

# HYPNOSIS MASTERS



## SERIES

*How To Hypnotically Use Peoples' Own  
Behaviours To Make Them Change  
Forever, Even The So Called 'Hard Cases'  
Once You Know How To Spot Their 5  
Chronic Problem Patterns*



# Hypnosis Master – Andrew Austin

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# Hypnosis Master – Andrew Austin

## 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: Andrew Austin

Andrew is the author of the bestselling book, "The Rainbow Machine - Tales from a Neurolinguist's Journal".



Based in the seaside village of **Rustington, West Sussex**, England, He's a licensed NLP Master Practitioner (*Society of NLP, Paul McKenna, Michael Breen, Richard Bandler*) and Clinical Hypnotherapist (*British Hypnosis Research, Royal Masonic Hospital, London*) with a background clinical experience of Neurosurgery and Clinical Neurology at the UK's largest teaching hospital as a registered nurse.

Since 1996, he's been teaching Hypnotherapy and Brief Therapy techniques and more recently, Integral Eye Movement Therapy in the UK, Poland and India.

In 1994, he formed the popular South Hants Hypnosis and NLP Study Group and he's trained with such notables as Richard Bandler, Paul McKenna, Frank Farrelly, Sidney Rosen, Joseph Griffin and Stephen Brooks.

Andrew has many articles which are recommended by a number of leading universities as study material for psychology students. He is regularly consulted by television production and media companies regarding alternative psychology, hypnosis and neurological syndromes.

He can be as controversial as he can popular, and his services include one-to-one and group or family therapy as well as training/seminars. He's often called on to advise families of clients who are under a compulsory treatment order of The Mental Health Act and also works with families of such clients in a therapeutic and interventionist role.

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## Introduction

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

As you will hear, Andrew Austin is not just a Master Hypnotist he's also a Master Innovator in this field. Andrew'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 four hours of seminars and interviews revealing his fascinating insights.

# Hypnosis Master – Andrew Austin

## Interview – Part 1

**Igor:** Welcome to [StreetHypnosis.com](http://StreetHypnosis.com). My name is Igor Ledochowski and I'm here with Master Hypnotist Andrew Austin, from [AndrewTAustin.com](http://AndrewTAustin.com).

First Andrew, welcome online.

**Andrew:** Thank you, Igor.

**Igor:** I'm very excited to be speaking to you. Andrew Austin is the author of a famous book called *The Rainbow Machine*. He has quickly become known in England and in the U.S. as the maverick NLP hypnotist guy who basically tells it like it is because there's no point in beating around the bush.

The thing I really like about Andrews work is the whole mindset and attitude is one about no-holds bar pragmatic approach, does it or doesn't it work? We don't want any crazy theories or ideas, just plain old does this work and how to make it work.

I'm very excited to pick your brains on that subject today Andrew.

**Andrew:** Thank you, I'm looking forward to this conversation and have been for a while.

**Igor:** Let me launch into the standard question to give people a little idea of your background.

➤ **How did you get into hypnosis? You didn't get born into the role of a master hypnotist straightaway did you?**

**Andrew:** No, I didn't, but I have to say that for many years I thought that's how it worked. I never realized and didn't know that hypnosis was a trainable skill; I just thought it was something that people were born with, like magical powers.

I grew up on a regular diet of every Saturday with Marvel Comics and various other comic book heroes who were either all born with magical powers or something happened to them where they inherently had these skills and abilities to change things and shoot lightning bolts from their fingertips or whatever else.

One of the magical powers I always wanted was to shoot laser beams out of my eyes and capture somebody's attention, to fixate them with something, some sort of hypnosis ability. So I'd always had an interest in the bizarre as

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a child, but it was many years later that I actually discovered that there were courses and such things.

So, I think I always had an interest in working in the strangeness of things that were possible about human experience. It was whilst I was a student nurse that I met someone who was a hypnotist who taught me basic hypnosis. Then it was a few years after that, after qualifying that I saw an advert in a paper for a hypnosis course, which caught my attention.

I thought wow, there were actual courses on these things so you can learn to do these things, so I filled out an application form and sent it off within minutes of seeing this advert. I had to find out what it was all about. I knew nothing, apart from a little bit of informal training as I mentioned, I didn't know anything and had never heard of Milton Erickson, NLP or any form of talk therapy that wasn't psychoanalysis.

Then, from day one of the course, that was it I was hooked and that's where the journey began.

**Igor:** That sounds quite like jumping into the deep end. Just to put things into perspective, it wasn't like you started your journey and one week later you finished it, that's it and I've now got the magic powers I was looking for was it?

**Andrew:** Do you know what, the amount of people that take training, they will sign up for a week long course or a course that's over a few weekends and they expect from that training to not only have the amazing wonderful skills where people will fall at their feet and worship them, but also then to set up a clinical practice, be successful and admired by everybody within a week; but, of course, that's not how it happens.

From point of beginning to the level that I would regard as fairly expert, although it always makes me nervous when people refer to themselves as experts. I first started all of this in 1994 and I would actually regard myself as being any good at what I'm doing, probably within the last three or four years, if not slightly less than that.

**Igor:** I'm presuming there are a lot of mistakes and learning that you have to make along the way, not just things you learn at seminars, but things you only learn by actually doing them in the real world, correct?

**Andrew:** It's one of the problems, working with people where, in order to get the experience and to get good at what you're doing, you have to work with people, which is a difficult area.

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With ethics and all the moral and legal implications as well, how does one experience in an area where getting experience requires, to be inexperienced working in areas that you must have experience in and it's a difficult one.

So, along the way I think I've made quite a lot of mistakes. I've certainly upset a lot of people. I've even had a number of complaints over the years. I've had a lot of sessions where simply nothing happened. I tried this and that, broke out in a sweat, sometimes the client broke out in a sweat and sometimes there would be tears forming in their eyes where they would be looking at me in despair going, what the 'fuck' are you doing Austin?

It would be this kind of, ugh, I'm just trying everything that I can and whilst mistakes have been made fortunately, I've never had a disaster.

**Igor:** That brings up an important question, which is something that's not very often talked about in the path to mastery. There's this dilemma between how much practice you can get and what you can ethically do with people; otherwise, you're risking damaging them and so on because to get good you need practice, but to need practice you have to be good.

➤ **How do you resolve that dilemma, do you have any ideas about that?**

**Andrew:** It's a huge problem. There are a lot of practice groups all around the place where people faithfully go each week or month to try to get experience and practice in various techniques and methodologies in working with people.

This advocates a lot on the Internet. Now, I've got a bit of a beef with this. The clubs, it's good to get together with people with similar like-minded mindsets but they function as social clubs really. People who are doing that, thinking they're getting experience, I think are mistaken. Maybe my experience is different to everybody else, but clients generally aren't workshop or practice group participants.

They don't know what to do, they're not trainees of the technology or techniques that are being practiced, so the response and behavior sets that are demonstrated by people who are basically paying clients with problems, who want someone to help them is vastly different from the behaviors of people in what is really practiced clubs that people go to.

So whilst I think practice groups have a huge place and an important role in sharing technology, techniques and various other things, they can also be a bit of an issue in misleading people into the right way to do stuff so ethically there is a problem.

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What do people do? How do you get experience in working with real people as opposed to practice group participants, when some of those people with problems may want to see someone with expertise? But of course, you can't get the expertise without seeing the clients.

**Igor:** Right, it's sort of a catch-22 isn't it?

**Andrew:** It's a problem.

Now, I've just recently run a workshop in how to build a business as a therapist. The slogan that I kept giving people is '*humility will protect you from humiliation*'.

I've noticed with people going into practice as a therapist, change worker of some sort, that there's almost this endemic need to try and appear to be an expert or to appear to be a fully experienced professional in absence of the full experience. One of the little giveaways is to always contact us on the website.

