions. I don't put you on my back and carry you. You're the one that has to do it.*

In order for you to do it, I need to know that you actually want to take the journey anyway, and that once you start, you're going to be willing to commit yourself to that journey. I will take care of all the things that could perhaps go wrong on the way. But I need to know you want to actually go there. I understand it seems like a long road.

Jill: I do want to go there.

Steve: *Shall we have a show of hands?*

Jill: I would like help.

Steve: *I know you want help.*

Jill: I feel that it's up here, as I said when I came in, I don't know. Somewhere I just get unmotivated or whatever. I don't know. I suppose

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it's a combination of I'm getting old now and things like that. I sometimes think to myself well, maybe it's because you've had your young days, you've had your good times.

Steve: Here come the excuses again. Middle aged. You've had your fun. Let go. A lot of people have that kind of attitude, don't they? Married, got the kids, okay, let yourself go now and not bother taking care of yourself. That's it, over the hill.

Hang on a minute. Come on. **Life is fantastic. Life can be incredible. You just have to choose to make it that way.** What on Earth is she saying to herself, letting herself go like this; this is not the way forward. This is part of her personality, this *but* we talked about.

Isn't it interesting that I started the whole session by talking about words, and *but* was the one we said we didn't like. We talked about *yet, and, as, when* all of these positive words. See how she's using the negative words on herself, not just us.

So, I'm still challenging her here. I actually said at one point, should we have a show of hands? I thought maybe we need the whole group, to vote on whether she's motivated or not, she needs to literally have a kick in the ass.

That's why I said to her, the only way you're going to get out of this seat is if I put a candle underneath it. I'm challenging and challenging her because I want her to just accept that she's still holding on to the old fixed way of feeling and believing. She's still not fully there yet. But she will be.

Jill: Maybe really, I don't want it.

Steve: ***You've had your good times.***

See, now she's loosening up. I said you've had your good times, and she's laughing because she knows where I'm going with this. She's now laughing at what? She's laughing at herself. This is great.

She's no longer holding on to that fixed view she's letting go now. She's laughing at the fact that she just said I'm over the hill. I'm too old for this. She's laughing at herself because she realizes it's ridiculous. So, this is a good part here, what's happening. I'll actually play it out a little bit more, and tease her some more on this.

Steve: ***Let's face it you're a, has been Jill. Let's face it you're a, has been. That's it for you, you're over the hill.***

Jill: No, it's not. I don't want it to be.

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Come on. Be honest. Just be honest. Hold a mirror up and just look into your face and realize you're a has been. That's it. You're over the hill. I dare ask how old you are. I'd be shocked, I'm sure.

So, I'm provoking her here, but I'm doing it with humor, and she's laughing. She's laughing at herself. Remember, she's not laughing at me. She's laughing at herself because she sees that she's actually crazy to make these stupid kind of wild statements about herself, which are simply not true.

Now, you can only do something like this when you have good rapport with your patient. If you start provoking somebody without the rapport, they may go the other way, and take offense and start attacking you and defending themselves. Here, what's going on? She can now see how ridiculous the whole situation is. So, she's loosening up. This is an important point in this session.

Steve: ***What a load of bullshit.***

Jill: What is?

Steve: ***The stuff that comes out of your mouth.***

Jill: Is it?

Steve: ***I've never heard such bloody crap in my life.***

Jill: But it's true.

Steve: ***Crap should come out of that little hole in your bum, not out of that one. It's a pile of shit you're talking.***

Jill: Yeah, it is. I agree with you, but it happens, doesn't it? Shit happens.

Steve: ***But not out of that hole.***

Jill: There must have been a time in your life when you thought God, I'm fat, I don't know, maybe I'm past it these days. Everyone must think that at some time in their lives.

Steve: ***It was a nice surprise, actually.***

Jill: But everyone must get to a stage in their life, it must be a middle-aged crisis or something, and you sort of think oh, God...

Steve: ***That's a lot of rubbish. Don't go to Beachy Head. What a pain in the ass. Where do you get these, Jill where did you dig them out from? Are they all like you in Surrey?***

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Jill: Yeah. No, they're a lot younger.

Steve: *Well, let's come back to this. I'm going to assume something, and I'm going to assume that even though I'm not getting messages that say, yes I'm going for it! I'm going to assume there's a part of you that does really, really believe that you can. I'm going to assume that is there, and I'm going to thank the part for being there.*

I'm also going to ask that part to be more and more evident and obvious in your life. So, I'm going to proceed as if that part is already shouting, yeah, yeah, yeah! Do you understand?

I'm going to carry on because I don't want to just say go home. I actually believe there's a part of you that really can do it. It's starting to surface a little bit.

Okay, so we come to the next part in the session. She's had her stage, her platform to perform on consciously. Everything she's been giving us is conscious stuff. This is all her conscious mind talking. Of course, earlier in the session, we talked about the part of her in here that could do things like tie shoelaces. This is what I'm referring now, is going to this particular part.

I believe there's a part that can do this for you that's saying yes, I want this to happen. Everything she has said is conscious, so this is the first stage now where we're going to go into the unconscious, talk to the unconscious and get it involved in the process.

Something important here, I just said I want to thank it. How did she make sense of that? I'm now saying to her, there's a part of her that I want to thank. Automatically, it gives that part some kind of status and shows it has some kind of a caring role, some kind of therapeutic role because it's being thanked in advance of what it's to do. So, it implies that it will do something positive.

Now, we're going to work on talking to the unconscious and using trance in a more formal way.

I'm going to assume that's what it's going to do, and I want to take you one step further. What do you like to do interests, apart from wine, crisps and TV?

Jill: I don't actually do a lot more than that, I suppose, in reality. I'm interested in meditation and things like that. I love animals. I love horses.

Steve: *You love animals, yes.*

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Jill: Yeah, I used to horse ride a lot. I used to teach riding? I would maybe like to ride again. That would be nice.

Steve: What am I doing here? I'm asking her about her interests. Why would I be interested in her interests? Well, simply because most leisure interests have associated with them a kind of trance state.

Whether it's a passive interest like watching television, painting, listening to music or, an active pursuit like a sport such as walking in the countryside, there's a trance state, an altered state of awareness that's associated with that leisure interest.

I'm going to probably use a leisure interest as an induction. So, I'm looking here to find out what things she likes to do because it will be familiar to her and I can get her to recall it. By her recalling it, she'll automatically also recall the feelings of that trance state that's associated with it. That will be my way in to working hypnotically with her.

Do you have a favorite horse?

Jill: Do I have a favorite horse? I've got lots of favorite horses.

Steve: ***You know, horse riding was actually quite special, wasn't it? It meant something to you in some way?***

Jill: Oh yeah, freedom.

Steve: ***Yes. And what did it feel like when you were riding a horse and you had that sense of freedom? Can you describe it? If it was me, I was on horseback, and I had that sense of freedom, would I have the wind blowing through my hair? Is that sort of happening, something like that?***

Jill: Yes.

Steve: ***And what would my body feel like? Would there be like a rhythm, a letting go kind of feeling? What would it be like?***

I'm asking her to teach me what it's like to ride a horse. She mentioned the word freedom here. That's a very interesting word, isn't it it's very different from all the negative words she's been using.

Now, we're going to be using the whole concept of freedom and getting her to describe the feeling of riding a horse by telling me what I should feel like. By doing that, she's going to be recreating within her the actual sensations. That's the only way, in fact, that she can describe what it feels like is to go back into the feeling herself in order to tell me.

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So, I'm using this as an excuse, kind of tell me, teach me how I should feel if I'm on a horse, simply so that she re-accesses the feelings and therefore, reacts as this is the trance state associated with those feelings. This is a very indirect kind of hypnotic induction technique using a leisure activity.

Jill: Yeah. I suppose just feeling really free and nice, like you said, and everything.

Steve: ***Yeah.***

Jill: Galloping on the beach.

Steve: ***And not thinking, not worrying about anything else. It's a very pleasant experience. Very much in the moment as you're doing that. Along the beach, did you say?***

Jill: Yeah.

Steve: ***So, you have the sound of the waves and maybe the smell of the salt from the ocean, as well.***

Jill: Yeah.

Steve: ***And the colors of the ocean. You know where the horizon line is where the sea and the sky meet, and that kind of a blur of colors that kind of merge into one***

Jill: Yeah.

Steve: She's giving us a gift here. Not only does she ride a horse, but she rides it along the beach. Wow. How many people like to be on the beach as a hypnotic induction? It's a great place for a hypnotic induction, to take someone to an imaginary beach. Now, she's got a beach. Let's recreate it for her, so what do we mention?

- The sound of the waves. Auditory.
- The salt, the taste and the smell of the salt.
- The colors, we talk about the horizon line where the colors blur.

We're using her senses. Sound, smell, taste and vision. We're recreating a three-dimensional kind of reality of the beach in her head as I'm talking about these different senses, so she's experiencing them in her head.

So, she's not going outside externally. She's going internally, into her mind, recreating the images, the sounds, the feelings, the tastes and the smells so that she can experience it and talk about it more. She's starting to go into hypnosis in fact, because she's focusing internally.

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Steve: *I imagine doing that, if it's like a nice breeze, not too hot, a nice breeze and a few clouds in the sky. It must be fantastic.*

Jill: Yeah.

Steve: *So, it's like a feeling of being free, but a certain feeling of being in control of your freedom. Do you know what I mean by that? I could imagine that. It's almost like you're there now. It's almost like I can see you're almost there now in a way.*

Seeing that, hearing the sound of the hooves on the sand, it has a very distinctive sound, doesn't it, the horse hooves on the sand? Even now Jill, as you breathe, each time you breathe, each time your eyes blink and get a little more comfortable, just allow yourself to get here.

So, we talked about the wind on the beach. Why wind? You hear the wind. You feel it on your face so it brings in the kinesthetics as well, the sound of the horse hooves, which is a very distinctive sound. So, she heard them and maybe you even heard them yourself as I mentioned horse hooves on the sand. Can you imagine that now? Of course.

So, we're recreating this world inside her head. Then, we brought the *as* word in. Remember talking about the important *as* word because it implies some momentum. This is what we were talking about.

And even as you breathe, and as your eyes blink, so you can kind of go there now. So, we're utilizing her blinking to deepen the process of going there. We're utilizing her breathing as part of the process of going there. This is called the dependent suggestion. It's one of the language patterns.

Maybe be on that beach, and recall that feeling of freedom, because that's an important feeling for you.

Jill: She sighs.

Steve: *Yes. That's right.*

Jill: Yeah.

Steve: *There's emotion with that as well, a very important feeling.*

You can see by her face that she's going now to that special place. She's on the beach. She's experiencing it. I actually said to her, I think you're there now. You can experience it now.

There was a bit of emotion there as well. I picked up on that. Sometimes when people feel an emotion, it doesn't necessarily mean the memory is

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unhappy or sad. It's sometimes because the event is no longer part of their life. So they feel kind of almost they've lost something in some way, but the memory itself is not actually sad.

Whatever you feel here is entirely appropriate. This is the best place to feel whatever you feel.

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Seminar 1 – Part 4

Steve: Sometimes you need to re-assure your patient because they're having feelings, and they make think, I don't want this to happen in front of an audience, for example. I don't want to let these emotions come out so soon in a therapy session. So, you need to re-assure them sometimes.

I said, whatever you feel now is entirely appropriate, and you're in the best place to feel it. By saying this, it frees her to let any feelings come, should they need to

As you're there now, just getting a sense of that, I'm going to talk to you and more importantly, I want to talk to the part of you, like it's the part of you that knows how to tie shoelaces. It's the part of you that knows what it's like to ride a horse with freedom and the part of you that knows about the real value of life.

Notice I said, I want to talk to a part of you. So, I'm bringing this whole concept now of talking to the part of her that can tie shoelaces. Of course, I'm talking about her unconscious mind.

You might have noticed there, she just opened her eyes a little bit when I said I want to talk to you. I think that was a literal response to what I'd just said. That's a good sign that she responded so quickly.

If your patient opens their eyes as they're going into trance, don't take it as being anything important or serious. Just carry on working. Carry on working. If they consistently open their eyes, you might want to talk to them about it and utilize it in some way.

You could even say, as you open your eyes, you go deeper into hypnosis. You can turn it around if you want. Normally, don't bother picking up on it. Just notice it, and then just carry on talking, as I did.

The value of life and it's that part of you that also knows that life is precious. Your life is precious. Your life is really, precious. And, that part of you that knows that your life is precious also knows that really this life you've been given is an opportunity.

It's an opportunity for things to happen, for you to have all kinds of experiences, learning and discovering all kinds of new ways of thinking, feeling and being.

I'm telling her that her life is precious. It's true, and I believe it. I believe it of everybody. By doing this and talking to her unconscious while she's in this kind of light trance state she's in at the moment, telling her that her life is precious, is saying hang on a minute stop sabotaging herself.

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Stop putting a roadblock there, believing you've got this kind of life sentence ahead of you your life is precious, you are a special person. It's about self-esteem here. I'm trying to rebuild her self-esteem. Get her to have a sense of how important she is, and that she is someone special and something to be valued and appreciated.

You might notice also that I use nominalizations at this point. That it's a life where you can experience new developments, discoveries and new learnings. These are very nonspecific, and the reason I'm using these particular words is because they are nonspecific, and she can't contradict me and say, no, you're wrong about that one.

They're so open that she can make sense of them in your own particular way.

It's not just a life. It's full. It's rich. Full of experiences. Rich experiences of many kinds. Life is full of rich experiences.

Life is full of rich experiences. It's an opportunity. Remember, I said that it's an opportunity. It's not full of food. It's full of opportunities for rich experiences.

She's working every day with the children. She loves the children, but she's got no time for herself. Remember I said that life is precious and she's special. She should fill her life with rich experiences. The opportunities are there.

Do you see how I'm swapping one for the other? I'm putting opportunities and rich experiences in the place of the food.

One of those experiences is the experience of feeling free. Feeling that sense of freedom, a kind of independence, of letting go and a strength. Isn't that interesting that strength comes from freedom? There's an inner strength that comes from freedom.

She first used the word freedom to talk about riding a horse. Now, I'm bringing the word freedom in. One of the rich life experiences is that of freedom, and I'm now linking the word freedom with the word strength—inner strength— isn't it interesting how inner strength comes from freedom?

Do you see how I'm making one word contingent upon the other? It doesn't matter if they literally are contingent upon one another. You create it that way in hypnosis, and it's believable because it's in hypnosis. Inner strength comes from freedom. So, the freedom she talked about can give her inner strength, which is exactly what she needs to get her head around her weight problem.

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A real inner strength that comes from freedom, the part of you that knows all about this can take you on a journey now.

The part that knows this, of course, is the unconscious mind. Can take you on a journey now, and we're talking about hypnosis. Notice my hand comes and touches her on the shoulder, anchors that trance state that we talked about earlier. We're bringing the three together:

- The touch
- The part (unconscious)
- The prediction of the journey that's to follow

I'd like this part of you to do something very special and that is to review carefully, and in great detail without your having to try to do it consciously. Every aspect of that experience of succeeding.

Okay, so we've asked her unconscious mind to review. That means go back and look at it again all of the aspects of her success. So, we're kind of gathering resources together. This is quite a regular common hypnotic technique:

- Go back in time.
- Look at what worked.
- Gather all the resources together at an unconscious level, not a conscious level, so we can apply them to her future.