It's just little things like that, where people feel the need to make themselves bigger than they really are and they can find themselves in a spot of bother with that. My advice to people if you're a beginner is to be a beginner. Wear it proud and don't hesitate.

I was astonished back in the mid 90s when I put up adverts around, I put them in the local paper, in the general hospital and libraries, basically asking for volunteers and guinea pigs. It was like student hypnotist or trainee hypnotist seeks volunteers to practice on, your safety is not assured. Then there was my name and contact details.

I had a neverending supply of people coming to see me. It was extraordinary. There were many people that wanted basically, to come see someone that would help him out with some of his experience. It's not quite being a client you're helping a guy out.

So if a lot of people with problems are wanting things addressed, it enabled a platform for them to come see somebody without having to take on the role of being a patient or a client with a problem. I found people really willing to come help me out and, to give my details to friends who wanted to come see me as well, because they figured their friend or family member had a problem.

**Igor:** Let me pause you for a moment, because I think you just came up with an ingenious little scheme there.



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The problem with people who've only just come fresh from their training course with all the good intentions, but are still green around the ears and don't quite know how to hold together the session so the client doesn't break it apart, which they'll obviously try and do without knowing it, and that is that people put themselves under a huge amount of pressure to be this big hypnotist or guru that knows everything.

What you're saying is not to even take that role on board, just go in there and have a license to mess up. It's kind of like a practice group with naïve people rather than with people that will comply along with what you're doing.

**Andrew:** Absolutely! I found people amazingly cooperative and helpful to me. I would do things like...say I have people with anxiety coming to see me...I would book 10 people in a week that have anxiety. I was amazed at the sheer numbers of people that volunteered was, I still think, quite extraordinary.

I would take one process and I would deliver it in 10 different ways, but I would only do that one thing irrespective of what the client presented. Then, a week later I would get the person back, talk to them on the phone or send them a form to fill in, to get feedback.

I wanted to know every tiny bit of feedback that was relevant both, to the process of what I was doing, the style of delivery and the affect it had on the person. Therefore, by doing the same thing repeatedly with different people getting different feedback, it enabled me to learn to calibrate what techniques would work with what people and how.

This is something I recommend people do. I'm appalled by this, but most therapists never follow up their clients, but a lot of people go well, I do it with some of them, the ones they like. They will follow up with clients they like but they conveniently don't follow up the ones they don't like.

**Igor:** Which means they end up having a bias view of their own skills, like I have a 95% success rate and its like really, how did you do that?

**Andrew:** Here's one of the difficulties. People are too nice and this is a problem I found a lot in getting feedback on my performance as a therapist, my performance as a presenter or trainer, it's very hard to get honest feedback from people that like you, because people are just too nice.

They'll go it was very nice dear; it was lovely. Actually, they're going well glad I didn't pay to come here, but the difficulty is, the people that will only ever give you honest feedback are generally the people that don't like you, so the ones you've pissed off sufficiently will be honest enough to go actually I don't appreciate that.

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Therefore, the difficulty is the only feedback here that you tend to get that's genuine is filtered through this negative bias of the clients that don't like the therapist. The way I got round that was to send a form out to every single practice client, asking for the three things I need to do more of and three things I should do less of.

So, I would run an hour's session and a week later in an envelope with a self addressed stamped envelope in there with a form that simply says thank you very much for your participation and assistance in my work here. Please tell me the following...list three things I should do more of and three things I should do less of. Thank you very much the envelope is enclosed.

By framing it like that, people are much more open and honest with their feedback rather than feeling that they have to be critical or supportive.

**Igor:** It actually gives them something, a format to work through where it's no longer personal. It's like actually, I can be nice about him having a terrible voice by saying, maybe you can make your voice a bit nicer dear and at that point you go okay, I'm getting a lot of this feedback so perhaps I should go see a voice coach or something. Then you have something to work with, right.

**Andrew:** Absolutely. So the trick, in order to get experience, is to simply be a newly qualified or newly certified hypnotherapist and just be their therapist and wear that with pride. Just say here I am, I'm new in the area, I'm getting experience and this is who I am.

After a year or two, then you're the person who has the experience and are then more able to work with different people. You'll get better feedback from people and you'll start getting more referrals because you'll get a reputation. The way to kill a reputation fast is to be a newly graduated certified/qualified, whatever therapist and then try and be an expert straightaway.

It will show. Your clients will detect it. People will know and you'll get a bad reputation from the word go and this is not a good way to practice.

**Igor:** I have to say that's an ingenious solution. I wish I'd done what you did, because that's a smart way of doing it.

I ended up doing something slightly different but similar, in that I was going round all my friends and their friends saying look guys, if you want to do some work for free I'll work with any minor issue. I don't want anything big, just things like insomnia, little phobias and stuff like that. I said I'd do it for free, for a fiver or something and I had a bunch of people come in for that, which is where I got my experience.

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Everyone knew exactly where I was coming from at the same point. It took so much pressure off you, but I really love the idea of going to the next step, which is advertising saying I'm a trainee hypnotist. You already have the label of a hypnotist, so they still don't know what it means to be a trainee hypnotist.

It's not like you're a four-year old who can barely write, you're a hypnotist which has already gotten a lot of kudos, so I think that's a nice strategy, thanks for sharing that with us.

**Andrew:** Thank you.

**Igor:** You obviously had a career before you became a hypnotist right?

**Andrew:** Yes. I was a nurse. I qualified as a nurse in 92'. I worked in a number of different areas, but the two I generally refer to the most...in my early 20s I worked in accidents and emergency and then later before I actually finished working in the health service, I worked in brain or neuro surgery.

Two areas that were fantastic to work in, simply because of the level of expertise of my colleagues. I was never anything but a junior, lowly qualified staff nurse, but it enabled me to be around people who had years of expertise and some astonishing skill levels of people and for me that set some standards for how I want to run my own private practice.

**Igor:** How did that influence your whole role as a hypnotherapist, because that sounds like there were some big role models you have to emulate even if they weren't hypnotists, it must have influenced you in a big way.

**Andrew:** There were several things that I still credit my personal life success to. One of which is by working in those departments and roles, I learned what hard work was. I learned what it was like to have incredible high levels of responsibility, to have long hours and despite being fatigued or worn out by a day's work or the previous days work, to not be able to let go of the responsibilities, because what was at stake was just too valuable, too much to even consider releasing some of the responsibility.

**Igor:** Especially with something like brain surgery. At that point, you're talking about someone's whole life.

**Andrew:** Right, now I was ward based, so I wasn't actually in assisting in surgeries, that wasn't an area I was personally best enabled to work in. It was then the ability to translate the amount of work and effort into building my own practice.

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I wasn't frightened of the hard work that it would take, but some of the other things is that, in order to handle, some of the most important things in another person's life. If someone was about to have an operation on their brain, what that must be like to be on the receiving end of that, I can't even begin to imagine.

I know what it's like to see people go through it, but to be on the receiving end is huge. But, to be around people that did that day in and day out for years or decades for some of these guys, I learned ways of handling people in incredible stressful scenarios and situations.

And, as well as handling other people's stress, I also learned to handle my own. This is something I think is important as a therapist, is to be comfortable and able to be relaxed in what is very important situations of other people and very stressful situations for people.

**Igor:** Let's stop for a moment. I think you just came up with an important point here, which again, is something that a lot of hypnotists skip over and end up getting caught by and this is the idea of taking your clients problems home with you.

You're clients are suffering and you know most people that become hypnotherapists have an empathic nature, which his why we're drawn to this work in the first place, but then being able to sit there and commiserate going oh you poor dear, that's not necessarily going to help them.

If anything it's going to make you worse, in terms of your ability to function as a hypnotherapist and then you'll be taking their problem home as well, which means over time it accumulates, so it's important to allow your mind to be involved and apart at the same time isn't it?

**Andrew:** It's a critical area, because one of the things in the therapeutic interaction that so often gets deleted out or ignored is the experience of the therapist themselves, so the client can present all sorts of issues from their background, but they can also present all sorts of issues to the therapist.

They may criticize you the therapist. They may pick fault in something you say or not even say it explicitly, but their reaction sets to the way that you do stuff, may indicate that you need to change your behavior for this person. It may feel quite stressful, even though to a third party who would be watching the interaction, there doesn't seem to be anything negative going on.

Often it can be quite as stressful dealing with other people who are stressed, but it's an area that so often get's missed, because here's how I look at it.

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Basically, I'm running a business, as well as working with people and some very sensitive and difficult issues with human beings, at the same time I'm fulfilling my own needs. I'm fulfilling my own financial needs, my own reason for being on the planet, what I regard as being a good life is fulfilled by working with people who have serious mental health problems.

Now, it sounds ugly to put it like that, but unless we as therapists can actually address our own needs and know how to fulfill them, then it could get very difficult to let go of stuff that happens in change work.

So many therapists need their clients more than the clients need them, because it's oh, when I have clients then I have the life I want to have and if I get enough clients then I can have a really good income. If I get enough clients, then I feel I'm important and a valuable member of society.

If all those things are only fulfilled by clients coming through the door with problems, when the clients stop coming or don't come for a day or two, what happens to the ego state of a therapist? I have a suspicion that a lot of people that get over involved with client's problems, they actually have needs in their own lives that they need to address elsewhere.

This is one of the things that having supervision, that people can discuss.

**Igor:** Let's stop there again, for a moment. What you're getting into now is a little bit of the dark secret that few people talk about. Very importantly, I've met a number of people in the therapeutic field, not just hypnotherapy; I'm talking about coaching and counseling, that sort of stuff as well.

Some of them it's bizarre, they're almost incapable of relating to other human beings, just like over dinner without trying to counsel them, trying to dig deep...I remember one person that's stuck in my mind because I couldn't believe they were saying this, they were saying I'm not interested in regular chit-chat or small talk, that's beneath me.

I want to know the deep issues, the real stuff and its like, have you no respect for boundaries?

**Andrew:** Oh boy, that's the dinner guest that doesn't get a second invitation.

**Igor:** For sure.

**Andrew:** I'll tell you. Hypnotherapists and any of the things on the periphery of hypnotherapy, they remind me a lot as a genre of magician's. I've spent some time hanging out at magic clubs and doing magic stuff. The one thing I found really difficult to deal with was that it was impossible just to go for a

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beer with a bunch of magicians or, to have some of the guys over for some food and football kind of things.

**Igor:** The next thing you know your little chicken leg is levitating across the room, it's like oh, for Christ's sake cut it out.

**Andrew:** These guys couldn't do anything else. This is one of the things, if any therapist listening to this, finds themselves using the therapeutic skills or knowledge as a substitute for social skills, they really need to address both those issues.

There are, as you say, very important and distinct boundaries between respect for other people and for yourself. And, to anyone listening, if you are the person who finds yourself at parties or dinner parties therapizing people or trying to maneuver the conversation around to getting a person to start thinking about the stuff that suits your agenda, you really need to rethink what you're doing, because, as you say Igor, it is absolutely disrespectful to do that.

Some people who work as therapists need to learn to leave other people alone.

**Igor:** Exactly and just to put this in perspective, what I'm not saying is that you can't use the skills you know to make the conversation more charming. For example, as therapists we look for resources. Having a chat with someone about their fishing trip and all these other things, just to take delight in it and see them lighting up with it that's a charming way to have a conversation.

Then, you're not trying to attach it to anything. You're not trying to fix anything in their life without permission, you're just making them glow and if they happen to bring up something like when they feel terrible about something and you happen to do a little magic then, that's an entirely different thing than you going searching for a problem to fix.

**Andrew:** Absolutely! I'd meet them at least once a week. That is that everywhere I go I bump into someone who does this. It drives me crazy.

**Igor:** I think this idea of boundaries is very important, I guess your solution for this is the idea of...and this is perhaps where the clubs, if you went to another level would be more interesting, where people rather than just swapping at the level of skill would actually trade valuable services like, I'm getting too hung up on my client's, can you help me?

This is where the buddy coaching system does have a lot of value, doesn't it?

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**Andrew:** Therapists tend to, especially hypnotherapy type people more than counselors, tend to focus more on the techniques and processes in the scripting of technique and also what should I do to this particular client or how should I treat this particular problem.

Whilst they collect information about the clients, they don't seem to collect a great deal of information about themselves and look at what they need to do differently. It's often, what do I need to do differently to this client or how can I better understand or analyze the client as opposed to knowing thyself?

Wasn't it the Greeks that had the thing, know thyself? I think if you know yourself well enough and with enough wisdom behind it, then actually working with other people gets a lot easier.

**Igor:** Absolutely.

**Andrew:** I do think a lot of people become therapy type people to avoid knowing themselves, because they're getting to know other people instead.

**Igor:** There's a balance point here as well to be had, in the sense that, if a client comes in and you can park all your personal issues so you can be there for that client at that point in time, and that's a very valuable thing to do.

If you can't do it, in other words, if whatever issue they have mirrors something in your life so much that it keeps batting back in and your emotions change and everything else you've got one of two choices.

Number one is, you take this as an opportunity to deal with it yourself.

You can do this if there's a mindset, and I know you have experience at this as well, where you half dissociate it from your own issue but as you're dealing with a client your own issue starts resolving and unwrapping itself at the same time and you can feel it happening in the back of your mind, so you're getting paid to do therapy on yourself.

When it does happen it doesn't happen often, it's a beautiful thing and on the flip side is if you can't do that then you have to refer that person on, because you're not doing yourself any favors and you're definitely not doing them any favors either.

**Andrew:** Right. That takes us to another area.

The amount of people that don't actually know where to make referrals to and interestingly, if the person does a tapping technique and that's their thing, they tend to only refer people to other tappers. If their thing is doing eye movement, they tend to only refer the person to a person doing eye

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movement. If they're a counselor, they stick with counseling. If it's a hypnotherapist then they only refer to hypnotherapists.

There's this kind of, snobbery or whatever it is, but it's as though I must only associate or make referrals to the people of the same discipline as myself.

I have quite a large index of people I can refer to, everyone from psychiatrists to counselors to pastoral counseling services to crisis intervention centers; I have a whole array of places that I freely make referrals to, as well as me working with them.

I will have conjunctive therapy or assistance coming in, because I'm not going to do everything. I'm a change worker, not supportive or carer in that respect, but I have access to agencies that deliver those services. It seems to me that this is something that a lot of therapists really need, to build a network, because it's good for getting referrals as well.

They need to know who the agencies and people are that are out there with experience or who have all the niche specialties that they can make referrals too.

**Igor:** Let me ask you this.

- **How would you recommend that people actually go about doing that?**

Because, what you're talking about now is a very important thing and if nothing else, it's fine to have a couple hypnotherapists to refer to for certain specialties, but what you're talking about is much bigger than that.

You're giving a person a chance to say look, in the totality of your life, I can fix these things here but you'll probably want to talk to these people here to help you with these things there as well, because that's going to help the whole thing take, rather than just saying yes, I've done my bit, good luck to you buddy.

**Andrew:** Yes.

**Igor:**

- **How would you go about building that up, if someone has been doing therapy for a while and have been thinking this is a good idea? Do they just turn up the yellow pages, what would you suggest they do?**



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**Andrew:** The yellow pages, is a good start actually. It depends, you're drawing from a local geography, so your clients are actually local and often when people are starting out they draw from the local area.

With the Internet, once people start gathering more Internet resources they get more video of themselves online or articles, they would start to get people through other fields.

A good place to start, again, is in the yellow pages or talking to local crisis centers to find out where they send people.