To review in every detail in every way. In every way, in every detail very carefully, in every aspect of that experience that you've had of successfully losing weight.

Listen to my tonality there, to review in every detail the experience that you've had of successfully losing weight. See how the emphasis is on you've had. It's like, hang on a minute. This isn't something you've got to create and pretend happened. You've already done it. So, there can't be any denial of it. You've had that.

So, it's the unconscious mind, go back and check out how she did it. We want to know because she wants to apply it in her future. That's the basic message.

And identify everything there is to identify about that success, almost as if it's creating a kind of template, a template or a map of success.

Creating a template or map– she's on a journey. She needs a map. The great thing about a template or a map is it's of a territory its a set of instructions that you just fit over a reality. So, this is what works fit it over your reality and follow the instructions. It's very simple.

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So, it's like a program that you're asking the unconscious mind to follow in the future. Just check out the past program that worked and just take it out and apply to the future.

A way of guaranteeing success. A way that if you follow that map or use that template or blueprint it guarantees your success. And to look at it in great detail, and whilst that part of you is doing that, you can just enjoy the sound of the horse's hooves on the sand.

My hand goes on her shoulder again as I talk to the unconscious. And whilst you are doing that, you can enjoy the sound of the horse's hooves on the sand. I'm talking to two different people here. The part that I touch on the shoulder is the unconscious. And whilst this is happening, you (meaning her conscious mind, the person in the chair) can enjoy the sound of the horse's hooves.

I don't want her to listen. I want her to be off on her little fantasy on the beach. She doesn't have to pay any attention to what her unconscious mind is doing because I don't want her getting in there and sabotaging it. So, I distract the conscious mind by getting it involved in some other activity; in this case, it's riding a horse on the beach. So now, the unconscious mind can do the good work for her.

The gallop- the wind in your hair, the smell of the salt from the ocean and maybe the spray on your face. The warmth of the sun on your back, on your head, and the sound of birds up in the sky, and the waves coming onto the beach, and the sound of the waves, and the color of the white foam.

A cloud drifting across the sky, and as it passes in front of the sun, you feel cool, as the sun hides behind the cloud, and the breeze and that freedom. And as you're experiencing this freedom now, this other part of you is reviewing in detail everything there is to know about your success.

Did you notice the subtle shift in my posture just then when I went from talking about the beach, which was to conscious mind and I was very hypnotic. When I went to her unconscious mind, I just moved my head so I'm talking just slightly behind her.

The reason I'm doing this is because the location of my voice changes when I shift my posture. She can't see me, but she can hear me. So, I'm separating or marking out my communications.

- One to her conscious mind, which is towards the front
- One to her unconscious mind, which is towards the back.

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Losing weight. And then as you do this, I'd like this part of you to also review everything that happened back then that somehow sabotaged, back then, that success.

Okay. I go one step further. Notice I actually move my chair now because I'm now talking to her unconscious. So, rather than keep bending over to talk to her, I actually move my position. I've actually changed the position of my chair so I can talk to the unconscious.

Then, I talk about *as you do this* (and by this, I mean look at the success, every aspect of the success). I'll say, *as you're looking at every aspect of the success, also look at how she sabotaged this.*

So, I'm getting the unconscious to do two things. You might ask, why not let her do one thing at a time? You don't need to with the unconscious. The unconscious can do many things simultaneously. The conscious mind can normally handle plus or minus seven or so chunks of information, according to George Miller.

The unconscious mind can handle many, many more chunks of information. The unconscious mind can do many tasks simultaneously. That's how come it can drive a car. So, we can give the unconscious mind many different tasks. In this case, I've asked it to do two things:

1. Examine every detail of her success, and
2. Examine how she tried to sabotage that.

To review it in great detail. To learn everything there is to learn about how you sabotaged that back then. All the things that happened that, back then, somehow prevented that success continuing, back then.

Okay. Back then. Back then. Back then. Those are my words. What am I doing? I'm now placing the sabotage in the past. Back then. Back then. Back then. Hypnotically, I'm actually telling her it will not happen in the future because it only happened back then, back then, back then.

I'm using repetition because in hypnosis, if you use repetition, the chance becomes a kind of an adhesive. It makes suggestions stick if you repeat them. You can repeat them directly, as I've done here. Or you can repeat them more indirectly by using different words but with the same meaning.

The point I'm making here is I'm putting the problem in the past because I don't want it to be part of her present or her future. So, back then, back then. I'm pushing it way behind her. My hand is actually saying back then.

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Sometimes people say to me, she can't see your hand. Why are you moving your hand? It's because if you say, back then, it doesn't sound as good as BACK THEN, when you move your hand, the voice tonality changes. There's more kind of emphasis. BACK THEN.

So, you'll find me using my hands a lot and moving around in the chair when I'm talking, even though she can't see me, simply because it means my communication is 100% convert, so I encourage you to do that as well.

And for that part of you to learn everything there is to know about how that sabotage occurred then. And the breeze on your face, maybe more so on the left then the right. Which direction is the wind, I wonder, right now. Get a sense of that. And as you're doing this, this part of you can also review carefully in every detail your vocabulary. The words you use to describe yourself.

Notice that, I just moved from my chair very slightly forward and then I talked about the beach, the wind on her face, and I didn't know if it was the left side or the right side of her face. What I'm doing is keeping her occupied, just in case she's a eavesdropping on what I'm saying to her unconscious.

I come back to her conscious and say, okay, you're on the beach still, and where is the wind. I'm not sure where it is. I wonder where it might be. Then I said, as you're doing that (to her unconscious), as she's riding on the beach, what you can do is you can now review everything about her vocabulary that somehow gets in the way and stops her achieving what she wants.

So, now we're giving her a third task. The unconscious is now working on her vocabulary. I don't need to tell you why we need to do this. She's full of negative vocabulary that gets in the way of her success. So we're giving her unconscious to work on this part now.

The words you use to describe success and failure. The words you use and have used in the past, especially those words that you've used in the past that in some way have, in the past, prevented you from maintaining your success.

Any words that you may have used, back then, or have been using even recently that somehow in some way could have prevented you, then, from maintaining your success at losing weight. And to review those words and to create some very, very slim alternatives. Some thin positive alternative words.

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How interesting here. We're getting her vocabulary moving around here. Notice I keep putting it in the past. The words she used in the past. Back then. The words she used then. Or maybe recently, but it's not now. It's not in the future it's always behind her.

To take those words, to review those words that prevented her from being successful, and to create some alternative words, but we don't just call them alternative words. Alternative slim words. Alternative thin words. So now, positive words, which help her with her success, are called thin words. What's that imply? The words in the past, the negative words, were heavy words. They were the fat words. So, she's creating new words out her vocabulary.

Now, we set up the whole session, right at the very beginning, talking about words remember that? Talking about *yet*, *but*, and *as*, etc. Can you see how now we've brought these in? The question I'd like to ask you is how did I know – because I hadn't met this woman before – how did I know right at the beginning of the session that what we'd be needing to do is work on her vocabulary?

It's so obvious. The way she's been talking to us that her vocabulary blocks her from succeeding. But somehow, I picked it up right at the very beginning. Maybe from just one or two words, I heard her say when she first came in the room.

I don't know. I didn't even sit down and talk to her. But I somehow picked something up that we needed to do. Now, I'm feeding it back and using it as part of the therapy.

Some non-fattening words. Some slim, thin, healthy words as an alternative to the fattening words. Some non-fattening words. Some lovely non-fattening, easy to remember, slim, thin, wonderfully, beautiful words. That part of you to create those words as an alternative to those fattening words.

Same story here, I'm using the same technique- thin words- repetition. The important thing here I said, that part of you. I touched her on the shoulder – the unconscious. To create these non-fattening words it's interesting. We're talking about non-fattening and fattening words. Interesting concept, but doesn't it mirror what she talked about before about healthy food and non-healthy food.

Now, we aren't talking about food. We're talking about words. It's her brain, she has to get into gear, remember. And what does she think with? Words. She says things to herself because she says them to us. And they're being roadblocks. So, we're now drawing a parallel between the healthy food and thin, healthy words; and fattening food and fattening words.

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Do you see what we're going here? We're linking the two together so it's like she's on a diet. A vocabulary diet. She's not going to be using fattening words. It's a bizarre concept, but if you use positive words, guess what? You don't think negative things. You don't think bad things.

So, she's dieting on her vocabulary. She's changing the things she's going to be thinking about and saying, and because she's changing her thoughts and the words, her perception of reality will be different. So, she will make decisions in a different way, and her behaviors will be different.

And then, to give you those new slim words as a gift any time in your life. Any time. If ever you discover yourself using those old fattening words, instead that part of you will give you, as an alternative, those new wonderful non-fattening, slim, thin words.

Now, this is post-hypnotic suggestion. We're not asking her to do something in the here and now. We're asking her unconscious mind, in the future, at anytime, anywhere, wherever she is, if ever she's about to use the fattening words, her unconscious mind will give her the new alternative thin words. So this is post-hypnotic.

The trigger for the application of the thin words is that sense or that feeling, or the actual start of using fattening words. So, she might say something that is a fattening word – by that, I mean a negative – and as soon as she says it, she won't be able to say any more because the unconscious will kick in with some positive words. She won't know this is happening or, why it's happening. It will just happen to her.

Because it's happening to her, it's like she hasn't consciously got to make any effort. It just happens within, and it just comes to the surface. Those new words come out, and she discovers herself responding to those words in a new, positive way.

All the words that support your success, all the words that empower you, all the words that give you that inner strength, all the words that give you that sense of freedom. And every time you hear one of those new positive, thin, slim words in your head, you can have that sense of freedom.

It can be quite interesting, even amusing, to discover how one word is transformed into a new healthier word. All the words that you used to use that somehow blocked, got in the way of, delayed or sabotaged your success, all those words can be transformed into healthy, wonderful, strong, confident, certain, thin, slim words.

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Now, we're adding new nominalizations here. These slim words, healthy words are no longer just slim and thin words, they are strong, confident and positive. Notice how they're changing now self-esteem and feeling of achievement. All of this is part and parcel of those thin words...

...That empower you and give you feelings of freedom. Now, I don't know whether you'll take a deep breath after you hear yourself using those new slim, thin words, or whether you'll take a deep breath just before or as you use them.

Why do I want her to take a deep breath? Well, why take a deep breath? If you stood on a mountain and suddenly, there was a breathtaking view in front of you. Wow. It's an amazing feeling, taking a deep breath because something interesting is happening. It's like you stop breathing for a while, and you have to take a deep breath to get the oxygen to your brain.

I'm saying the same thing will happen. It's like she'll be in awe of these new words. When the word happens, she'll take a deep breath. I said, I don't know if it will happen before, when you're saying it or after. So, any kind of thoughts about this are not about whether it will happen. It's about when it'll happen.

The fact is it's a presupposition. The breath will happen anyway. The question is when will it happen? Just before, as or after this is a kind of double bind. She's going to be concerned with only one thing. When? Not whether it will. So, she accepts the fact that it will happen by paying attention to I wonder when it will happen.

So, I said, you can wonder about this. But also, I said it may even surprise you and it may be humorous. So, she may even laugh at it. Isn't that fantastic? Suddenly she finds herself saying positive things and feeling, wow, this feels great, taking a deep breath and then laughing at herself. That's very, very positive.

You can notice that as it happens. The wind on your face, the smell of salt in the air, the smell of the sea, the taste of the spray on your lips and maybe more on your upper lip than your lower lip. I don't know. And, the sound of the ocean, the sound of the movement of your body as you ride the horse, the sound of the horse, the breathing and the sound of the hooves, the whole experience.

Back to the beach again, isn't it interesting. Why should I take her back to the beach, then to the unconscious, back to the beach and then back to the unconscious? Every time I bring her back to the beach, and go through the same scenario, the smells, the taste, the images, etc., I'm

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kind of recreating the same state and installing a kind of amnesia for what I've been saying to the unconscious.

It's like if you're in a conversation with somebody, and someone comes along and distracts you, asks you a question, directions to somewhere. You give the answer, you go back to your original conversation, and you have amnesia for the fact that someone came over an interrupted you. You can't remember it happened because you're back into the original conversation again.

I'm creating amnesia for what I'm saying to the unconscious by coming back to the conscious and talking about the beach again. It's also maintaining the same depth of trance. Although trance does vary up and down, I'm kind of maintaining it and keeping it going. Making sure she's okay there. I'm keeping that in check as well, so it's achieving two things here.

It's also maintaining the separation between the unconscious and the conscious, because I'm having to move back and forwards keeping that distance, which also helps maintain the amnesia for the suggestions I'm giving to the unconscious.

I want her to become amnesic because I don't want her to know too much about what I've seen. So, I don't want her in there meddling and taking it apart and trying to analyze it, and then maybe sabotaging it. So, I'm trying to keep it separate.

A sense of freedom. It belongs to you. And you can have it again in this very special way. And when you ride that horse, there's a real sense of movement and direction in your life, a sense of control and freedom in your life. And that sense of control and freedom you have when you ride that horse is going to occur more and more and more in your daily life.

When you ride the horse, it's this real feeling of mood. Of course, we talked about her taking a journey. She's talked about this long road. So, she's riding this horse, and this feeling that she's getting from riding the horse of being in control, but being free because she's in control.

Control of what? Control of her weight problem. That she's going to feel these feelings more and more in her life, because I want her to carry on riding this horse in her imagination. Maybe in real life, if she wants to continue riding the horse, there's a real feeling of movement.

Where does movement want to go? It doesn't go backwards. Horses don't run backwards. They run forwards. So the movement is forward, towards the future. There's a real feeling of momentum and movement, giving her a sense of control from being free. So, that's a metaphor for her being in

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control of her life and her eating problem in the future, and getting a sense of freedom from that.

And when you ride that horse, you make decisions. You make decisions to go this way, that way, how fast, how slow, how long for. All these decisions, moment by moment, you make. And as you make a decision, your body responds to that decision automatically with your having to try because your body knows how to respond to those decisions, moment by moment, without your having to try.

Here comes that *try* word. Remember? We don't like the *try* word. She doesn't have to try. That's the whole thrust of the argument here is that we don't want her to try. We want her to let go of trying. Listen to what I'm saying here. The unconscious mind will make decisions, and her body will respond to those decisions. Her body will respond to those decisions without her having to try.

So, how is her body going to respond to what decisions? Well, the decisions are, of course, about moving left or right or going forward with the horse. But she also maintains her strength. The decisions will be about her sense of control, her strength, her willpower and her determination, etc. Her body will respond automatically by not feeling like it wants to eat as much or by exercising more.

It's like her body is responding automatically to the decisions that are made out of her conscious awareness, so it becomes effortless. Because she's not trying, she won't feel a sense of failure because it all happens unconsciously, automatically.

Now, when you decide to go left, you make that decision and your body moves in such a way that the horse knows. And as that happens, you are making a commitment, a decision, to go in this direction. And then if you wish to turn right, you move your body a different way. Your body responds to your decision all by itself, without your having to try, and the horse knows, and you are making a decision, a commitment to go this way.

So, her unconscious mind makes the decision. Her body responds to the decision. The movement of her body then controls the horse and the way it goes. Of course, the horse is taking her into the future, and as she goes into the future on the horse, she feel a sense of freedom, which gives her inner strength, which helps her unconscious mind make decisions.

Then, her body responds to the decision, and then her body determines which way the horse goes. It's a nice kind of therapeutic loop self-generating therapy.

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Whichever direction you choose, your body knows what to do because your body knows that feeling of inner strength, control and freedom, and it responds accordingly. And that commitment that you make to going this way, that commitment that you make is the commitment that can change your life.

All you have to do is to say, yes.

This commitment could change your life. We're talking about saying yes. Saying yes to what? Saying yes, to agreeing to let go of trying and do it this way. Remember before, I said if your life depended on it, you could lose weight. You'd get your head around it, you'd do it, and you'd succeed because you've done it in the past.

So, here we are back at that point again, the commitment that will change your life. All you have to do is say, yes.

I used to have a badge. I had a badge made for me in silver and it said, Say Yes. I'd walk around, and I'd have conversations with people and ask them questions. They'd see this badge, either directly or in their peripheral vision. Of course, all I'm getting them to do is to say yes. I don't mean to do something and say something that they disagree with. But to say yes to life because that's what we should be doing.

We do delay, and we do put obstacles in front of ourselves. This is about saying yes. That's what I wanted to do here, so yes to this commitment.

And make that commitment trusting the part of you that knows how to ride that horse. Trusting the part of you that knows how to tie a shoelace and trusting the part of you that knows how to succeed at losing weight. Trusting that part to also know ahead of time how you used to sabotage your success, so that it can prepare itself so that it never happens that way again.

Trusting that part, simple, it's about trusting your unconscious. Notice we brought the things together. Riding the horse, tie the shoelace, trusting that part to successfully lose weight and bringing them all together. It's simply about trusting the unconscious.

And I wonder what time and at what point you realize that you don't have to try.

Another double bind- The question isn't about whether you will realize that you don't have to try. But, rather, I wonder when you will realize. It's presupposition that she will realize that she doesn't have to try. The question is, when?

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At what point in time will you realize that you don't have to try? Her concern isn't about whether she will. It's just a question of, when she will realize it?

Now, I'd like you to stay on the beach. You can hear the sound of my voice elsewhere. The sound of my voice can become part of the sound of the breeze as I talk elsewhere.

Okay, I've made my voice become part of the sound of her experience of the breeze so that she doesn't have to listen to the words. It's just a sound, the sound of my voice. Not my voice. Not the words, but the sound of my voice becomes the sound of the breeze. She can hear it so she's reassured I'm still there. I'm still looking after her, but she doesn't have to actually listen to what I'm saying.

I said, as I talk elsewhere. That's because I want to talk to the students in the group here. Some people are very nervous when they've got their subject in trance to kind of do something else and to talk away from the experience, but as long as you set it up this way – you can stay in hypnosis and I'll just talk elsewhere.

Then, the subject is going to be very comfortable to do that. So, I just set it up that way so I could actually talk to the group about what I'm doing.

Sometimes I will also use this as an opportunity to implant indirect suggestions. As I talk to the group, sometimes I will turn to the patient as I'm saying something, and that portion of what I'm saying I will say directly in a tonality to the patient, so that their unconscious mind picks it up, but it appears to be, to the conscious mind of the patient anyway, that I'm talking to the group.

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Seminar 1 – Part 5

Steve: *As she's just riding a horse, I thought I'd just talk to you a little bit about this man in Birmingham, and what strategy he used to really succeed at losing weight and how he managed to do this very easily.*

Notice I looked at her three times here as I'm talking to the group? What I'm emphasizing are these particular words. I'm embedding these suggestions into my conversation so that she has the idea that I'm talking to the group, but I'm looking at her when I say certain words.

When she strings all these words together, they form a new sentence, a new kind of paragraph or information, which is directly related to her success. So, this is a way of me working indirectly, sort of posting letters in her little letter box which are all very positive, these little indirect suggestions.

This is called analog marking, where I'm moving my head and it's called embedded commands when you're actually embedding something into a conversation. Listen more watch this.

You know how we talked about how he was able to use the mind successfully to lose weight and one of the ways he was able to make this happen was by thinking of food in a different way, and by thinking of food in a different way, he was able to change his perception so that he didn't any longer feel any attachment to it.

So, he had no attachment to fattening food, and by learning to have no attachment to fattening food, he was able then to say no to fattening food absolutely effortlessly.

Now, he told me that before he actually lost weight, before this happened, he actually thought of food in a normal way and would, before that, eat quite large amounts, so he decided to himself he was no longer going to eat large amounts. Instead, he was going to visualize food as poison. More specifically, visualize fattening food as poison.

He said to me, do you know what's happening, I feel food is fattening. Fattening food is poisoning the body. I said to him, really? Do you really believe that fattening food poisons the body? And he said I'm certain of it. I formed this belief completely and fully that fattening food poisons the body.

So, I said, well how did you make this happen for yourself? He said, well I visualized fattening food has poison. I said, well, yes, but how do you mean? Do you see a plate of fattening food as poison? He said, yes.

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That's what I did. I saw fattening food as poison. The more I looked at the fattening food as poison, the more I felt that it is poison.

He said I realized it was going to kill me, and I didn't want fattening food. So, I said to him, how often did you practice this for yourself? He said, what I did was every day I made this commitment and I decided that I would visualize fattening food as poison to remind myself that this was the case.

Suddenly, it got to the point very soon, very quickly it got to the point, very quickly, it happened very quickly. It got to the point where as soon as I saw fattening food as poison, I didn't feel good. I didn't feel good. I actually felt very uncomfortable.

So, then every time I looked at fattening food, I felt uncomfortable. I said do you still feel uncomfortable when you see fattening food? He said, yes. I said how then, if you feel uncomfortable when you see fattening food, how do you deal with that? How do you make yourself feel comfortable?

He says non-fattening food, what I call slim, thin food makes me feel comfortable. I said do you still feel comfortable when you see slim, thin food? He said, all the time. I feel comfortable as I see slim, thin food. I said how do you define slim, thin food? He said it's the food that's healthy that's non-fattening. Slim, thin food is non-fattening. Slim thin food and it happens all by itself.

He lost something like 27 stone simply by deciding that every day all he had to do was to see fattening food as poison, and to see slim thin food as healthy.

Well, did you get the message? Slim thin food is good. Fattening food is poison. Talk about repetition. But remember, I can do this. I can get away with it because I'm not talking to her I'm talking to the group. I'm emphasizing these suggestions by turning my head and changing my tonality. I think she gets the message.

I said is that it? He said, once you really make this decision, commitment, you can stick to it, and when you stick to it, then seeing fattening food as poison becomes automatic. You don't even have to think about it. You just see fattening food as poison automatically, and you just see slim, thin food as healthy.

So, I thought you might like to know that because you might want to use that for yourself in some way.

Meanwhile, let's go back to our Jill here on the beach. Now the part of you that knows how to do this can integrate everything it

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has been learning here and you've been learning things on many levels.

This is the integration phase, where the unconscious mind integrates all of the learnings it has been making during the session. It's always important to integrate at the of the session, or towards the end of the session because you're putting together like a little program or package that the unconscious mind can respond to and put into practice on a day to day basis as a kind of post-hypnotic suggestion.

And I would like that part of you to integrate all of these learnings on their many levels. As you're doing this right now, I'd like you to travel into the future, and I wonder where you will see yourself as a slimmer, thinner person, a slimmer, thinner beautiful person.

So, as she integrates the learnings, she travels into the future. You have a dependent suggestion again. So, as she integrates, she travels into the future to see herself as a slimmer, thinner, beautiful person.

Now, why do we do this? We're getting her to visual, in fact, herself looking the way that she'd like to see herself thinner, slimmer and beautiful. The reason we do this is because we're kind of sowing seeds. We're planting an image in her mind, albeit from the future, of what she can look like.

This acts as a goal for her to move towards because people who have kind of given up on their success, they also lose any kind of image of what they might achieve in the future because they don't believe that can achieve.

So, you've got install that image into her future so she's got something to focus on. Then, of course, the brain, when it sees what she can be like, realizes it's possible. It has something to go for something to aim at.

A real thin, slimmer, beautiful person, I wonder in which situation you'll find yourself as you travel into the future and see that. See it. And look at her. There she is. That's you. And look at her, and I want you to value her. I want you to really treasure her and value her.

So, not only is she now visualizing herself slimmer and thinner in the future, but she's actually giving herself value, she's appreciating herself. So, she's starting to feel good about what she looks like and valuing who she is as a person. This is important because this is what she lacks in her life because of her past failures to lose weight.

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For who she is, what she can achieve, what she is achieving and has achieved, value her. And if you were to go over to her and put your arms around her, and to give her love and thank her for what she is going to achieve for you, I wonder how that would feel if you did that right now.

Now, I'm actually giving her a kinesthetic, tactile experience of valuing herself. It's not just valuing now. She's going to put her arms around her and thank her, with love, for what she's done for her. So, we're making a kind of a contract between the two selves; that's her present self and her future self.

We're making a contract so she feels a little more obligated. She feels a real kind of attachment to the person she is, and a real kind of sense of love and value for herself. This is so important. We're using her present self to thank and value the future self, it becomes a kind of contract.

That's right. You know she needs your love and you need hers. And you know she's from your future, and she knows all about your success. She knows everything about you, all the things that you've yet to discover and learn. All the things you've yet to explore, and she can be your best friend. And she's with you all the time helping you, guiding you, giving you that inner strength and that sense of freedom.

So now, this future self is her best friend. It's with her wherever she goes. She doesn't need to look for help elsewhere. It's within her all the time. When she came to the session, she did not have this she'd given up and now, we've given her this as a guide for her future.

And I have a gift for you. I'd like to give you the sound of my voice as a gift that you can recreate anytime that you need it, if you want it, if you need it. It's there for you inside your head, anytime, if you want it. And the words can just tumble over in your mind without your giving them any attention, and as they tumble over in your mind do that good, good, healthy work.

I like to give patients a gift of something. Not something physical, but conceptual. Here, I'm giving her the gift of my voice that she can have in her mind. The words tumble over without her having to pay any attention, which means it's a gift she keeps in her unconscious, it's another way of saying everything I've said will become part of your unconscious way of thinking.

It's another way of saying the suggestions that we've given hypnotically will become fixed in her mind. It's a more poetic, pleasant way of putting it.

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The fact that when people go into hypnosis they are much more responsive to suggestions means that the trance acts as a kind of adhesive for the suggestions. It's a nicer way to present that as a concept by saying, I'd like to give you the gift of my voice to have as part of your reality.

Some therapists are maybe a little bit wary about saying that because it sounds a little bit arrogant that your voice is so special that you want to give it to somebody. But bear in mind, I'm in a unique context here. I'm in front of an audience. She's come in expecting something special because of the context.

So, I'm justify it I'm giving her the gift of my voice. It's like I've flown in to do this particular demonstration. It's in a hospital. We have lots of medical people there. She's been driven a long way, so I'm giving her something to take away, it's a treasure I'm giving her, so it's quite appropriate for me to say something like this.

Helping you achieve, not just what you want, but what you deserve.

Not just what you want, but what you deserve. Notice I how slowed it down to keep some anticipation there? To deserve is very, very important because I do believe she feels, why me? Why did I have a tough time? Why have I got this problem? Maybe I should let go now. Maybe I'm past it. She doesn't really believe that because I joked with her, and she started laughing at herself remember.

She really feels she deserves better, so I'm telling her here now that she will get what she wants, not just because she needs it, but because she really does deserve it. That helps make her think, I deserve it. I'm going to get it. It's a way of boosting her determination. And it's true, as well.

And you can let your mind wander. You don't even need to listen to me anymore. Just let your mind wander. You can sit down on the beach if you want and daydream. Daydream of all kinds of wonderful things, wonderful, good, positive things in your life, some of which are yet to occur. Daydream. See those becoming a reality.

As you do that, I'm going to tell you a story about a jigsaw puzzle. I wonder how many pieces are in this jigsaw puzzle. I wonder how many pieces you'd need to see the whole picture. If there are any pieces of this jigsaw puzzle that I haven't addressed or spoken to or about that would like to be part of the picture, let's invite them in.

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I give a little metaphor about jigsaw here, simply because it's a big picture. It's made up of small pieces and it's a way of covering anything we may have left out.

So, if there are little pieces of the jigsaw we've somehow left out let's invite them in to become part of the big picture. It's a very non-specific way of tying up any loose ends, if you like, and given in kind of a metaphor. It's something I've used a few times, although not quite in this way exactly.

I'll often finish off a therapy session with several metaphors, which sort of tie up loose ends and bring things together. To cover anything maybe that I've forgotten or that I didn't know about. It's a very general form of therapy.

You can, of course, give therapy just with metaphors, very open-ended metaphors and the unconscious will go off and somehow find all the pieces and do some great work. I like to use a combination of working directly with specific strategies, as I have here today and with metaphors in a much more open-ended approach. So, I'm just giving this as a way of tidying up loose ends.

So they can also benefit from the process of change that your mind is experiencing and will continue to experience. Especially those pieces of the jigsaw puzzle that have somehow been related to aspects of the problem you had with trying to lose weight in the past.

In a moment, I'm going to ask you to open your eyes on the count of three, and when you open your eyes on the count of three, I've got something to tell you. Getting ready one, two- getting ready-three, just open your eyes.

You know if is not a good word, but when is a little better than if. Because if is like, it may not. But when is like, it's going to happen, it's just a matter of waiting for it.

So, what am I doing here? I said, in a moment, I want you to open your eyes on the count of three and I'm going to tell you something. I haven't told her what I'm going to tell her. So, of course, a little bit of frustration. 1-2-3, I click my fingers because it's kind of very, very precise.

She opens her eyes, and I immediately start talking about those words again: *if, when*. What I'm doing is I'm picking up on the conversation from way, way back when we first started the session. Why am I doing this? It's simply because she's been in hypnosis for a long time.

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See, if I go back to the beginning and start having the same conversation as I did early on, there's a chance that she will have complete amnesia for everything we've done. She'll just think we've been talking about *if* and *when* words because embedded within the middle of that *if*, and *when* conversation is a whole trance experience.

So, this is one way of installing amnesia. She may remember that she's been in hypnosis, but it will be harder for her to go back and remember everything that happened because I've distracted her by bringing her back to the original conversation. This is a very interesting strategy for installing amnesia. This is one of the reasons I've done this here.

So, when is more positive than if. So, if I had a preference, I would choose when over if, and when I do, I'm sure that will be the best choice, if you understand my meaning. And when you do, tell me what it is.

Is this warm? It looks very warm.

Jill: I'm quite warm. Yes.

Steve: ***Yeah, very warm and comfortable.***

Okay, another distraction. I'm talking about what she's wearing. Is this warm? I'm not interested really, if it's warm or not. I just want to get her attention distracted away from what we've been doing. She had a little bit of confusion there with the *when* and *if*. Like where am I? What's going on?

Then immediately, as soon as I stopped talking about that, I said, is this warm? She starts talking about her clothing. If you keep them bouncing around, keep distracting them, it makes it harder for them to go back and recall what was done. So, it's another amnesia technique.

Do you know you've been here for an hour and a half?

Jill: Have I?

Steve: ***It's half past three. That's quite a while.***

Jill: It was nice.

Steve: **Yes. Did that horse have a name?**

Jill: Yes. Gas bag, that was his nickname.

[Laughter]

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Jill: I'll tell you why I gave him that nickname. He was a pretty good bucking bronco he was, and every time he used to do it, he used to fart terribly. Everyone used to look at me on the beach while he was trying to get me off of him.

Steve: *They thought it was you farting.*

Jill: He was a character. No, it wasn't me. No.