**Igor:** That's a great idea.

**Andrew:** A local GP practice manager or receptionist will know who the really good counselors are. The local pastoral services, so basically you can contact a church and say, who are the pastoral counselors available? My experience with pastoral counselors, they're usually people who are a lot older with lots of experience. They often have a lot of spare time because this is what they do, this is their thing and they've been doing it for a long time in varying forms.

I find that they provide excellent support, especially for communities or on-going long-term...

**Igor:** It's like having a mentor ready to guide your steps on the practicalities of everyday life. There are some clients who come in and say I've got a problem with this, and you look at them and go you don't have a problem with that that's just a side effect, your problem is that you can't make decisions in your life.

Or, that life has overblown you, you just need a friend to speak to once a week who'll guide you a little here and there just enough that you can pick yourself up and live your own life again, right.

**Andrew:** Right. Here's some other stuff. I set homework for the clients that I work with and I do a lot of tasking for things.

One of the other things is that I'm very keen to move a person out of therapy and into training if we're looking at long-term stuff. Still, rather than analyzing and doing remedial work with people, I'd rather get people into training positions to teach them skills and abilities, as fast as possible.

Look at what all the training providers that are out there around in your area, things like, people who have shyness issues or as people call it these days, social phobia. What are the ways of fixing people's confidence and social

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skills? What are the drama groups around or improvisation groups? Stand-up comedy.

**Igor:** Improv is another one I love.

**Andrew:** There are lots of groups around and it's amazing how many of them are either free or they're just like 5£ per night to go along.

Find out who all these groups are, because again, the other thing that happens is you get reciprocal referrals. There may be people in the group that have therapy issues that the training isn't going to deal with, so they'll then send them to you for remedial work.

**Igor:** Let's stop for a moment to emphasize this point. What you're talking about, if nothing else, it makes sense in terms of the therapeutic value and the ethics of it, but if you're going to be totally selfish, on a pure business level it is sheer genius, because you can go to all these groups and apart from the fact that you're doing a good job, referring other people and so on, you've just created an instant referral group.

The kind of group which is going to attract the very kinds of people that you'll want as clients, the ones they can't deal with will be perfect for you and the ones you can't deal with will be perfect for them.

So go in there, introduce yourself, let them talk about what they do, introduce yourself and have a sense of what you can refer to them for, teach them a little about what you do, maybe do a little demo so they get a sense of what hypnosis is good for and that way everybody wins. You have a business plan instantly ready and waiting to happen.

**Andrew:** I think the important bit is to be part of the community. Be part of people. Be part of the society and the people, interact with large numbers of people, find out who all the different support mechanisms, training mechanisms are that are out there and be part of that, as opposed to being an isolated individual, looking at the telephone and waiting for it to ring.

The image that always comes up for me...

**Igor:** The only reason I say this is because I remember the first day as a hypnotherapist, seeing my client and going oh, my God what'd I do now, like my ads not pulling...

**Andrew:** I put the ad in the paper, where are all the people?

**Igor:** Exactly. I was thinking like, come on you should be calling by now, I've even put my mobile phone number just in case, come on people call me.

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Of course, they don't because it takes a while for things to work and my ad was useless, etc. but going back to the idea where you were talking about referral groups, if there's anyone listening to this right now who is just starting hypnosis, in other words, isn't quite ready to be a hypnotherapist or may not even be interested in being a hypnotherapist, but wants to do hypnosis just as a fun thing to do, these referral groups are great any way.

Why?

1. Number one, just by going there and introducing yourself a lot of these people, especially like drama classes and so on, are so open to ideas like hypnosis that you have instant practice partners.
2. Number two, people will come to you and will ask you if you can fix this.

At that point, you can turn around and say actually, I haven't got the experience to do all that, so then you can just refer them on, you already know the people to send them to so both ways you win.

**Andrew:** Yes. It's just a matter of getting...what I say to people is just get out the house, go out...if the phone isn't ringing you have to leave the house.

**Igor:** With mobile phones now days it's not like you'll miss anything anyway.

**Andrew:** People get scared and say, but I don't know if I can do that I'm not that kind of person. In which case, I would go okay then you're not ready, you need to come see someone like me. It drives people crazy, because they're like, are you going to be a therapist? You're working with issues that you change or are you going to find excuses to actually not do this stuff?

I'll tell you, the vast majority in my experience, find excuses.

**Igor:** I've seen this a lot as well, you get this as sort of the seminar syndrome and I have no problems with people going to lots of seminars and increase their learning, etc. I still go to as many different seminars in different fields, from theater to hypnosis to therapy, whatever because each time I'll pick up something new which is truly worthwhile.

Having said that, there's the seminar junky which is a specific disease that basically says, I'm not quite ready yet, I just need one more training and then I'll be ready.

That's not how it works is it?

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**Andrew:** I encourage people to be seminar junkies, if they come to my seminars. I say to come to as many as you like as often as you like, just remember who's bill is getting paid here.

It is important. As you say, on-going training is a valuable thing, but for some people it becomes a way of life and they are habitual seminar junkies who, I have to question what are they doing it for? Where are the end gains? I think for most people its well, I don't have many clients, therefore it means I need to do more training.

**Igor:** That's a classic one.

**Andrew:** They just haven't looked at the business side of stuff, which is good news for the likes of me, of course, and yourself. But if that's the motivation of people coming along, they need to be looking at different types of workshops to go to (i.e. marketing business) that's quite important.

**Igor:** There's nothing wrong with doing that, because you will learn things.

There's a friend of mine that has a rule of thumb. Whenever he goes o a seminar, he won't go to another seminar until he's implemented at least one or two of the strategies that he learned at the previous one.

In fact, he even takes it a step further, which is to say that he won't go to another training until he's used information from the previous one to earn enough money to have paid for the training he went to, which I admire immensely.

But even just the idea that you won't go to another training until you've actually used some of the material of the previous one, that's how it transforms from something purely theoretical into something you live, breathe and can actually do.

**Andrew:** There's another, what I find even slightly sinister for the workshop junky, is that they're part of a peer group of people who get excited by certain trainers arriving in town and it's that they must go because it's the scene. They must be seen to be there and they must also be seen, as what I call the front road brigade, they must also be seen to be amazing in their state.

Hey, I measure success by how good I feel. Hey, how are you? I'm great! Basically, they try and outdo each other by how great they feel. It's also the, I was there...oh, I was there weren't you, oh you missed it, it was magnificent...it's almost like they're garnering status. I don't know who with, I have to say, but what I observe is people trying to garner status by who they went to see, how often they've seen them and who they were there with.

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It's a small minority but it does create for me, I feel very uncomfortable with that mindset and mentality. Actually, I've found by looking on some of the comments on the web that I clearly am not one of the group. There are a few comments on the group that lead me to believe I won't be part of that group ever again, if I ever was in the first place.

**Igor:** I think the bigger point you're coming across with is very important.

First, all the trainers including you, me and everyone else in between, we're still human beings. To me it's very important in particular that people recognize that because sure, I've got some hypnosis skills and you have some great skills, but I'm still a human being and still mess up all the time.

In relationships, believe it or not, people still get upset with me because I do the wrong thing sometimes. I am not perfect and I don't want people to believe I'm perfect, because the pressure to live up to someone else's idea of who you are is immense and I don't want it, I really don't want it.

So, if nothing else, you're not doing yourself you're not doing the trainer any favors because you're putting it into this pedestal, which is a very attractive opinion to be in because it strokes you very nicely, but ultimately is very destructive for them and you're not doing yourself any favors because you can't be like the person on the pedestal, whereas you can always be in equivalent value of another human being.

It's simply a question of rolling up your sleeves, putting some hard effort in and developing that skill. I'd love to see hypnotists out there who are great at what they do, who are better than me, because we all stand on the shoulders of the people that came before us, right.