Steve: *It's my horse, really. How nice to end the session with a fart.*

Group: It used to be called fluffing.

Steve: Fluffing?

Jill: Did it?

Steve: I did some fart therapy once, didn't I. Didn't we do some fart therapy, Mary? Where is she? Where's Mary? Didn't I do some fart therapy sometime on Mary? Where was that? We had a whole session based on farting, didn't we? I don't know much about it.

So, are you going to back to Surrey this afternoon or are you going spend a bit of time in the park or something.

Jill: Yeah, I might go to the planetarium.

Steve: Yeah, what time is it opened till do you know?

Jill: 5:00.

Steve: Do you lie on your back there and...

Jill: Well, I went once when I was about 19.

Steve: You're taking the girls there they're here are they? If I'd known I'd have had them all in. You're coming back aren't you sometime?

Jill: I don't see it.

Steve: Come back in July? She's coming back in July. Great. Fantastic. Maybe you can bring your daughters in. Would they be too nervous to come in?

Jill: Oh no. I'll ask them.

Steve: How old are they?

Jill: Almost 13 and 15.

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Steve: Are there any pop stars that they like?

Jill: Backstreet Boys.

Steve: Backstreet Boys. Yeah.

Jill: I've seen them. I'm seeing them again in June actually. I'm taking them to a concert.

Steve: Okay. Well, I hope you have a lovely, lovely, lovely, lovely afternoon with your girls at the planetarium. You'll certainly have stars in your eyes when you walk out.

Jill: Yeah.

Steve: You had them when you walked in, mind you? She's got lovely eyes. Yes?

Group: Yes.

Jill: Do you want me to go now?

Steve: Yeah, piss off. Come in here winding me up something terrible. That's it. Great. Thanks. Go have a cup of tea or something. Thank you.

Well, that's the end of the session, as you saw. I just wanted to show you how we finished off really, very informal. I hope you've enjoyed and learned a lot from it. You may need to play it back a few times to really pick up all the stuff that's going on. I know it's a very long exercise to play it back, but I really hope that you do so you absorb everything you've learned from it.

She came back a few months later, and she successfully lost weight. About 1½ stone, which is a lot more than she'd achieved the first time around. We didn't get to see her daughters, though. All in all, it was a very good session, and I hope it's been very informative for you.

Thank you very much.

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Seminar 2 Part 1

Igor: Welcome to StreetHypnosis.com. My name is Igor Ledochowski, and I'm here with Master Hypnotist, Steve Brooks in the second part of our seminar series of interviews.

First Stephen, welcome back again.

Steve: Thank you.

Igor: Stephen, in the last session, we talked a little bit about some of the principles involved in the hypnosis session that you've offered to us as a demonstration and then a breakdown. There's a lot of stuff in there, so I'm sure people have had a chance to go through that once or twice and really pick up the depth and richness of it.

The first thing that strikes me is you spend a long, long time building up to the actually hypnotherapy. So rather than just saying in five minutes what's your problem, where is it from, what is happening and so on; okay close your eyes and go into trance, you actually spend a long time teasing and playing with the person and reconstructing the ideas, reframing, and all those sorts of things, before you'll even begin the formal trance work.

➤ **Can I ask you a little bit, about what your thinking is behind doing that?**

Steve: Well, first, it doesn't happen that way with every client. It's contingent upon the kind of client you have in terms of their openness or willingness to let go, and by that I mean to let go of their beliefs about themselves and their problem, and also to let go in terms of going into trance and trusting their unconscious.

If you have someone in front of you that is likely to be, let say, resistant, or likely to hold on to limiting beliefs or limited perceptions of themselves or their problem, you need to kind of take time to chip away at that, prime them and get them ready for the actual trance experience.

If you go in too early, one of two things can happen:

1. They'll sabotage it, possibly, even though they're there for help.

Sometimes patients actually sabotage your attempts to help them; or

2. They'll see it as a kind of game or competition where they have to win, in fact, indirectly sabotaging, of course.

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They'll actually see it as a game of some kind, and you don't want that. You don't want to be separate from them.

Igor: Right.

Steve: You want to on board with them. You both have to be facing in the same direction. You have to assess the kind of client you have. In this particular instance, this woman I sensed almost immediately, simply by the way she was responding to my initial questions, that she had to have things on her terms, and if they were on her terms, then I had to make sure that those terms were not going to block her success or the benefit she could get from the session.

In this instance, there were things that would block her success, and I had to chip away at that, negotiate, reframe, as you say. So the point where you start working hypnotically and therapeutically in a formal way – by that I mean you actually do the trance work and you actually do the therapy work, that's determined by how ripe they are.

I like to use the word ripe. It's a bit like fruit. If you pull on a fruit on a branch and it's not ripe, it won't come off, but if it's ripe, it will just fall into your hands.

Igor: That makes a lot of sense, and we could all clearly see when she was talking to you that she was very – she was pulling back in her chair, and she was very reserved by the answers. Her answers never really committed to anything unless it was very "safe." You could clearly see that. If she knew where it was going, then she would commit to it, but usually if she didn't know where it was going, it was very wishy-washy answers.

So what are you looking for? Are there any signals? Are there any kinds of things that you actually are looking for that says to you, okay, this person is now ready enough for me to start the trance work? There comes a point in the session where you were talking about different problems and – let me have a look at my notes here – you came to the point where you said, I'm going to make an assumption now that you have a part of you that's really committed to doing this work.

Just to refresh your memory, this happened right after the bit where you talked about; I don't think you really want this enough. You haven't got enough pain yet. If I took you to a cliff and threatened to throw you off it, then you'd have enough pain, but right now, you don't seem to have enough pain.

So you're really shaking her pattern and saying, you're not really committed to this thing yet. It almost seemed like at that point, you

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flipped around 180 degrees and said, but I want to assume there's part of you that's ready to do this anyway.

➤ Can you talk us through the principles involved in that?

Steve: Okay. The first part is provocative, obviously. It's really checking out her motivation. It's ironic that someone comes to see you for help, yet what they do is spend all their time trying to fight away all of your attempts to help them.

It can be frustrating. There are points when sometimes you just want to kind of shake them. You can't physically do that, but you can do that verbally. That is, you provoke them in some way to kind of say, why are you here? Are you just window shopping, or what's happening here?

It's in terms of context. Some context you'll change. Some context you won't change. So let's just put that person into a context where they literally have a life or death choice. Will they change in that context? It's a way of testing, first all. If they say no actually, I'd go over the cliff; you know you haven't got any chance in therapy to help them.

Igor: Right.

Steve: You'd have to refer them on to someone else, or you'd have to spend a long time trying to break away at whatever it is that they need or their needs are being met by something else. You have to work at it in a very deep way maybe within the signaling or something like that.

Igor: Can I pause you there for just a second, because I think you just came up with something very important that I'd really like to emphasize to people? Especially people starting in here buy into this thing that you have to work with everyone with every issue all the time, and promise them results and so on. Whereas, actually it's okay as a therapist to turn around and say no, I'm going to refer some clients on.

I'm going to fire some clients because, my wife told me to stop smoking. That was the classic one, right. If they don't have any energy, any juice inside them willing to change, wanting to change, then it's kind of like, yeah, maybe I want it; maybe I don't. Then there's no material for you to work with, right?

Steve: You need motivation. Usually, the emotion is the fuel that drives the engine. So if they've got emotion, if they feel something, then that will motivate them. However, if there's no feeling there it's very difficult to motivate someone. All decisions are driven by some kind of energy, as you say, and if there's no energy, there's nowhere to go.

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If they're referred by their GP, or whatever, to do something like quit smoking, or by their wife, then that's right. What you can do is build up the motivation by discussing their situation with them. When they actually actively fight what you're suggesting, it means it's an uphill climb. It's a real struggle and you're pushing all the time.

Sometimes you just have to provoke and say, hang on a minute, why are you here? If we change the context, would you succeed or not, would you go ahead or not? That kind of puts it very much into black and white terms as long as they agree to that...

Igor: Then you have leverage, don't you?

Steve: Yes, you do. Then after you provoke them, you can turn it around, and then you have to kind of rescue them there because you pushed them to the edge and have made them quite vulnerable. There's a risk of losing rapport, so you immediately have to kind of rescue them. That's what I did in that situation by saying there's a part of you that's really committed to this.

It's actually continuing the concept or the principle of separating the conscious and the unconscious mind. It's saying consciously, you're fighting this, but unconsciously, you actually are very committed to it.

Igor: Right. What you've done is you've taken someone that's kind of in the ring ready to wrestle, and you've picked them up and pushed them off the boundary of the ring.

So whilst they're there floundering going, what's going on here, you whip them back in the ring and basically roll them out with them saying now go into trance, before they've had a chance to basically rally their defenses again.

Now they've gone from the good cop/bad cop kind of routine. They've gotten to the point where they're reality is kind of constructed because you've put them in a double-bind.

Steve: It's a double-bind, yes.

Igor: Exactly. At the same time, the energy you put in this thing, like I don't believe you, but I believe you. It kind of has this shocking effect, so that when you do the trance thing, there's really not that much cognition going on anymore so they can actually just release into it.

Steve: That's right. It puts them into an altered state.

Igor: And then you mentioned something else, which is I think a very important principle, which I'd love to discuss with you a little bit more, this idea of

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the conscious/unconscious association. Whilst we'll pop back a little bit more into the earlier stuff, as well, because there's some really nice stuff you did in terms of the questioning and the build-up.

It seems the trance induction; conscious/unconscious association is the main theme at many different levels, in terms of the work that you're doing. On the one hand, of course, you had the whole riding on a horse versus your unconscious mind is going through these experiences and sorting out these different things and so on.

Could you tell us a little bit about that principle, and then we can start exploring the different levels on which we're using it?

Steve: Yeah. You see you're never doing therapy with the person. You're doing it with the unconscious or the part of the person that kind of runs the show. The conscious mind just has a limited awareness of their reality, as you know. It can only contain so much information in terms of memory. So its decisions are based on limited information, which is why people get stuck when they have a problem to resolve.

They become like rats in a maze in psychology experiments. They run around the same maze, even though they know there's no way out. We do it as humans where you lose something, and you go back to the place where you know that thing is not there because you can't quite believe it's not there. It's irrational, but we do it because we're responding to our limited perception.

The last thing I want to do is to talk to someone with a limited perception because they have limited resources. They're stuck, which is also why I don't like to spend too much time listening to people's account of their problem because, again, it's based on their limited perception.

I'm more interested in working with the unconscious. So it's very important that we separate the conscious and the unconscious, and there are many different ways to do this. The most important way, of course, is with use of language.

The language of the conscious has a particular vocabulary. It's everyday language. The language of the unconscious has a different vocabulary. It seems paradoxical, but it's actually not. It's only paradoxical to the conscious mind, but to the unconscious, it's logical.

Igor: It's kind of like the Zen Koan that the Japanese monks use as a way of getting enlightened. It's so non-linear that the conscious mind doesn't know how to handle it but the unconscious mind likes it. When you release that, that's where the "enlightenment" begins, right?

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Steve: Yes, that's right. We use language as one of the tools to get the unconscious mind to respond, but also at the same time get the conscious mind to withdraw and be less actively involved in the process. This is such an important part of Erickson's work and my work as an indirect therapist.

To work indirectly, you have to have access to the unconscious. That's not going to come forward unless you ask it to come forward. The way you do that is to use language that it can understand. As I say, at the same time, you're also playing down the role of the conscious mind because you have to keep entertained. I use that word deliberately. You have to keep the conscious mind entertained so it feels that it's being acknowledged in some way.

The serious work is not done through the conscious mind. It's done through the unconscious mind, which is why when the conscious mind kind of gets in the way and starts to make things difficult or to sabotage or distract, I can sometimes get provocative with the conscious mind.

It's like saying get out of our way. We have work to do. You're unconscious and I have work, so please don't get in the way. So I can sometimes get provocative at that point.

Then I have to get in quickly and rescue the person as well to know I haven't been offensive.

Igor: So actually, your maneuver where you turned around and said, I don't think you really want this change, but I'm going to assume that part of you does, where you're really pushing their buttons to quite an edge, and then going straight into the trance induction, that is actually another example of a conscious/unconscious association, isn't it?

Steve: Yeah.

Igor: You're saying conscious mind you don't have a clue. You're sitting there and you're batting things around, but you're just a child in a playpen. I'm going to talk to the part of you that really knows what's going on and actually wants this change. So you sit there and enjoy your pony ride, whilst the big boys and girls get to do our work.

Steve: Yeah. Nicely put.

Igor: That's what happens, and I like the way you present this idea that you keep the conscious mind entertained. You're giving them a task – not an unpleasant task– although if they were too analytical you might give them something more like counting 100 beans, picking fruit from some fruit tree or something like that. But, you give them a task that they can engage in and think about so that it doesn't involve the other stuff you're saying to the unconscious mind.

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Steve: Yeah. Would you like me to give you an example of how we can refine that?

Igor: Sure.

Steve: The traditional way would be to give somebody an analytical task, as you say, like counting something. This ties up the conscious mind, and it gives them more than enough to keep them busy so that they can't pay attention to what you're doing at an unconscious level.

What I tend to do, I won't usually give people that kind of task, counting – although at one point, I count people to count apples and oranges and stuff in orchards and sort the fruits from one tree to another, that kind of thing. Erickson used to give people tasks like that.

I kind of like to give tasks based on what I am doing and what they're experiencing because this involves them in the process even more. That's all they want. If you give them a task that is outside of the context, such as counting beans, it's not really acknowledging them, and it's actually saying, listen, you are a waste of space here. Get outside and start counting some fruit or whatever.

Someone who's very analytical has a reason for that. I'm not critical of that, because it's the way they've grown up and through their life circumstances, they've learned to be challenging. There's nothing wrong with that in terms of who they are.

Rather than kind of like suggest that that's not what I want, I will actually utilize it, which is the whole Ericksonian approach: observation, utilization. Therefore, if somebody's analytical, I will actually utilize their need to know as part of the trance induction.

For example, there's one induction, which is incredibly simple. It needs some kind of practice in order to become more sophisticated and elegant as a technique, but the principle is very simple. It's based on the whole concept of embedded commands and analog marking, which of course, Erickson used to do and Bandler identified, Rossi, etc.

Now as you know, with embedded commands, you embed a statement, which is usually quite authoritarian or direct, in a conversation. That's the first principle.

The second principle is the analog marking, where you emphasize it by having some change in your voice tone, hand movement or whatever. Well, it occurred to me that this is quite kind of overt, and I wanted to make this much more sophisticated and subtle so that nobody would

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really know what you were doing, especially people who already knew about embedded commands or analog marking.

I developed a technique I called 'insertive eye contact'. It's very simple. When you're talking to your client or patient, you're looking at their face. Naturally, in any conversation, wherever it is, when you're talking to someone, you're scanning their face to see their responses. What we normally do is as we see someone approve or disapprove of what we're saying we then use that feedback and adjust what we're saying.

So, it's normal to talk to someone and scan their face. That's the first part. What I do is as I look at someone and I'm talking to them, I look at the right side of their face. When I'm looking at the right side of their face, I talk to the conscious mind, so all of my conscious language is directed to the right side of their face.

Then when I talk to the unconscious mind, I just shift my gaze very slightly – it's only with eye movement, not with a head movement. So I shift to the left side of their face, and then I give suggestions to their unconscious. It may only be part of a sentence. I may just say I don't know whether you know what it feels like to go into trance; "go into trance" is the left side of the face.