**Andrew:** Absolutely! This is what I'm always looking out for as well, I want to find people who I look up to that I can learn from. I know that there are so many people out there who have skillsets or even if it's a very small niche skill, that they could actually be out there teaching and training other people, but they're just not making themselves well known enough.

People will come to them, if they have a skill that no one else can do or a skill that they do exceptionally well they have to let me know. Track me down and tell me, and tell me what the skill is.

**Igor:** This, believe it or not, is one of the inspirations behind these interviews with masters...some of the people we've interviewed are famous, everyone knows them, but some no one knows they're barely heard of, but the stuff that they do is mind blowing.

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The day I get excited, for example, when I teach a seminar and people come in and I spot one of my students doing something that impresses, I'll watch them and ask them how they do that. I have friends who started off as a student, but I look up to them because they do something, maybe their ethics are so screwed on tight that I turn to them and go wow!

What would he do in my situation, because that tells me where my moral compass should be pointing?

I totally agree with you, I think you could learn wherever you can get something so don't get too attached to one particular way of doing things, you have to find your own way. Life is messy and we have to find our own way through it.

**Andrew:** I couldn't agree more.

**Igor:** Let's take a step back, because the other side of your time in the hospital, apart from this very important idea of the ethics instilled in you, your work ethic in particular which is what we've been exploring just now. You also must have learned a lot about the brain and how people think.

I can't imagine you working in the brain surgery department and not come across some amazing stories of just what the human mind is capable of.

**Andrew:** Yes. Some of the things about brain surgery...I have to say, when I worked there...and this is something that some listeners have heard me lecture on before because I've quipped this one a lot. Working in brain surgery and being able to tell people socially, so in a social situation people say so Andy, what do you do?

I say well, I work in brain surgery. After the initial disbelief and the no-no-no, what do you really do? It did carry great social status and I think at the time, for me, was a great appeal, and certainly amongst the NHS staff, most clinical specialties that emerged, people felt that their specialty had the highest status.

Everyone knows it's the brain surgeon not heart surgery...

**Igor:** It's kind of like the consultants- the counselors only refer to counselors because only counseling works that's why I do it.

**Andrew:** One of the things that I have to get over with people is that they say what do you actually do? Sometimes it would depend on who I was talking to and just how much I wanted to impress them, but the reality is the gist of my work was care.

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It didn't matter the fact that it was brain surgery, but most of the work is doing basic daily care for people, making the beds, feeding people, keeping things clean, delivering medications, dressing wounds and that kind of stuff.

Within that environment, there was a lot of stuff to experience and observe, which for me, has been absolutely priceless. It was mostly stuff that I actually didn't comprise of an integral part of my work. My work was these other things, but in an environment where there were lots of things that were observable.

For example, the behavioral changes that would occur with different neurological conditions were what we regarded as front behavior where there's an impingement on frontal lobe activity, so there's a degree of dis-inhibition with people and people would get dis-inhibited in different ways, according to which part of the frontal lobe was impinged upon or affected.

Then we could also see a direct correlation between giving specific treatments or types of surgery. We could then see what the behavioral changes were with people. There were some fascinating things as well. I used to be loaned out to the neurology department.

Brain surgery is basically where things are repaired or operated on and removed; those are the two major categories. So it was either people that had hemorrhages or bleeds, something along those lines, as well as having lesions or tumors removed.

Neurology they tend not to do so much of that stuff. It's more medical management of disorders like throsis, Parkinson's Disease, and similar disorders, various neurological syndromes that would manifest, but one of my most memorable times was in neurology where a patient with Parkinson's Disease.

In Parkinson's Disease, deep in the brain there are a number of cells that produce a particular hormone, Dopamine where, when those cells cease functioning in their normal way, the transmission of signals to moving the body (motor skills) can be slightly affected to different degrees.

The thing that was interesting about Parkinson's is it varies in it's intensity, it's not a consistent thing and with medication as well, the different ways of treating it will be varied according to your time of day or the current and on-going symptoms.

To cut to the chase, which is this gentleman with Parkinson's Disease who was on the ward for management of the disorder, was stuck in the corridor. I went to see if he was okay and he'd been shuffling along to go to the bathroom and he'd gotten so far up the corridor, he was like help, help, help

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so I went along to find out what was the matter. He said I'm stuck I can't move.

Now, at that time, my experience with Parkinson's was quite limited and what actually occurred was that there was a line across the floor where two portions of carpet met that went across in front of him. He literally was able to step over the line. The visual input of the line acted as a barrier and he'd managed to get so far and his toes were literally on the line, but he couldn't step over it.

I was fascinated by this. He said this happens all the bloody time, so just help me get moving. I didn't know what to do. One of the untrained members of the staff who was infinitely more experienced than myself in this department, came along with a piece of chalk and drew a line across the other line like a bridge and said, there you go George.

Ah, thank you my dear, and now he can carry on, because the visual input is now different and he can now, for whatever the mechanism is carry on, on his journey.

**Igor:** That's fascinating. It gives us again, a clear example because Parkinson's is a neurological condition. It's a chemical imbalance as you say where part of the brain isn't working properly, yet we can provide a psychological solution to what is technically a physical problem.

I think it's fascinating and gives us more credence as hypnotists that we can actually affect other systems by changing the perception of something, it's a much bigger deal than just the used car salesman thing of, just look at it this way and hope for the best.

**Andrew:** Yes. There are so many things...basically, if the interface between mind and body, if there's ever a degree of separation there where the surprising little things that can be found that are small, but can make an enormous difference to the quality of life of somebody.

Some other examples that come to mind was in brain surgery. Regrettably, for me this was actually in the six weeks before I left. One of the surgeons had recently innovated a number of new methods in working with tumors that previously were considered inoperable.

One of the types of tumor is one that occurs in the Pineal Gland, which in the department up until the six weeks before I left, none of the surgeons did Pineal Gland surgery, but one started doing them. Now, there were four patients that I nursed and started noticing an interesting pattern on all four of these, and for those who don't know, the Pineal Gland is quite deep inside the brain.



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It's been long thought of as the third eye, the gateway to the soul or a magical portal, because it's a gland that's been identified from a long time ago which is attributed to all sorts of mystical abilities and qualities. It produces melatonin, a hormone that's heavily in the regulation of sleep cycles, amongst other things.

These guys, each of them upon coming from surgery, fortunately they're the first four in that department that ever had the surgery for all four were successful, which is great news.

**Igor:** Great staff in the department.

**Andrew:** It is good, because a lot of work went on around these four patients in training the staff to get everyone in on what was going on and making damn sure things went right.

Post operatively, for the first three to five days none of them slept. They were never wide awake but were never asleep. It was as though they were in that comfortable twilight zone of consciousness where they were able to move around, able to communicate and do stuff, but in terms of excitability there wasn't a lot there.

They were almost sedated, even though they hadn't been sedated. The level of consciousness didn't seem to change that much between day and night, but here was the interesting data, from my point of view.

All four of them were bi-located in time and place, so whilst they knew they were in a hospital ward, they were all also co-existing in another reality. One guy was on the race track, horse races were his thing. Another one was on the cricket pitch. A lady was actually at home, oddly enough, on the estate in which she lived. I can't remember the fourth.

But they were, as we moved them through this reality on the hospital ward, they moved equidistant in the other reality. Myself and a colleague, assisting a guy out of bed to go to the bathroom, as we're going out of the room and down the corridor he said we have to stop a second there are horses coming I don't want to get run over.

We had to wait until in his alternative reality, the horses went by and then we could cross the track. For all four of them this was sustained for about three to five days.

Another example is that we moved one of the ladies, the one at home on her estate, when we moved her from the high dependency bed across the ward to the low dependency because her needs had changed and she was recovering well, the bed we moved her to she couldn't cope with because

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that meant she was actually hovering in space about 12 feet outside of her third floor flat.

She couldn't cope with that, it just didn't work for her, so we had to find a different bed in the ward that actually matched up a suitable occasion in the other place.