This technique is very, very subtle. No one knows you're doing it. Because of that, it becomes very, very powerful. I found that it's actually just as powerful, and sometimes even more so, when you use it with analytical clients. The reason it becomes this way is because I include them in the whole induction.

Someone who's very analytical wants to know. So sometimes, I'll say to them, would you like to know how I hypnotize people. Of course, the answer is going to be yes, because that's their nature. They want to know. So I actually tell them about the technique. I'll say, I'll teach you how I do it and explain what happens.

Then I explain in great detail how when I look at the right side of someone's face, etc., as I've just described, but as I'm doing it, of course, I'm looking at them and explaining it to them. Because they know my eyes are going to move, they're waiting for my eyes to move. As they see my eyes move to the left side of their face, it's almost as if they've got a big marker pen and underline those suggestions to the unconscious themselves.

So they actually put themselves into hypnosis each time they see me look at the left side of their face. This is a utilization technique based on a very simple principle, which we normally use indirectly. But with analytical clients, we can actually teach them, and their need to know is then met, and then they respond to hypnosis because they can't escape the context.

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Igor: So basically, the task you're giving them is I challenge you to keep track of what I'm doing, and you're telling them what to keep track of, but in keeping track of the process, they're letting go of the content, which is exactly what you want, right?

Steve: Yes. But you see you're not challenging them. What you're doing is you are challenging them to keep track. You don't ask them to do that because you're not telling them that you're hypnotizing them.

Igor: Right. You're just using the pattern that's already there. So you know that by mentioning it, they'll feel like now I have to keep track of it. I want to know what's going on. By default, it ties up all their intellect in the tracking process. Meanwhile, of course, the unconscious mind is free to listen and explore the ideas and suggestions you're presenting.

Steve: Exactly. So you've tied them up completely. Because their need to know is so strong, they really concentrate on the process and don't get involved in sabotaging it. They think they're learning it. They don't think you're doing it to them. They think they're learning it.

Then when they discover that they're going into trance, they then think, oh wow, I must be a good hypnotic subject because he hasn't even started hypnotizing me yet, but already I'm going into hypnosis. It's simply because they've been tracking it so well.

Igor: Right and I think you did a variation, or you did a couple of variations of the same kind of idea with the lady on the video. Those people who haven't watched the video and just listened to the audio, you wouldn't have seen this part. You move around quite a bit so when you're talking about riding on the beach, which is of course the conscious thing, you're facing in one direction. You talk from one particular direction.

Once you start to talk to unconscious mind about sorting through past failures and preparing a new vocabulary and all these different things, you're actually talking to another part of her. It's almost like your voice is doing the same thing your eyes are doing. Of course, her eyes are closed.

Steve: Yeah, that's right.

Igor: You're also doing the same thing with an emphasis of touch, which I guess is more like a traditional analog marking. Again, because it's such a physical thing that she can keep track of, she goes, oh look, it's happening again. Of course, their attention is on the touch, and that means, of course, less attention goes onto the actual words, right?

Steve: That's right. It's important to know that once the person closes their eyes, you have to have an alternative form of analog marking, when you can't use the eye shift. What I tend to do is I'll use the eye shift to install the

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pattern because we learn through repetition. Therefore, the unconscious is going to learn through seeing this pattern repeated, even though the conscious mind isn't aware of it. The unconscious learns it very quickly.

In order for them to continue to experience what you're doing, you then have to add onto the eye shift the tonality shift. So I'll bring in a slight change in tonality as I'm using the eyes. Then when they close their eyes, I don't have to then use the eyes, obviously. I can just continue with just the tonality shift.

Igor: Right.

Steve: Their unconscious understands what that actually means in terms of separating conscious and unconscious.

Igor: Now, you also do something, I mean this process also has another side effect, which is to develop amnesia for, if not the whole session, at least the "unconscious" part of the session.

➤ **Can you talk to us a little more about this whole idea of using amnesia therapeutically and why you might use it, especially with someone like the lady in question here?**

Steve: Okay. The decision on whether to use amnesia is contingent upon the kind of person you have. If they're someone who's likely to come back and sabotage what you've done – I don't mean deliberately sabotage it, but to think it all out, pick it apart and then destroy the good work, then obviously you want to create some kind of amnesia.

There are many ways of doing it. Let's just talk a little bit about how it occurs naturally because my preference is to encourage the unconscious to create the amnesia, rather than my suggesting it. The reason I don't like suggesting amnesia directly is because there's the possibility of failure.

The point is when someone comes out of hypnosis, they will have conscious memory of parts of the session, but they won't have conscious memory of the parts that they've forgotten. So they won't be aware that they've forgotten anything because they can't remember it.

They'll often come back and say, well, I remember everything. Of course, what they're doing is commenting on the things they remember. They can't comment on what they've forgotten. So it's a crazy thing for them to say. Nevertheless, their perception is that they remembered everything, unless they completely blank out, of course, for the whole session.

Trance is a process whereby we shift from conscious to unconscious awareness or from external to internal reality, independently in each

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sense. It's not something where we just kind of get zapped and we go down in every sense. Each sense drifts in and out of trance.

So if you're sitting the chair going into hypnosis, and someone bangs a door, then your auditory sense suddenly comes out of trance for a second, but your visual sense of maybe walking on a beach continues to go deeper. Then the auditory goes down and joins the visual. Maybe if you felt a bit of an itch or something in your leg, then your kinesthetic sense comes out of trance. This kind of happens with each sense going in and out of trance independently.

So where one of those senses comes out, that's where the person recalls what's happening. When the senses go down below, if you like, below the level of consciousness and goes into the unconscious, that's where amnesia occurs naturally. What I'll usually do is utilize those times when all three major senses – auditory, visual or kinesthetic – are down below the line, if you like. I'll use that for the amnesia.

One very good way of getting people to become amnesic is to actually not do anything. If you continue talking from the time you've given a suggestion right through to the very end of the session, they'll often use your voice as a bridge to recall events. If you destroy the bridge by not saying anything, maybe for just three or four minutes, there's no link. They can't trace the memories back.

Of course, if you say nothing, they don't know what to do because you're not giving them any instructions. They have a choice. They can either come out, and sometimes they do, of course. Or, they can go deeper to try to make sense of the silence.

If you actually set up that period as an integration period, where you say, maybe now your unconscious can go and integrate everything you've been learning and you can just take all the time you need to do this, and when I speak to you again, we'll continue.

Then, you just stop speaking for three minutes, four minutes, five minutes, ten minutes, twenty minutes; however long. They will go down deeply into a trance state, integrate and sort out everything that's been happening. The bridge of using your voice will have been taken away.

Igor: Can I just pause you there for a second because I think you've just come up with a very important principle here that a lot of people won't necessarily know about? This idea of using hypnotic silences I think it's very important.

I know Erickson wrote a whole paper where he talks about if you want to get real physiological changes – for example, doing hypnotic research with I think it was colorblindness or something like that – then you stick

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someone in trance and then leave them sitting in a chair somewhere for about 20 minutes without doing anything. Something shifts at that point, where you can start doing some of the more crazy stuff with them.

This is exactly the same sort of thing you're talking about here, although you don't necessarily have to go as far for therapeutic purposes as for, say, research purposes.

Steve: That's right. However, sometimes we evoke some quite dramatic hypnotic phenomena in therapy, for example, hallucinations or whatever. I've had patients hallucinate that other family members are there because we needed them to be present for the session. We didn't actually need to know what they really felt.

We needed to know the patient's perception of what they felt. So I've had people hallucinate family members for example. When you're doing something like that, you need a deeper trance state. Therefore, you do exactly as you've said. You put them into a deeper trance and you leave them. You prime them. That is, you give them a reason for doing it, but you're deliberately not direct. You're vague.

For example, in this instance, you might say, maybe your unconscious mind can now search through all of your resources and potential as a human being to be able to perceive and experience all kinds of things in new ways. I'd like to give you the time to do that, and when we talk again then you'll be able to see some things in new ways. Ways that may even surprise you or ways that you never thought were possible.

So you leave it very open, but it has a real positive momentum and implication, and you're talking about shifts in perception. So when you then say, I wonder what your brother's shoes look like, you might even get them to open their eyes. Then you say, look, see those shoes there.

Are they to the left, right or are they in the middle there? Then the person describes their brother's shoes. Then you build the person up, for example, as a hallucination.

You prime them and then give them time to simmer, if you like, to absorb the possibilities. Something else that happens, of course, is a bit like sensory deprivation. If you lock someone away for several months, they lose their frames of reference.

Igor: Exactly.

Steve: If you then give them new frames of reference, because they don't have anything familiar, they grasp, they grab hold of those frames of reference quickly however bizarre they are because all reality is based on frames of reference. There is no such thing as an identical reality for every single

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person. They're simply frames of reference that we create through our perception.

So, what happens is they grab those first frames of reference. That's exactly what's happening on a shorter time scale.

Igor: Is this kind of like the whole sensory deprivation studies where people have had ping pong balls to cut out certain types of light and static sounds and that sort of stuff, and even flotation tanks get rid of the kinesthetic sense to a certain a degree.

They found that most people don't have to be there very long – we're talking about periods of half an hour, an hour or a couple of hours at most – and they spontaneously start having some serious hypnotic phenomena like auditory hallucinations, visual hallucinations and even kinesthetic hallucinations, where they feel being touched or they hear things crystal clear. That's from walking in with a normal everyday life, without having any stuff done to them.

Steve: Yeah. In order to survive, we have to have a sense of attachment to something outside of ourselves. The Tom Hanks movie, *Castaway*, some people may have seen that. He was stranded on a desert island, and after about a year and a half, he started talking to himself. I got a sense when I watched the movie that he, as a character, kind of knew what he was doing.

He knew that he had to talk to himself; otherwise, he would go crazy. The reason he had to talk to himself was to make sure that he existed. If there's no one else in your reality, in your world, you cease to be there because there's no one to confirm your presence that you're actually there.

So if you create someone else who answers you, what it does – it's not about being attached to the other person. It's about being attached to knowing that you are there. That's why people fidget. When people fidget when they go into meditation or hypnosis, they fidget because if you are totally still, you merge with your reality.

You become one with it, which is, of course, the outcome of meditation. People tend to fidget initially because it feels uncomfortable becoming one with something because you cease to be.

Igor: This is also a classic thing that you'll see some trance subject do, especially if they're nervous. They're fidgeting is them reassuring themselves that reality is still normal. You'll notice that as they surrender to the trance process more, that stops and they stop reality testing. They just accept the new frame of reference instead.

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Those people who don't quite stop fidgeting, well you know that there's something else going on and you have to switch something in your session. Otherwise, it's not going to quite work out right.

Steve: Yeah. You have to switch. You have to do something different. What I tend to do in those situations is to exaggerate the context. It's almost like if you take someone to their worst fear, and then they find out it was no big deal, they can let go of it.

So what I'll tend to do is if someone's fidgeting, I'll actually get them to fidget even more. I'll actually give them the task to see how good they are at fidgeting. I'll also have a pre-requisite in there, and that is I want to find out how good they are at fidgeting because every good hypnotic subject fidgets a lot before they go into trance. That will be my frame I'll place around that particular moment of the session.

Igor: So there's already a hook in it. Actually a double-hook because on the one side, they're taking an unconscious activity and now making it conscious, which takes a lot of the power of them already. On the second side, the fact that they're doing it consciously means they're agreeing with you about being a great hypnotic subject. Therefore, you win on both counts.

Steve: Yeah. Absolutely, and it works very, very quickly usually with most people, and easily. If someone's very analytical, their response usually is to laugh because they can see how bizarre the context is that they're actually having to do something that they don't want to do, and they think you don't want them to do. You're turning it around completely and praising them for doing something that prevents them from going into trance.

Someone who's very analytical will actually look at that and see how bizarre that is, and that in itself, the humor of that, can help them let go.

Igor: Now, you mentioned humor, and it's actually quite evident during the session, there's a lot of humor that you're using. Even when you're telling the lady off for not really being committed to the change, there's a little twinkle in your eye and you still invoked a little bit of laughter in certain places.

So clearly, humor is very important to you. You're not exactly the stiff and rigid model of a psychotherapist who has their own issues so tightly wound up that I'm surprised they can still function.

➤ **Why is it that you think humor is so important, and why do you use so much of it?**

Steve: Firstly, when you use humor, it takes it away from being a therapy session. I think therapy can be fun. For me, it has to be fun because

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otherwise I get bored doing therapy every day and not enjoying it. If you can bring humor into it, it makes it actually a pleasant experience.

It also creates windows of trance, brief moments of trance. When people laugh, they go into an altered state, which then opens up new possibilities it breaks them out of patterns it gets them to – depending on the humor. You're not telling jokes. What you're doing is getting them to shift their perception and it's when they shift their perception they laugh.

So each time, you use humor based on a shifting of perception, they're changing their beliefs, they're altering their viewpoint and they're seeing things in a different way. Therefore, you're opening them up to the possibilities of the unconscious.

For me, humor is very important, even with serious problems. I've used humor working with abuse cases, with bereavement and some very serious problems.

Igor: Can I just pause you there a second? I think you're coming up with something very important; something I get asked about a lot. It would be helpful I think if you could give some of your own life experiences on this one.

You mentioned you use humor in big issues: abuse cases, bereavement, things that most people will kind of be very careful about touching the person, not talking to them too much, not even mentioning that it's happened because it might traumatize them again.

Whereas, you'll go in and you won't make fun of them or the situation, but you'll find something humorous about it to evoke something. Could you give us some examples of how you might have used humor in the past so that people realize that you're not being offensive when you're using humor in these big situations?

If anything, you're actually doing something so novel and refreshing that you're helping the person in a way that no one else is able to because they're too delicate with them.

Steve: Okay. What I'll do is I'll give you two answers to that question. One is very specific, and one is much more about the principle. To give you a specific example, there's a video on the free online course, a bereavement session done at an NLP conference about, I don't know 12 or 15 years ago or something.

I can't remember. The whole session is based on humor. A woman was unable to grieve properly over the death of her son who was killed in a motorcycle accident. The reason she couldn't grieve and let go was

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because she went into the hospital to identify him, and the sight of his mangled body was so traumatic for her, it imprinted itself.

Any time she thought of her son after that, she couldn't remember what he looked like as a living, warm human being. All that she could remember was this mangled body because it impacted on her so strongly, and she couldn't go through the normal grieving process.

So what I decided to do, my outcome was to help her re-orientate and get together with her warm, living son in her memory, and that was the outcome of the session, which we did in about an hour. Part of that session, I can't remember how we got to this point, but as an example, there were like two parallel railway lines running along in this kind of visualization I was doing with her.

She was like a Thomas the Engine. There were two characters: her and him. She was like the little steam engine going one way, and he was like a little steam engine going the other way. They would come towards each other, but they wouldn't stop. They'd pass each other. So they'd get a little glimpse of each other.

This was done in a kind of a cartoon form, as little railway engines, so she was not seeing her son as he was at this particular point. This was a bridge between her problem state and the resolution of that, which was to see her son in a cartoon form as a little train. I can't remember where the train images came from. They probably came from her.

Maybe something, I think, that he liked when he was a little boy, or something she liked to read to him. Something like that, I can't remember. You normally take something the client gives you and use that in your metaphors. It was a funny experience, and she found it very funny to pass by her son as a little railway engine and she laughed.

We use humor like that in that kind of way as kind of the lubrication for a technique to make that technique run smoothly and be enjoyable and not traumatic. So she was dissociated in terms of the content of the visual, because they were trains and not people. She was dissociated from the actual experience of facing her son again because it was in a cartoon format, and there was humor to soften it and lubricate it to make it go smoothly.

Igor: So this is a great example of where people should not get fixated on a technique. The technique worked for that individual at that time because it fit the type of problem she had, and also her life experiences with trains or whatever it was.

If you tried to make this a general technique and say okay, I know how to fix bereavement for everyone. You lost some. Great! You're a little train

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engine. They're a little train engine– toot- toot- toot– people will go, what the hell are you doing?

Steve: Yeah.

Igor: So it has to fit. You make the technique fit the context. This is not like a technique that you now write up and sell for \$9.99 because it's the perfect thing, is it not?

Steve: This is why I fail to publish any of my techniques because they're not fixed in stone. They create themselves moment by moment with every new client you have. Erickson did the same. He didn't use techniques. He just created principles. I'm sorry he worked from principles and created techniques in the moment. That's how it should always be.

I understand that there's been a need in the past to create techniques so they can be taught. NLP originally created techniques where they, well, I think they discovered techniques on the early courses and then they packaged them as a way of teaching principles. What happened was the principles got forgotten and the techniques became the kind of rote learned way of doing things.

Igor: That's the big tragedy, isn't it?

Steve: Yeah.

Igor: Those people, by the way, just to put it in perspective, there are NLP people out there who teach principles, rather than techniques. The techniques are just an example of them, and they create great practitioners, very powerful agents of change because they're teaching them the principles, the hypnosis, the conscious/unconscious elements, the other things that you're doing inside the technique.

The technique just becomes an example of the principles and actions. Once you know the principles, you make your own techniques, right?

Steve: Yeah. There's no limit. It's down to who's in front of you at that particular moment and what they come up with. To give the other answer about humor, a more specific answer, I find it's sad but at the same time hilarious how people are able to trap themselves with their beliefs, with their limited perception. It's sad because they are victims of their own attempts to be better or successful.

But, it's hilarious because it seems so obvious to me when I see a patient and I see how they're going around in circles, and they're trapping themselves. It's hilarious that they can't see it because it seems so obvious to me, and it's so simple. It's almost like I'm not surprised you

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have that problem if you do this every time. I'd have the same problem if I did that. It's that obvious to me.

I actually find it funny, and I actually find myself laughing in sessions when a patient tells me how shitty they feel because I actually can see why they feel that way. I know if I then just said listen, you're doing this and doing that, and that's why you feel bad – if I said that at that moment, they would probably reject that because they're not in a position to understand my perception of that moment.

What I need to do is to work at them, chip away at their beliefs and anything that might get in the way of our working therapeutically until the time they are ripe, and they're ripe in terms of going into trance, and they're ripe in terms of accepting new ways of looking at things, and their ripe in terms of then changing because of that.

When they get to that point, that's when I go for the throat. That's when I go in there, and I work directly with the unconscious – almost exclusively with the unconscious – and rewrite those patterns.

I'll very rarely directly say, oh you're like this because of that. What I'll do is I'll get their unconscious mind to do that, and I'll do that by giving them analogies, metaphors or little tasks. The combination of little mini realizations will suddenly give them that aha experience or wow, no wonder. My goodness, it's at that point where they laugh too because they've just identified the same fool that I saw maybe 30 minutes before.

Igor: You did quite a bit of this with this lady. She is a very nice example of the whole build up. For example, where you used that phrase that's a long sentence to say, of course, the ambiguity being you're giving yourself a bit of a long sentence there. You're saying it so casually that she just agrees.

Yeah, it's a long sentence. Meanwhile, you're setting up the unconscious mind to realize, hang on a second, what we're doing here is putting ourselves in a prison yard, and maybe we shouldn't be here. Therefore, you're putting the unconscious mind on notice that you'll be doing something later without necessarily triggering some kind of a conscious defense mechanism.

Steve: Absolutely. You're always sowing seeds. You never stop. Right the way through, right to the end.

Igor: So whenever you're speaking to someone at the beginning, you're looking for them to produce part of the pattern. In this case, the lady's patterns were things like self doubt, self criticism or a vocabulary of being fat, of defeatism and so on.

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As you spotted those patterns, you start loosening up the concrete that holds them steady with little humorous stories, like your invisible fish with ambiguities like the long sentence, and so on. Then later on when it comes to the trance work, you start using it more officially with the unconscious mind, right.

Steve: That's right. Yeah. You did something interesting in that session. I would like to know if it's very typical for you or if it's just something that fit that particular situation, and if you could talk a little more about, why you spent so much time with this.

That was the vocabulary of change you had with her, you started right from the very start talking about how *if* was a bad word, how *as* was a good word, and that *when* and *yet* were good words, and so on. Then later on, of course, it gets mirrored in the trance session when you're teaching her a new slim vocabulary to get away from the heavy words to lighten up and so on.

So could you tell us a little bit more about that principle and why you were using it there specifically and, more importantly, when you would use it generally?

Steve: First, you see our perception of the world is limited by the way we can describe it. So it's difficult to actually talk about anything if you don't know the names or the language. We're limited by our vocabulary, the richer our vocabulary the richer our experience of the world.

People who have a limited vocabulary in terms of let's say having a negative vocabulary, they'll have negative thoughts because that's the only language they use. So their thoughts are bound to be negative because their vocabulary is negative.

Part of working therapeutically is to not just reframe things, in terms of possibilities, but also look at how people process their reality. Of course, we have to look into the sense because without the senses, we'd have no means of processing information. So, we've got our visual and our auditory and our kinesthetic being the primary ones.

Our visual sense is what we see happening. Now if a patient is getting pictures of things going wrong and they're based, for example, on things that have happened in the past, that's justified because you learn from experiences and you avoid certain situations because of that, so you work on pictures.

When someone is actually saying things to themselves, like an internal dialogue, and they're actually criticizing themselves and doubting themselves, then you work on the language.

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In this particular instance, I felt it necessary very early on – I picked up on it very early on that she had this vocabulary that was actually stopping her from moving forward or achieving things. She was justified in having it because she'd failed in the past. She didn't have a good reference or benchmark on how to move forward successfully.

In order to get someone to move forward and take on a new positive vocabulary, or in other words, positive thoughts and positive beliefs – because those are determined by their vocabulary – we have to get the negative vocabulary out of the way. What I wanted to do right at the very beginning was to set the framework for that.

I talked about the positive words and the negative words and how they affect us and then bring it back in later. I was just continuing with that whole theme, but based again, on perception.

I thought in her particular case, her language was actually stopping her from achieving things. She was getting in the way of herself. If you take it down to a much more root level, what we're actually saying is her thoughts were preventing her from being successful. Her thoughts were demonstrating themselves in an auditory way, and in a visual way, of course, but I worked on the auditory part because I thought that was a very strong part of her thinking.

So if we can actually stop thoughts from distracting, from influencing and manipulating us, we can actually resolve most of our problems.

Seminar 2 – Part 2

Igor: So, would it be fair to say that the more analytical a person is, the more it's likely that you're going to have to intervene somewhere in terms of the words that they have?

Or, do you find it pretty much an even spread amongst different types of people and you just have to pay attention to whether they have a lot of criticism versus disaster scenarios, you know, one being more word-oriented and the other one being more visually-oriented?

Steve: One of the most analytical people I know is a revered Buddhist monk in Thailand. He's someone who's meditated for 40 years in the forest. He's highly analytical because he breaks down his experience of reality into little chunks. He can describe reality in a way that no one else that I've heard, describe reality.

It's not really how analytical someone is it's to what extent their thoughts create attachment to something that prevents them from moving ahead. If a thought like, I can't or I'm unable – there's an attachment to failure. If there's a thought, I want to be, I should be.

Again, that looks like its positive I want I should, but it's not positive in fact. It's attachment to an inability. If you want and if you should that's saying that you aren't. It's the quality of the thought, not the degree of analytical thinking.

Igor: Right. It's the equivalent of, let's say, you take the other side: the visual one you demonstrated. The equivalent of that would be if someone has, for example, let's say something's coming up in a couple of months' time and I'm thinking, oh this could go all wrong. I see a picture of it going wrong. I look at it and go, yeah, but then again, it might not.

I'm not attached to that image, so it doesn't scare me as much and I don't keep looping it in my mind because I can keep it in perspective with all the other possibilities, whereas, if I turned around and said oh, my God, what if it goes wrong. I better find a solution for this just in case and I start obsessing about that image.

The more obsessed I am with that image, the more energy I pour into it and the more real it becomes to me and then the more problems I end up having.

➤ **Is that the type of pattern you're looking for?**

Steve: Yeah. The reason people have problems is because they don't like what they see or hear or feel and they try to change it. It's by trying in limited

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ways that their problem gets worse. An emotion doesn't happen spontaneously. There's always a trigger. There's a cause. What happens is, maybe someone shouts something at you from across the road. That's the outside, external trigger.

That then produces a thought and that then produces a feeling. So if it's an unpleasant thought – let's put it in terms of a problem. If you have a thought and it makes you feel bad. You think, my God, I don't feel good about that. You've immediately commented on not feeling good. That's a second thought.

Then you have a feeling about the second thought. Then you think to yourself, oh, I should do something about this. I need to change. So that's a negative, even though it's a positive statement. What's negative is it's reinforcing that you have a problem and then you have a feeling, how am I doing to do that? I'm not sure I can do that. I've never done it in the past. Wow, I feel bad about that.

It loops around. Thought, feeling – thought, feeling – thought, feeling. It just loops and loops and loops. Before you know it, people get trapped in that. So, in terms of working as a Buddhist psychotherapist, which is what I do primarily now.

My goal is to nip the thought in the bud right at the very moment it's conceived so that it doesn't have an affect on the person's perception of themselves and their ability to make decisions.

Igor: Right. That makes a lot of sense because now what you're doing is you're stopping the cycle really before it begins and that's exactly what you're doing with this lady here, although the cycle's already been looping so much that it's kind of spinning out of control.

So you end up using the principle of seeding an idea to start off right at the beginning just with a silly little statement about, if is an ugly word, but I prefer *when* or *yet* because it implies that it's going to happen and so on.

She has no idea why you're presenting this yet. So she's not going to reject it. It's just like a curious thought, right.

Steve: Yeah, it's very conversational.

Igor: Exactly. Then, you start building it up a little here and a little there, a little story to build it up a little bit more. By the time you get to the trance work, it becomes this very important thing, which actually it is because that's how she's created the whole problem.

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Steve: Exactly. You see when you practice repeatedly, and you become competent and confident as a therapist, you can usually know within the first few minutes what to do. You know what the problem is because you can see the patterns pretty quickly. That just comes through experience.

I don't think anyone is special in being able to do that. It just comes down to commitment to other people and working with them over time. That builds and builds and builds.

So, within the first few minutes of most sessions that I have, I know what I'm going to do. It's just a question of getting the patient out of the way so I can work with the unconscious. That may mean that I have to expose the fool that's getting in the way in order for the fool to back off. That's the process.

I'm then going to be leading them – I'm very, very direct, if you like, in knowing what I want for that person to experience. I'm certain if I can get them to a certain place, they can't help but get better. That's my commitment and that's my determination. I usually know what I'm doing in the first minute, but they don't know that I know that, of course.

Igor: In this case, with this lady, your commitment was to get her to a place where she had absolute trust in an unconscious process, as opposed to now having an absolute distrust of some unconscious process.

Steve: Yes.

Igor: So do you want to talk to us a little bit more about this idea of seeding? It sounds like a very powerful and important principle, especially when faced with the "difficult" clients because it allows you to really set things up so that by the time you actually get to use them, they're imbued with a real power, versus trying to use something at the wrong time and it has no real affect because it hasn't had that little point of leverage to get inside the person.

Steve: If you have a handful of seeds and you sprinkle them on the ground, some will grow, some won't. There can be all different kinds of species of flowers there. So seeding is used not just for one outcome. It's used to create a momentum, a movement forwards towards new ways of perceiving.

It can be seeding of trance, it can be seeding the possibility of a change of beliefs and it can be seeding the idea of something occurring in their life that they never thought possible. There can be many reasons for seeding.

We have to, through our questioning, get an understanding of who this person is, where they're going and how this might affect them in the

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future. First, I put a bigger frame around all the therapy I do. I don't have a very tight framework that says this person wants to lose weight. My framework is this person wants to be happy and have a wonderful life and this person wants to look back on their life and have no regrets.

That's the big frame I have because I don't think we should be fixing problems. Problems should be fixed as part of our interaction with the person, but the goal for me, of therapy, is actually helping someone have a wonderful life.

The way we do that is not to just concentrate on fixing a problem, but have that as part of a bigger picture, a bigger approach. I will seed that as an idea that there's more beyond what the patient can see now, and that they don't know. And, it's good not to know because everybody likes a surprise, a gift, to unwrap something slowly and wonder what's inside.

I'll use metaphors and analogies. My whole approach is about evolution. It's about evolving as a person, in addition to just fixing a problem. I'll seed trance by watching when they naturally go into trance and then changing what I do in terms of maybe my tonality at that moment, what I'm saying or my pause.

For example, when you're talking to someone, as I said earlier and you're looking at their face to see how they're responding, as they're listening, they'll do one of two things. They'll either, watch you or they'll look away. When they're looking away, it's at that moment that they are attempting to make sense of what you're saying by referring to their past experiences.

If you say something very simple and easy to understand, they'll look back at you and maintain eye contact because it's familiar. But, if you ask them a question, which is a little bit more searching, especially a question aimed at the unconscious, they'll look away because you're in the way. If they're looking straight at you, they can't search because you're in their field of vision.

I have a whole theory about why people look up when they visualize. I think it's hard-wired into us because for millions of years, when we were talking to each other, if you looked up, there was lots of sky. We could look up at the sky and we wouldn't be interrupted in our thought process. Then we'd come back and look at the person and then we'd look up to avoid distraction.

I think this is why we've become hard-wired to look up when we visualize. So I'll watch and when someone looks away from me to make sense of what I'm saying; what they're actually doing is switching off their current reality.

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They're switching off their visual sense. They're not focusing on anything. They're deliberately defocusing. They're going into trance. It's only a brief trance, for a second or two. For me, that's a trance.

Therefore, I will create those opportunities. I will seed those trance states by asking questions where people who go into trance for a few moments and then come back again. If they go a little bit too far – by that I mean they go beyond the point of looking away and thinking and start to go into a light trance, for example, their blink reflex may slow down, I'll actually pull them back. I'll frustrate the trance at that point.

It's almost like I'm saying to them indirectly or implying by my action, hey, listen, you're such a good hypnotic subject, I'm having to pull you back. You're going in too early. Don't go in yet. You're implying that they will be very, very good at going into trance later. These are different ways I'll seed the trance experience.

I'll seed therapeutic change by casting doubts on what they assert, what they believe to be true. You have to dig up the old foundations, the foundations of doubt or negativity. You have to dig them up. I'll seed doubt as part of opening the way for possible change in the future.

I'll seed the idea of change. How there are things that they can do they didn't know they could do. I might do that through hypnotic phenomena. You may just have something like eye catalepsy or arm levitation. That can be part of it if you want something that's a little bit more dramatic to show them something.

You're continually seeding potential for change, potential for trance. So that when you get to that moment where you say, right now it's trance time, in fact it's not actually trance time because they've already been in trance maybe 20 times or more.