**Igor:** This is fascinating, because it gives us a lot of insight into different conditions. For example, what you're describing in some respects sounds like classic psychosis without any of the negative sides. In other words, it's a lucid psychosis.

They know they're in both places at the same time and their fantasy reality, in this case, isn't a scary or destructive one, which is why it wouldn't be labeled as psychosis, but the same things are happening.

Another example would be hypnotic reality. When you're in hypnosis we try to get all these deep trance realities where people experience another lifetime and so on, the mechanisms are right inside the brain it's just a question of figuring out how you stimulate it.

If you can stimulate their brain, even the deepest parts by drawing a line on the carpet with a bit of chalk, then surely words can have a similar impact on areas of the brain like in this example with the Pineal Gland, to give people these other alternative experiences.

It gives us great hope as hypnotists that we're on the right path to something, even if at the beginning we don't quite know how to create these alternate realities as richly yet.

**Andrew:** Absolutely. There was so much stuff from the world of neuro science, so many books written that are worth checking out. VS Ramachandran, his book is *Phantom's in the Brain* is absolutely one of the best books I've read on this kind of mind/body interaction.

If there is even a difference between the two, I'm still uncertain. There's so much that hypnotists would do well to look at and experience. As well as the works of Oliver Sachs too, every book he's ever written buy it, the information and resources is fantastic.

**Igor:** I actually think this whole idea of bringing in the neuro science into hypnosis is such an important thing. A quick aside plug for those reading, at some point in the future, we will be releasing an interview with an actual doctor that'll give us the neuro science behind many of these things.

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I agree with you Andrew, in that it's so important for us to understand these things because it gives us a richer idea of what we're doing. We're not just sitting there throwing words at people and hoping to God that some of them stick, we're actively seeking out to enhance some things or diminish other things and it gives us more of a roadmap of how different things connect with each other.

I believe that's one of the reasons Erickson was so great was because he knew that by stimulating one type of idea or thought, it would set off a chain reaction and he wanted the outcome of that chain reaction, so it gets us into a position where we can be much more strategic about what we do.

**Andrew:** Yes. The other thing...for a lot of people it's the whole field, neuro science must be really complicated, it's quite a difficult area. It's so complex and there's so much there, but if people Google neuro science or neurological teaching aids, the amount of stuff that's there isn't very expensive, like brain models.

There are so many posters of neuro science stuff, stick it on the inside of your toilet door and once you've memorized that one change it and put up the next one. These things aren't actually so complicated as they first appear. It just takes a bit of time to build familiarity.

Of course, YouTube as well, there are so many neurological lectures on YouTube, there's an amazing amount of stuff that's been filmed and posted, so if people want to get neuro science lectures, go to YouTube and type it into keywords.

**Igor:** Absolutely. In fact, there's a great lecture, the BBC every year releases something called 'the Christmas lectures', which are designed more in getting kids involved in science and so on. I think there's a great example of that on neuro science as well.

So, if 10 year olds can get it and enjoy it, I think most of us will be able to deal with it too.

**Andrew:** Those Christmas lectures and the wreath lectures, which are the most adult end and can get quite complex without prior reading, are all on the BBC website and I highly recommend having a look at those.

**Igor:** To move forward a little, even though I'm enjoying this tour of the force we have going on because there are so many different things, you're bringing a lot of reality and pragmatism to a lot of things that are ignored in the hypnosis world.

## Hypnosis Master – Andrew Austin

As you know hypnosis has a tendency to get a bit new agey, just believe and it'll be fine. I like your approach because it looks clearly at it pragmatically, in looking at the issues and working through.

One of the issues that's still a standing debate saying this is better, that is better, etc. is direct vs. indirect hypnosis.

### ➤ Where do you stand on that debate?

**Andrew:** I get asked this quite a lot. Here's what I say to people. I am the most direct, indirect hypnotist I've ever met in my life. My attitude is simple. During a hypnosis session or any form of change work session– and I've upset a lot of audiences with this attitude– I'm in charge.

In my clinic, in my change work session I'm in charge. That's what I believe people pay me for and there's a common attitude with this, which is that therapists must be very open and laid back. They must be very un-judgmental and very effective.

Let's just imagine we're going to have an airline pilot who's going to be basically open to Democratic votes on how to fly the plane and he must suspend all judgment. We must not have a judgmental pilot, all judgment is bad, don't make judgments Mr. Pilot, open yourself up to Democratic all caring, sharing, etc.

**Igor:** Flying into big buildings, that's a good idea. I don't want to depress your ideas in any way, encourage it, go on another idea, someone else...we have a building we can fly into what else can we do? No, that wouldn't be the happiest pilot to be driving with.

**Andrew:** Not only am I the most direct, indirect hypnotist I know, I'm also one of the most judgmental human beings I've ever met and I think this is really important. This belief that you must suspend judgment, you must not be judgmental. You have to exercise good judgment that's the key.

It's not about not having judgment because that's foolish. On the direct vs. indirect, my attitude is this. Why does it have to be one or the other? Why can't we do both?

**Igor:** I would agree with that.

**Andrew:** This is really important. There's a constant need for either or. What's the one trick, one technique or one secret that applies in all cases? What is the right argument to have that applies in every case? I don't think there is one. I think that many of these arguments that people present are actually just

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the ones that they've learned that are safe to say, because they won't be an example to them.

So, if I can say this one that sounds good, because that's what everyone else says so therefore, I'm on safe ground. Screw that that's what I think!

**Igor:** I want to applaud that attitude, because when you go out there...this is something I grew originally in the indirect school and thought wow, this is the bees needs because Erickson was a great guy and a big hero of mine...but then I started seeing all these indirect people doing crazy stuff that I couldn't do.

I thought; how can they do these things if their work is inferior and doesn't work properly? I had to swallow a lot of pride before realizing they both work, they have their place, some clients need a direct approach and some indirect, but if you understand the affect of what you're doing then you'll know which tool to use.

Rather than saying I've got to make everyone fit to my tool because my tool is the best tool in the world.

**Andrew:** Yes. I think when people are starting out I would recommend to do one session where you don't do anything indirect whatsoever. Literally, give commands and do nothing but give commands.

Please sit down. Please close your eyes. I want you to relax now. Relax deeper. Relax and literally, go through giving commands in statement after statement, after command, after statement after command, all the way through the session.

Now, I want you to make a picture of that past event that bothers you, that's right, now make it smaller and make it smaller, as opposed to the indirect ways that people can do that. Watch what happens.

Then in the next session with somebody do nothing but indirect stuff. I don't know when you're going to close your eyes and relax. I don't know if you'll do that quickly or slowly, in a few minutes or even straightaway, you can find yourself relaxing at whatever speed and rate that suits you.

Now, I wonder if you and taking that kind of approach and let's see what happens. The one thing I do know is that when I'm direct, people expect me to be so. It's in my manner, my demeanor and it's the kind of reputation that I have.

If I do nothing but indirect suggestions and it sounds like I'm reciting poetry, people might think I'm being a bit unusual or odd. And hypnotists can come

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across as being a bit odd when they do nothing but indirect stuff. I recommend that people are direct enough to demonstrate who's in charge and who's leading this, who's flying the plane? And, are indirect enough when it comes to handling another person's experience, because if we tell a person how to feel about something, we can be doing them an enormous injustice.

However, when we're indirect enough to give them permission to experience what they experience, as opposed to what we want them to experience, then we start opening up a whole set of stuff for people and I think, especially the NLP oriented people have a tendency to choose the experience for their client.

That is where things can sometimes become a bit sticky and messy, because the client will be polite on the outside, but internally are thinking something else.

## Interview – Part 2

**Igor:** I really like your approach. The reason I say that is...it's taken me a long time to figure out how to do this, amalgamate both schools into a unified system, rather than saying this one is better, they both have their place. I really like that simple rule of thumb, which is directness is about taking them through different experiences and being in charge of the session.