Igor: Of course.

Steve: But it appears to be trance time. It's because you used that voice more than your normal voice. You use more trance tonality or whatever. By then, they are ripe. They're like a ripe fruit. You don't have to do much at all.

Igor: So basically, you've warmed up the engine already. You've turned it on, turned it off, turned it on, and turned it off. So, by the time you actually want to drive off, the engine's already purring and no wonder it's a simple, smooth process.

Everyone goes, wow, that's amazing. It's because you've spent the last, in the case of this lady, almost an hour or 40 minutes or half an hour,

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depending on how it's structured when you put it all together without the talking bits in between.

But, you spent all that time, but we're seeing just chit chat. It seemed like you're just trying to figure out what the problem is, but that was actually warming her up to be able to go into a trance. You're training her to be a great trance subject.

Steve: Yeah and dealing with any resistance along the way. This is the maximizing principle. Maximize the time you have available because we don't have a lot of time. It may appear like chit-chat, of course, but it's not. Every moment is important.

Igor: Right. Now you mentioned that when you're doing the seeding of ideas, you're seeding different ideas, like the positive change trance, living a wonderful life and so on. It seems to me that there's a common theme throughout all these different type's of things you seed, which is another one of your principles, which goes from if it static, make it dynamic.

If someone's certain about something, then shift it towards something more fluid so that change can occur, because if they're certain and then nothing else can happen to it. But, if they're uncertain or I think you liked the words creative thinking or its fluid, that's when you can start rearranging the matrix to have a different perception to live a different life.

➤ **Can you tell us a little more about how you view that concept and how you might actually apply that in terms of your work?**

Steve: Well, nothing is permanent. Everything is changing continually. It's only when people think there is permanence or when they try to seek permanence that there's a problem because you can't do that. You only have to stand still and time comes towards you. You can't stop it.

The very fact that time comes towards you and passes you by, even if you're just totally, stationary immobile, is a demonstration that there is no such thing as permanence. There's always movement.

When people come in, people will often say, I've got this problem. This is me. It's my personality. I've always been like this. They'll often use language that creates what I call roadblocks. Like they may say, I have this problem because it's genetic. My mother had the same. My grandmother had the same. Well, if someone sits down in a chair and tells you that, they're basically, saying you can't help me.

You cannot take that rigidity on board and work with it. It's impossible. You have to kind of challenge it in some very indirect way ideally. You

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don't go for the throat and immediately start challenging because you can lose rapport, unless you are very good at working with a provocative approach, like Frank Farrelly or someone like then. Even then, he uses it with humor all the time.

You've got to create fluidity. You've got to create movement. It's there anyway. It's not as if you're actually making something happen that doesn't exist. It's there anyway. It's very important that people realize that they're on a journey with every breath. They're on a journey into the future and they deserve to have a great future. They deserve to have a good life.

Because there's a movement, a momentum and nothing is fixed, we can change it. Now my perception of reality may be a little different from my patient's because I don't see any reality. I can't say anything is certain or fixed. Most people who come to see me have their own reality firmly in place and they're locked into, in the middle of it there and there it is.

I remember as a young kid, my father telling me that the star that I was looking at probably no longer existed. That all I was seeing was the light traveling through time. Pretty much the next day or that week, I was going to school and I saw this guy hammering in a fence post. As he hammered it in, I saw it, but I didn't hear it until two seconds later.

At that moment, it was like enlightenment. It suddenly dawned on me that what I was seeing and hearing wasn't real because it was coming at me at different speeds.

Then I thought, well if this information, the reality of the present moment happens with a delay, because of the time it takes to enter your senses and go into your brain, it means nothing is happening in the present moment. So nothing is real, absolutely nothing. It's impossible to live in the present moment because it's already happened.

When I realized that, that opened up doors for me and I think that was very much a part of why I went into hypnotherapy. I couldn't understand, when I first started reading about hypnosis as a kid, how it worked. But, when I realized that you were not changing reality, you were changing perception, and then I realized how hypnosis works.

It doesn't change what is because what is isn't. It's already gone. You're changing the way we perceived it or we actually remembered it in our senses, which means absolutely anything and everything's possible.

So when I sit down with a patient, I don't see someone with limitations. I see them with enormous potential where almost anything is possible, given that you have the resources and the time.

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Igor: So that actually, again, goes back to the heart of your approach to your Buddhist philosopher background. Your view of the nature of reality totally transformed your ability to work with people because if as a therapist you can't see the person in front of you as something that's changing, well then you'll be stuck right there with them, right?

Steve: Absolutely, which is again why I don't like to listen and buy into their script, their account of why they have a problem. If you've got a cold and you want to get rid of the cold, congested throat and nose, go for decapitation. If you don't have a head, you lose your cold immediately. That little story demonstrates why we have problems.

If we had no awareness because we don't actually buy into the problem, it disappears immediately. So, if we can actually not become a victim of our thoughts and our beliefs about problems, then the problem ceases to have energy.

If someone comes and knocks on your door and you answer it, guess what, they put their foot in they come in. They think that you're inviting them. If they knock on your door and you say, go away, the same thing happens. They now know you're at home. They come back and they knock even more because they know you're there.

If you actually just think to yourself, there's someone outside knocking on the door and you don't answer, there's a limit to how many times they'll come back and knock. They will just go.

So if you don't become attached to the problem guess what, it just goes? It's as simple as that. It sounds too good to be true, but it absolutely is a fact. If you don't become attached to the problem – the thing is most people don't know how to not be attached because everything in their life is based on attachment.

Igor: Right. In fact, this is exactly how people create more, chronic problems. Problems that don't tend to go away or even defeat therapists. They bounce from one therapist to the other. There are certain patterns that they're running that lets them get so attached to the problem that it "defeats change."

Whereas, what they're doing is reinforcing that perception, rather than allowing another kind of perception to slip in and take its place.

Steve: Yeah. That's right.

Igor: In fact, the lady in the session that you've given to us does exactly this. Her pattern for fixing things, for making things static and keeping them certain, amongst others, she has a very important one if any of you hear this, anyone who's doing therapy. This is an important one to break;

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otherwise, it's very unlikely that you'll have success. That's the *yes but* cycle.

- **Can you tell us a little about the *yes, but* cycle, and how you deal with it?**

Steve: Well the *yes but* cycle is a defense. It's like I agree with you, but you're wrong. It's a polite way of saying you're actually wrong. That's the last thing you want from someone, obviously.

There are ways of dealing with it, but first, before we talk about that, I just want to talk a little bit about the actual cycle itself and why it's there. I avoid whenever possible criticizing people. I will look at what they do and I'll try to understand why they do it and my reaction usually is to feel sorry or sad, even if they're doing something that gets them something in some way successfully, if they're hurting others. I'll feel tremendous sadness for them. I won't feel any hatred.

So, I'm not critical of people who have a *yes but* thing. I'll actually feel sorry for them because it's limiting them considerably. There are many reasons why it develops. One reason may be survival. The only way they could survive was to use a *yes but* to be able to get through life as a child, for example, if they were told things and they didn't know what to do.

Maybe you've got two parents who give conflicting views and guidance. They have to deal with keeping both parents happy and maintaining love, but either way they're going to be wrong with one parent or another.

They might develop a *yes but* thing to somehow dissociate themselves from those people but without feeling that they've lost the love. So there can be many different reasons for *yes but*.

Now when people do give a *yes but* response, for me, they're actually crying out for help. They're actually saying, I want to be helped, but I don't know how to do it and I can't face the fact that I don't know how to do it. I need some kind of certainty at the conscious level.

I respect that and in a way, you have to kind of maintain that. You can't just change a *yes but* pattern because it's hard-wired in through their learning in life. So generally, what I do is I usually tell them the things that I don't want them to do, as if I did want them to do it.

I have to let them win, so I might say, I was going to suggest that we put off trance until next time. They may say, well, yes but I've come here today and I'd like to do it now. Then maybe we're going to do trance now and I'll say to them, I thought maybe you'd like to work in a deep trance

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state today, but then I thought maybe you'd actually not be happy with that. Then they may say, well, actually, I'd be okay with that.

So I've actually reversed my questions to get them to agree. It's a lot easier to do that than it is to actually try to change the *yes but* pattern. Now if a *yes but* pattern is preventing them from moving ahead in their life in terms of all their decision-making, then its part of their vocabulary.

With this particular woman, she has a *yes but*. That's why I was working very much on the vocabulary. It was John Grinder, who said that *the word but is not just a word, it changes your whole consciousness really; the way you feel about the moment*.

If you say dah, dah, dah, dah, dah and... your tonality can only go up. But, if you just put a *but* in there, your tonality goes down. It's always negative so your tonality's negative.

Igor: Absolutely. There's actually a very nice correlation of that from improvisational theater, believe it or not, where the *yes and/yes but* dichotomy is basically the difference between those people who tank and never make anything of any value in terms of their performance and those who are hysterical or come up with these totally improvised plays.

Think about it. Imagine you and a couple of friends are standing on a stage. You have no idea what's going to happen and for the next hour you improvise and entire story from scratch and it's so flawless that people are sitting at the edge of their seats. To able to get to that point, they literally train themselves to get out of *yes but* thinking to thinking *yes and*.

The way it works, for example, is to make offer. Someone says, let's go to the zoo and if someone says, yes but I don't like the animals, what he's just done is he's killed the energy in that idea.

The train stops, whereas, if you say and let's go ride on a rhino or something like that, he's added more momentum to the energy. Even if he wants to change direction, he can still change direction with it by just steering the boat slightly to one side or the other.

So *yes but* kills mental energy, which is I guess one of the reasons why people use it as a defense, to stop things happening and just keep everything static. Whereas *yes and* adds to the energy and gives you a chance to maneuver it left, right or somewhere else to make a change happen. Do you see what I mean by that?

Steve: Yeah and it's not just language. People *yes but* with their physiology.

Igor: Absolutely.

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Steve: And with their eye accessing.

Igor: It's a whole mindset, isn't it? The language just is something that keeps track of how people are thinking and experiencing the world.

Steve: When someone consistently looks in a certain way with their eyes. Let's take eye accessing cues. I'm not following with the Bandler and Grinder model here at all, but if someone consistently looks, for example, down, whenever they talk about a certain part of their life that's negative. They talk negative and they look down.

They're kind of *yes butting*. They've fallen into the trap of following something that's familiar. They're not aware they're doing it consciously. They go into the place where the *yes but* is, if you can understand what I'm saying.

You're talking to them about positive things and how life can be better and they'll look down to that *yes but* room where their *yes but* is and they'll step into the room with their eyes. Suddenly, they become very negative and they'll say negative things.

I had one woman who came to me with depression. She was *yes butting*, which a lot of depressives do. I just wanted to try something very simple to see if it worked, to put her into hypnosis and I told her that every time she talked about her life, about something in the past that was problem or that made her feel bad, she would be completely unable to look down, but would only be able to look up when she spoke about these things.

That was the suggestion I gave her and I gave her amnesia. I left her in trance for a while and when she came out, when she spoke to me, she looked up. She couldn't look down. She was unable to look down.

I thought, is she just role playing here? Is she just bullshitting here? She couldn't talk about negative things. She came back three weeks later – because I used to see people every three weeks. This is when I was based in the UK because I had so many clients, I couldn't see them weekly. So she came back three weeks later and lo and behold, the pattern was still there. She was looking up.

She said I haven't felt so wonderful in ages. I can't believe it. What did you do? I said, I don't know, what did you do? She never knew. She never found out what I did. She was just looking up and when she spoke, she was unable to access the *yes but* place.

I did the same thing a week or so later. A guy came to see me who was a plumber. I remember him very well because my perception of the session

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was that he wanted therapy on tap because he spoke for the whole one-hour session. He didn't let me get a word in for one hour.

At the end of the session, there was five minutes left and he said so what are you going to do for me? I thought, my goodness, I've got five minutes. So I did some trance work with him very quickly and I did the same thing but I did it in a metaphor or in a therapeutic task and I told him, I want you to go out for the next three weeks and I want you to come back with a complete account of the rooftop designs of the town.

He came back three weeks later, telling me that he'd gone out and studied the rooftops of his town that he somehow spontaneously decided to buy a folding bicycle. He put it into the back of his car, went out for country rides, and then took the bicycle out cycled around the country, his depression had gone and he didn't know why.

I think it was the same principle here. He was unable to access the *yes but*.

Igor: It also reminds me a little bit of the whole organ language. There's a saying in the English language and many others, for example, things like things are looking up now. Or, why are you so down? So there's definitely a correlation there somehow as well, which is something people can track along the way as well, isn't there?

Steve: Yeah and we should pay attention to everything. Sometimes they don't actually say those things, but they imply them with a shift in their physiology. You know you're talking to a woman and she's come to you because she's not sure why she feels anxious all the time.

Then you're digging, you're asking questions and say how are things with your husband? She says oh, they're great. They're wonderful. But as she says those words, she kind of massages the back of her neck.

Igor: Right.

Steve: So she's saying he's a pain in the neck, but it's not said verbally. Unconsciously, her hand has lifted all by itself and massaged the back of her neck. Or, you say are you ready to work now are you ready to do something? They say yes, I'm ready. I'm all set up for this and, as they do that, they lean back in their chair and they dig their heels into the carpet.

Igor: Right.

Steve: They'll actually, non-verbally use this organ language.

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Igor: In fact, this is something that you can witness the lady in the video that we've been using in the first session of the first part of the seminar. She's very clearly doing this, isn't she? She's sitting in her chair and she's pushing herself back into it. In fact, she's doing as much as she can do to actually back off from everything without actually walking off the stage.

That's one reason that you end up spending so much time breaking things up, right.

Steve: Yeah. This is the reason that I want people to watch these kinds of session because you learn so much from this kind of session. I know some therapists or trainers want to just demonstrate how good they are or how quickly they can get people into trance.

Okay, fine, but the real learning when it comes to therapy is watching a therapist work with a difficult client because that mirrors life. That mirrors the reality of a practice. This is why these kinds of sessions are so valuable.

Igor: Absolutely and I think it's a great resource. As soon as people listen or watch the session, they'll see for themselves exactly what's happening there. Now, we are coming close to the end of today's session, but before we get there, I've got a couple things I'd still like to get in if it's okay with you.

For example, you spent a lot of time on one thing in particular, in this session. I think this session is good because you spent so much time before the trance work setting it up where you're doing a lot of reframing maneuvers and different things. The *yes, but* cycle is just one example of things you reframe. You also have your, just for the back again slow maneuver and things like that.

➤ **Can you talk to us a little about your attitude towards the idea of reframing and some different examples of "techniques" that bring this principle to life?**

Steve: Yes. Reframing is, as most people probably know, is changing perception from negative to positive. It can be the other way, of course, but changing from negative to positive.

Problems or beliefs, attitudes, they do not exist in isolation. They are dependent on context for interpretation. That is, a behavior in one context can be interpreted one way. If you take exactly the same behavior or the same belief and you put it into a different context, it will have a different interpretation. The meaning will change.

So reframing for me is about doing two things. If someone does something that's getting in the way of their success, I can reframe it by

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changing their perception of maybe what causes them to have that belief by changing the concept in which they originally got that experience.

I can reframe by looking for a positive in the negative that they have. That is, sort of like the yin and yang. You look for the little positive somewhere in the negative and you might do that by generalizing, rather than changing context. You maybe generalize it to take out the potency or the power of the negativity in that.

It's a little bit like stepping back and seeing a bigger picture which, in itself, it's not about changing context, but increasing the size of the context so people can actually have access to more information, which is an important part of the way I work.

It's working with context, rather than working with problems. For me, some problems are almost impossible to deal with because they're so hard-wired from childhood. It's become such a pattern in the person's life; they would need a complete personality overhaul, to be able to change who they are.

It's easier to change the context and thereby free them from having the problem itself. A problem is only a problem when it's seen as something you don't want within a context. If you can take it into another context where it becomes a resource, all of the sudden, it's no longer a problem. For me, shifting context is a very important part of therapy. I like people to be able to discover that their problem is not a problem, if they just move it to some other place.

Now, contextual shifts can happen in one of two ways. Either it's a shift in terms of geography, the place where the problem happens or the context itself or it can happen in time, which is why this phrase time heals. Well, time can heal. Memories can heal. Physical problems can heal, given time. So, time is a shift of context, but it's a time shift, rather than a geographical shift.

There's the other shift, which is a shift of spatial experience, where it's actually happened. So I tend to use context a lot in my work because it deflects away from having to work directly on the problem. It's because people work directly on the problem that they tend to get stuck with it. It's like I don't want this problem.

I don't want this problem. They very rarely look at how, in fact, the problem can disappear by itself if you just shift the context a little bit, which means just loosening up and letting go of the way they think things should be.

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Therefore, you change the context by loosening up their expectations and changing their attachment to the way things are. It's a little bit like years ago, I left the UK, as you know and I just left everything behind. I wanted a different experience. That was a tremendous shift in context. Well, I don't often suggest that people do that, but sometimes I do that.

Recently, this year, I was in Paris and a woman came to see me. She was depressed and she'd had successful businesses that collapsed. The businesses were based on helping children, so she had a good heart and her heart was in the right place. However, she'd been cheated out of money anyway. She came in to see me and she wanted me to give her the resources to create another business.

It was so obvious to me that she was so intent on overriding her failure by becoming successful in a business that, in fact, she was having a tough time doing this because she was continually reminded of how she hadn't succeeded the time before and this was getting in the way.

I felt she needed to be out of that context to tap into her reason for having the business in the first place. So I just said to her, listen, I've got a task for you and I'm not sure you'll take it, but I guarantee if you do, then all your problems will disappear. She said, okay what is it? I said well, I don't want to tell it to you until you agree to do it.

Yes, but I don't know what it is. I said, listen, I'm telling you that your problems will be gone. Do you trust me or don't you? If you don't trust me, okay fine. Let's just finish here. But if you trust me, I guarantee that you'll be able to come back and be successful at your business. She said okay, I'll do it.

This woman's physiology, by the way, was very asymmetrical. I've never seen anybody with such an asymmetrical face. Totally kind of screwed up and depressed.

Anyway, I said, my task is within two weeks, you're going to be living in Cambodia. This was in Paris, by the way. I said you'll be living in Cambodia and you're going to be doing voluntary work for an orphanage and here's the address.

She looked totally shocked. She went into a state of shock. She sat in that state for about a minute and a half. Then it was amazing, this asymmetrical physiology changed. Her face became totally symmetric. I've never seen anything quite as obvious as this. It was amazing. She started laughing hysterically. She laughed and laughed and laughed and laughed.

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Every time she calmed down, she'd laugh again. She asked how did you know? First, she didn't understand how that would work and somehow she got how it would work. Three weeks later, she went.

Igor: I think that's a very powerful story that illustrates for me very nicely your whole idea of reframing. It's not a technique; it's a principle. It's the idea of looking at a different context where the person is more than just the problem.

Steve: Absolutely.

Igor: The way I can visualize it in my own mind is if you can think of all the stars in the universe that you can only see on a night sky, the problem is maybe one of those stars. Everything else is what they could be. It's what they are, in fact, when they're not thinking about the problem, when they're everything else.

If you look at all that vast heavenly glory, what makes him think that happy is stuck in one place, so using your analogy here the context reframe is saying hey, what about this stuff or that stuff? By expanding them through time, through space, through energy or perceptions and so on, you're changing their reference point so that they suddenly realize, hang on a second, this is one drop in the ocean.

This is not the whole ocean, so I might end up enjoying the rest of the ocean. Suddenly, that drop they've been focusing on so much dissolves away and it just isn't a problem anymore.

Steve: It ceases to be a problem. This woman, the reason she went into business is because she loved children. But she'd somehow lost contact with that emotion, that feeling. She was so focused on herself. I told her she was selfish. I mean she came to me and said I want to succeed again in business. I can't tolerate failure. I asked why are you so selfish?

This was completely opposite of who she was when she first started up her business. When she started her business, she did it not for herself, but for children. She needed to tap into that original motivation, that energy, that compassion for others. It was her fixation with herself and not being a failure, which was getting in the way.

So this put her into a context where that would not ever become a problem for her because she was just going straight into the context that she had been way, way back in the past. Of course, if you feel really strongly about something in a very strong emotional way, you don't need to have a fear of, will I get this is, will I achieve it or not? Because that's the fuel that will motivate you and drive you.

Igor: Absolutely.

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Steve: For her love of children. That's why it was such an appropriate therapy and that's why she took it on board and did it.

Igor: Absolutely.

Steve: Because she realized it was spot on. It was absolutely what she needed and it completely reframed her whole perception of her situation.

Igor: Now, there's something else important from what you did there, which is something that, again, people sometimes misunderstand in terms of reframing. It's how you deliver the reframe that's, as important as the actual reframe that you're delivering.

So for example, in your example right here, you could quite happily have said, oh, let me give you some advice. Go and work with some kids in an orphanage for a while just to get your energy back. Her conscious might have asked what are you talking about? I don't want to do that. I want to become success in business.

Whereas, what you ended up doing was you did this same thing, the emotional equivalent of what you did with the lady in the video, which is saying to her, you're not committed to change. You're putting her, this other lady in Paris, in a position where there is massive uncertainty and she's got to take a leap of faith.

You know, I have the solution for you. There's this kind of like a golden carrot dangling at the end, but I'm not going to tell you until you agree to do it. Now she's got to agree to something before she knows what it is. Everything that's become fixed in place suddenly becomes wide open.

If she accepts the conditions, then she's already in the right mindset to be able to accept the reframe. If she does not, well there's no point in presenting the reframe yet because her mind is still solidified around the petty issues, uncertainty and all the rest of it, so it has nowhere to go yet.

Steve: That's right. Timing is very important. Rapport is very important. Trust, and you and I, can both talk about this, our own personal status and the authority that we appear to have in the eyes of others. That, in itself, is an indirect suggestion.

When we open our mouths, whatever we're going to say carries a lot of weight and is of great importance, so when people come to see me, they're primed. It's very important for trainees to realize this that I have a distinct advantage because of who I am. I don't advertise. People are always referred to me.

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Igor: Absolutely.

Steve: Luckily, they are always difficult cases. I get the last resorts. My students pass on their patients to me. That's an advantage as far as I'm concerned. Because I am the last resort, it primes them for the change. Now the people who come to me expect they have a great expectancy that something's going to happen.

I could almost sit there and just mumble and they'd probably get better. Therefore, we have to look at that because that's a contextual frame. We are not all powerful gurus, we up here at the top. We're not.

Igor: No way.

Steve: We're just ordinary, humble therapists that happen to have done it a lot. That's it. We've done it over and over again, so it's second nature.

Igor: You've put your finger right on the heart of the matter which is, that context is everything. When people ask what about a language pattern for this situation or some technique for that, on this certain day, what do I say? They don't understand when you say give me the exact scenario what is actually happening? What other people? Where are you? Where are you in position to them? What's their relationship been like up to that point?

Unless you know the variables, unless you actually know the context where someone's sitting inside, then the maneuvers mean nothing. I'm not sure if it was you I was talking to but a great example of this was where a lady, a prison border, was stuck in a cell with a murderer who was telling her, I'm going to kill you now.

He's standing between her and the door and he's a big, big boy. What she ended up doing was perfect for that context. She sits down on the bench and starts going on about, oh I've had such a bad day. Do you mind killing me tomorrow because all these bad things are happening? He sits down with sympathy going there-there now don't worry. Off you go. I'll kill you another day. Perfect for that context.

Now had he been a psychotic or a sociopath who liked inflicting cruelty on others, would he have cared? Hell no. This is perfect. She's in a much better position to go and torture now because that's exactly what he's looking for. The context is everything. It's not a technique to say, if someone wants to kill you, you plead for sympathy in this particular way.

You have to figure out the context. What are their needs? What are their drives? Where are you in relation to them and so on?

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Steve: Yes. Context determines our perception and bizarrely, it determines what we think is rational. However, there's no such thing as rational thinking. It's kind of rational to think we should have rational thinking, but there's no such thing as rational thought. Every thought, every action is contingent upon context. So nothing is real. Nothing is true. It needs context in order for it to have any kind of solidity.

Igor: And every single rational thought, however logical it might seem, is always based on some premise and that premise ultimately is going to be illogical. It may be something we accept as something we value, but it's going to be illogical because it cannot be proven by itself. If you doubt me, go ahead and look at the mathematics – I think Bertrand Russell wrote a nice report on this.

The essential paradox of mathematics, which is supposed to be the most logical system, is that it can't prove itself. If you take one simple premise, you can prove everything else within it, but as soon as you try to prove itself with it, it's like pulling yourself up by your own boot straps. If you try to pull your own feet up off the ground, you won't float. It just can't happen.

This is one reason why we shouldn't take our thoughts too seriously. They're our tools, rather than actual real things, right.

Steve: We're always working with perception. We're not working with reality and I think that's the important thing for hypnotherapy. If every hypnotherapist realizes that they're working with perception, then they can create miracles and they can give people wonderful lives. They're never actually changing reality.

It's always changing perception because that's how hypnosis can work because we don't change reality, we only change the way we perceive it.

Igor: And that gives us tremendous power because now, when the client gives us their sob story, we can sit there and realize that they absolutely believe it.

It's a complete fabrication at the same time, which gives us so much more freedom to do things like you did with the lady with the bereavement of playing choo-choo trains with her or doing whatever it is that's appropriate for them to have the change, rather than sitting there immediately going oh, I don't want to make fun of the fact that she's lost her son. That would be terrible. Maybe I won't take the choo-choo train out of the box just yet.

Steve: Yeah, our whole approach should be based on doing whatever is necessary to help the patient get better and have a great life. We should not be there in terms of our own ego, our own fears. Of course, as a

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trainee, we can't just sort of step in and do crazy stuff, but there's nothing to stop us from nibbling away and trying things out. Just testing. We make mistakes. I'm sure I made mistakes in the beginning, but that's how we learn.

You have to take risks, which is why hypnotherapy scripts are like living on a one-way cul-de-sac. You can't possibly ever get out if you do that because you become reliant on them and you end up becoming a very boring hypnotherapist with a dull life and nothing to look back on when you're old. So, I encourage people to take the risks. When they work with a patient, don't be too extravagant or outrageous, but test yourself.

Push yourself a little further, a little further because nothing's real. Nothing is real. And, because you're working indirectly, no one knows what you're doing, so if it doesn't quite work, no one's going to criticize you. You're not going to be looked at or judged by anyone. It's a very safe place to be and a wonderful creative place to be.

Igor: I totally agree with you on that. Sadly, on that final agreement, this is the end of today's session. I really want to thank you for taking the time to talk about these principles with us because this is, again, something that's very close to my heart to liberate people from being obsessed with, I need one more technique. I need one more course. I need one more script to be able to deal with problem (X).

Sure, keeping training yourself. I think that's very, very valuable. Sure, learn the techniques and listen to the scripts purely to try to tease out what is the principle involved. Then drop the technique, drop the script and start using the principle. Adapt it and make it fit the person, the living, breathing human being in front of you with that problem and you will grow into mastery.

If you don't do that, however, you'll stay at the level of a mechanic who's tinkering for the rest of his life because you don't know how what you're doing is actually working. All you know is that if you follow the magic steps, it's like therapy-by-numbers, then somehow it works for some people and somehow it doesn't work for others.

The Holy Grail is if you want it to work with most people, if not get close to the 100% success rate thing, then you need to understand the principles that you're using so that you can adapt them flexibly in the moment.

Steve: Yes. If you're committed to the other person and not focused on yourself and your own survival in your profession, then you will not be happy with just techniques because you'll know you are doing a disservice to your client or patient. So you will have a real wish to create from the principles.

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It starts with commitment to others. Just get out of the picture. Get yourself out of there. Therapy is not about you. It's about that other person. If that's your orientation, everything will just happen by itself.

Igor: Well, Steve, thank you so much for talking to us about that today. I think that last little bit of advice is great for everyone concerned. In other words, if you want to be a great hypnotist, the irony is the less you try – it's kind of, like the theme of today's session as well, isn't it? The less you try, the more you will be.

It's what you focus on when you're not trying to be a great hypnotist. It's how to do a great service to the clients that you're seeing.

Steve: Yes and you live that. You don't just switch it on and off. You live it. Otherwise, it's not congruent. It's like a stage play. You're becoming a character. You have to live it and if you really care, that's not a difficult thing to do.

Igor: Which luckily is why we're in a caring professional, why most people who are in it got attracted to it. Just do more of whatever it is that brought you into the field in the first place really.

Steve: Yeah and a big step for me was when I went to one of the Buddhist monks I trained with and I said to him, listen, I've got this problem. Every time I'm doing therapy, I'm just enlightened. I mean the deepest kind of wonderful state. I mean paradise. I'm working therapy particularly with people and I'd like to do this more and more in my daily life.

He said, so what do you do? I said I'm a therapist and I work with patients, some people call them clients. He said this is your problem. While you continue to call them patients and clients, they're separate from your day-to-day life, aren't they? It suddenly hit me. Yes. I'm actually pigeon-holing people.

These are patients and clients. They're not part of my everyday life. He said just think of them as friends. He said, off you go.

Igor: That's so true, isn't it?

Steve: Yeah.

Igor: Because now you're doing hypnosis everywhere you go. I'm not saying that you suddenly whip your pocket watch out in the middle of the street and hypnotize a beggar in front of you, but you will sit down and have a chat. You're doing the same things, whether you're sitting with your kids or your friends or with someone that comes in with a problem or with

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your bank manager. It becomes an all-around blend of life. That's where the real juice of what we do comes out. Isn't it?

Steve: When you know something works, you're not going to stop using it.

Igor: Exactly. Steve, I could literally speak to you for hours about these and many, many other things. Unfortunately, our time is coming to an end. I want to thank you for coming on board and sharing all your ideas with us.

Steve: Okay. It's been a pleasure.

Igor: If anyone wants to get in touch with Steve or get into his online training course, which, of course, you've seen a segment of or listened to a segment of in terms of the video he's given us for the previous session, you can get a hold of him on British-Hypnosis-Research.com.

You hopefully have seen just how brilliant Steve is as a hypnotist, as a therapist and how committed he is to people. So I can do nothing better than endorse everything he's been saying.

Thank you very much for coming on board, Stephen. Everyone, my name is Igor Ledochowski from StreetHypnosis.com and we've been talking to Master Hypnotist, Stephen Brooks, from British-Hypnosis-Research.com.

Thank you. Bye for now.

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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 Stephen Brooks from British-Hypnosis-Research.com. My name is Igor Ledochowski from 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 Program. All his programs are available from–

www.StreetHypnosis.com