In other words, saying I'm holding the parameters, I'm holding this thing for you and being indirect about the experience saying hey, you have these choices, treat anyone you want I don't mind. Cheesecake-cheesecake or cheesecake, which do you want that's okay?

That way the person has the comfort factor of this guy knows what he's doing, but at the same time he has the reassurance or freedom to be able to have experiences actually having rather than being told, you have to feel it this way which is often sometimes the actual problem.

The reason they actually have a problem is because they were told half their life that what their actual experience is was not right or good enough, so they should have another one and the conflict between the experience, they should be having vs. the one they are actually having, is what gives rise to the whole symptom in the first place, right.

**Andrew:** Right. The way I summarize this is, if you're flying the plane then tell me you're flying the plane, tell me you're in charge, tell me to sit down and stay in my seat when the seatbelt sign goes on, but don't tell me how to feel about it.

**Igor:** And don't tell you which of the meals to eat, when the meal comes around you get to choose whichever meal you want. If you're kosher I won't force you to eat pork and if you're a vegetarian hey, beef is off the menu and that's fine, but stay in your seat whilst you're eating your dinner.

This takes us to another issue and I think you have already answered it, but I may as well throw it out there to be dealt with openly and that is the idea of power in hypnosis.

### ➤ **How do you feel about that?**

Again, a lot of therapists are afraid of this idea of power saying no-no this isn't something we do to people, we're just here to facilitate and so on. What is your take on the whole power angle when it comes to hypnosis?

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**Andrew:** A wet lettuce never healed anything. Have you noticed actually lettuce is...we just came back from a few days away and the lettuce we had in the frig is no longer lettuce. It turned into a liquid and there was something wrong about it not being lettuce anymore, it was a liquid goo at the bottom of the frig...

My number one motto and again, I've upset a number of people here and I will clarify what I mean here is that *you must be more powerful than your client's problems if you're going to help them.*

I've noticed this in a lot of areas where...this is true in psychiatry as well as private healthcare...staff were actually more scared of the patient's symptoms than the patients were. I found this quite distressing, so we would have, for example, a paranoid schizophrenic brought in by the police, often handcuffed or whatever.

They'd be brought into the unit and the schizophrenic would be in a right mess, just in the pits of wherever they are and the staff, were more nervous of the symptoms than the patient was and I found that quite worrying. It certainly didn't bode well for that particular patient and their outcome.

**Igor:** No. Just to give an analogy, when I train people in hypnosis one of the key things I emphasize is the idea of what happens when an abreaction comes, especially if it comes at a time that isn't appropriate to handle or deal with.

The number one thing at the top of the list is to always stay calm. If he's freaking out and you as the hypnotist start freaking out, then he starts freaking out because you're freaking out because you're meant to be the hypnotist and help him, but if you're freaking out then he really must be messed up, more so than he thought in the first place because even the expert is freaking out, wow, your life is really tough.

Then, all that happens is you're sucking each other down a spiral to Hell which isn't helping anybody about anything, so stay calm, because at least you're not adding to his problem. You might not be taken away from it, but if you're calm, you probably are taken away from it, which is another story.

But, even if that doesn't work, in terms of taking away from the problem, you're not adding to it and that in itself is huge.

**Andrew:** Here's the other thing is what's the rush? I've noticed that therapists generally are really bad at handling abreactions or strong emotions from their clients, even if it's anger and even if the anger is indirect to the therapist.



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Therapists are so bad at handling clients emotions and in the movies whenever a patient freaks out or somebody goes a bit nuts, there's always a quick-quick with this massive emergency where they get restrained and someone jabs a needle in their neck that instantly sedates them, because it was an amazing emergency.

Where does that come from? Why are strong emotional states always aborted instantly or as soon as possible, otherwise bad stuff is going to happen? That's very odd, because there are just as many breakthroughs as there are breakdowns.

I have a sneaking suspicion that a lot of breakdowns are simply because they didn't break through. So, my thing for power is that I absolutely believe that anyone working as a therapist needs to develop their own sense of power, not importance.

This is where people go hang on a second, but then are you saying that these people then become complete assholes and they'll be nasty to people? Well yes, some will and they will get what comes to them.

**Igor:** Let me just jump in with a question or comment to support it and that is, there's a difference between pride and arrogance. Arrogance comes from people who have developed a pseudo power, but they don't want to share with anyone.

In other words, I am powerful but I am going to look down on you. In other words, you're not going to get any of it, any love or happiness vs. the person who's more charming and charismatic, who's proud, he's powerful and he's willing to share it with you.

It's like saying I'm the king of the land, you're allowed in my kingdom because you're okay Jack, I'll look after you vs. the arrogant person who says I'm the king of the land, get the Hell out. It's usually in my opinion arrogance in that vane that pulls people down rather than builds people up.

It's ultimately based on insecurity, because why else would you kick people out. Why would you kick people around? You're either a sociopath, you enjoy hurting other people or you have some insecurity that you're trying to cover up with extra power/control or whatever it happens to be.

Therefore, when people are there and they have an abreaction or there's a strong emotion that comes out that they're trying to shut down, there's a time to shut it down and if its in the middle of a dinner party then that might not be the best place to let them freak out entirely.

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But, if you're doing it more for yourself because you feel uncomfortable, then that clearly shows you that you need to go find a hypnotist, counselor or coach and deal with that emotional aspect of yourself. It's a gift they've just given you, because they've pointed a finger at a point where you get to grow.

**Andrew:** Right. Here are some things.

In developing someone's own sense of power and power is not about importance, this is where people get confused. Power is, am I strong? Am I able to endure? Do I have personal power and personal strength to deal with these challenges? That's what power is about.

One of the things I'll say to people who come up with, there's always a counter example person, there's always a person that goes yes but, let me find the counter example to prove your generalization there Austin. Here's what I say, because you can think of one person who will abuse this then none of us are allowed to be powerful, then the corrupt will run the Earth.

In the world, these people who basically find a counter example just prove the generalization and say no, you mustn't develop power, no one should, because somebody in the world will become a bad person but I've got news for them, that bad person is going to do that regardless.

**Igor:** Yes, and if they're going to have that kind of logic, by the way, in that case they should stop driving a car because cars kill people. They should ban all cutlery, because people can use them as weapons. And, probably ban all learning and media as well, because the media can be abused as people like Hitler quite happily proved to us.

So, let's have no more social media, no more vehicles and no more tools, especially cutlery because all of those can be abused and whilst we're at it, we should also ban medicine because drugs can kill too. Oh, and no one should become a doctor because like Dr. Shibmon in the UK...

**Andrew:** I think we should ban everything.

Going back to the question of where I am on power in hypnosis, if people are getting gratification from holding power over other people, if people feel a bit of a thrill because they're working with vulnerable people. If that's you, listener, you really need to go talk to somebody about that, because I would question the motives.

But if it's power in that I have the strength and ability to endure the challenges and work with these challenges without it causing me any undue stress affecting my personal and family life, is that I can deal with these

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because I'm more powerful than these problems and that means I can help these people, then I think you're on the right track. However, if there's a slight kick or thrill that comes from the power that worries me; it's going to happen I understand that, that some people will get that.

I think it's a normal thing where people go through a little phase of like wow, I can do stuff I'm amazing, worship me. Hey, I can get the girls or girls can get the guys whatever, it's like I'm a love God and people will admire me. I suspect or what I hope that a lot of people go through that phase very quickly and it passes.

If you get stuck in that phase and you join a seduction layer...

**Igor:** I agree with you in a sense that, in some respects, we're all on a quest for personal power.

First, we should just recognize it. There's nothing wrong with it, abusive power is one thing but there's nothing wrong with being powerful.

You have a physical body and your body needs to have physical power, otherwise, you couldn't pick yourself up out of bed. We've all had days where we've been so sick that we don't even have the strength to get up and go to the toilet. That's not a good place to be, so it's good for your body to be physically powerful.

Can you abuse that physical power? Sure you can, but just because you have it doesn't mean you have to use it. The same is true for emotional, intellectual power and all these other things. I think building it is a great thing and then use it to enhance the world around you, which is where ethics comes in.

And like you say, if you get stuck in a loop or phase then it's actually in your best interest to find someone that can help you through that loop or phase, purely because if you get stuck in that loop or rut, it'll end up coming back to bite you. It'll fester.

It's what I believe happens in a lot of these cults that start as well intentioned self help groups or whatever, but build and then there's an internal cycle that happens, the leader likes it and the people then want to give them more power because they have that little dynamic of a guru and it spins out of control.

Eventually, everybody suffers. The leader suffers because he's got his massive cognitive dissidence between who he's projected to be and who he really feels like inside. Everyone there starts acting like complete weirdo's and it gets messy.

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It's just as true in your personal everyday relationship. Move through it, if you can't, find someone to help you your life will be 100 times better as a result of it.

**Andrew:** And, of course, always remember humility will protect you from humiliation, that's the key.

**Igor:** I like that. Do you mind if I steal that phrase?

**Andrew:** I'm going to grab the domain name and trademark it.

**Igor:** H&H.com.

To follow up on that idea let me ask you, how should someone go about developing that power to be able to do this work?

**Andrew:** There are a number of things I recommend and that is to get experience in handling high levels of responsibility and stress.

Martial arts is one way of doing that that's the most accessible thing to people, but because it's a rule oriented sport that may not be enough. People need to do stuff that actually challenges their own fear or stress levels.

There's a field that's emotion oriented called **combatives**, which is self defense classes where it can take you to a whole new level of when bad people want to do bad stuff to people, how do you deal with those scenarios? There are some very good trainers around that teach these examples.

**Igor:** Are you talking about the ones where you dress up in the fly suit or someone does and has a go at you, where you basically have to go nuts for like two minutes? It's a great system.

**Andrew:** That's it yes. If people do a Google search for combatives, there's a number of very good trainers around if people want a personal recommendation they can email me I can give them a site.

Things like that and dealing with...go train to be a **doorman**... I think that's a great thing for a therapist to do. It's not something I've done but think about what a doorman on a busy bar or club actually has to do per night. They're dealing with people in a variety of different suggestible or excitable states. They're dealing with people with all sorts of issues, emotions, intoxication and all sorts of things as well as all the people having fun.

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The flexibility a doorman needs to demonstrate to be considered professional is enormous. They are dealing with every person that comes past them, they have to respond to or respond to differently and handle their own state.

**Igor:** Just to give an example of what that means, I've got a lot of friends who have been doorman.

First, a lot of people don't realize this but many fights get started by bad doorman because they bring their own issues and egos into the game, so they end up getting hurt because they ended up starting the fight by accident by how they treat other people. The great doormen know exactly how to diffuse it all and when to come in so strong that the fight stops or when to come in so nice that it never starts.

The other side of the coin is that it forces you to deal with your own insecurities because you never know if that person in front of you has got a weapon. Is he going to do something? If he's getting out of hand you still have to bring him out, but you have to be aware enough of everything else that you don't give him the opportunity to use a weapon if he has one.

So I totally agree with you, when it comes to being on the line that definitely is one of the professions that's right out there.

**Andrew:** There are actually courses and workshops on how to be a doorman where they teach you how to deal with all these different things. I think that's great.

There are other things I recommend as well as that kind of stuff, **stand up comedy**. If you want to be able to maintain positivity and maintain the state in the face of challenges, there are stand-up comedy courses all over the place and I've recently done one myself.

I was so impressed. Just like I didn't know that hypnosis was a trainable skill, I didn't know that stand up comedy was a trainable skill, where people have actually successfully model the patterns of comedy, patterns of stand-up, dealing with hecklers and all of those things.

There's actually a structure to this thing that makes it trainable. Taking a comedy course was one of the best things I've done in a long long time and there are courses all over for that.

**Improv** is another one. In order to develop the flexibility of dealing with spontaneous things in conversations, improv groups are everywhere and it's fantastic in terms of teaching formulas and ways of responding. There's actually structure to improv it's not just random, let's make it up and pretend, there's a structure to it.

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**Igor:** More importantly, it teaches you how to trust your unconscious, how not to shut your own unconscious mind down which, when it comes to having your therapy, the instincts in place is so crucial.

I can tell personally, I have learned more at some of these improve 5£ for a Saturday afternoon type session, then I've learned paying several thousand dollars to hypnotists either for one to one sessions or for a seminar, coming back and going that was useless.

Next weekend I'm in an improve workshop, an evening with people doing silly stuff and I'm sitting there going this is ingenious oh my God I can't believe how good this is.

**Andrew:** My experience has been the same. What I've learned from improve has been on a par, if not more so, than a lot of the training courses I've attended for therapy. I've raved about it ever since I discovered it. I didn't even know improve existed.

I'd seen the TV show and thought well, they're really clever, but I didn't know it was a trainable skill.

**Igor:** And it's a blast when you do it isn't it?

**Andrew:** I can't recommend it highly enough. Go do improve. If you're listening to this interview find and sign up for an improve lesson; you'll understand what we're talking about.

If I was a listener today without experience, I don't think I would fully understand. I couldn't believe it, it blew my mind that there was such a structure and network of groups as well as what you can learn from doing it.

Here are other things I recommend in developing.

If you haven't done **first aid** training, especially advanced first aid training, go and do it. Because all of those what-ifs- like, what if the person has a heart attack during a session, what if they have an asthma attack or an epileptic seizure? If you know how to deal with those things then you can deal with them properly, so they're no longer what-ifs.

There are workshops that are run as well by mental health charities and community care projects. They're mostly oriented to carers and relative to people with severe psychiatric disorders, but they're basically run by people with heaps of experience in dealing with severe behavioral and psychiatric disordered people.

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They can teach you things that you'll never otherwise learn. There are all sorts of workshops, evening classes, even long-term courses where people can learn, they're taught, instructed and trained in dealing with what are otherwise quite challenging situations.

However, if you know how to deal with them then they're no longer all that challenging, but actually become quite straightforward, so these are just other ways that I recommend for people to explore in developing the power they need to have in order to help their clients effectively.

**Igor:** Absolutely! To add one little emphasis there, if at any point during your journey, it's happened to me and I'm sure it's happened to you as well, that you come up against some personal issue which can be sparked off at one of these workshops or whatever like, I can't deal with the sight of blood or when someone is really freaking out, it truly emotionally upsets me.

That's a great opportunity for you to go find a good hypnotherapist, deal with it in a couple sessions and then get back in the fray, test yourself and say yes, that's clear and now you're free to move to your other level, so seeing as we believe in this work so much; otherwise, we have no business doing it, then use it.

Be in it, not for the next 10 years doing therapy on yourself, but go live life and when something sparks up that you can't resolve otherwise, then do what you advise other people to do and go see a specialist. Then go back into life and carry on from there.

**Andrew:** Absolutely.

**Igor:** Andrew, we're coming towards the end of the interview today, in fact, we've run over a little bit already, but it's quite all right because I've really enjoyed talking to you. Before we finish there's a question I like to ask people and I know you have some good insights to this.

- **What would you think are the five big mistakes that hypnotists typically make that end up ruining their session or therapeutic alliance somehow gets destroyed, if people were aware of them and they could fix, would solve a lot of the problems in hypnosis?**

**Andrew:** My list would have a lot in my top five, so let me reduce it a little.

**Igor:** My top five is like top 10.

**Andrew:** I need to preface this, because one of the things that's important is that you allow yourself to make mistakes.

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When acquiring expertise and skills, you need to have a very forgiving attitude and mentality towards the way that you work. Otherwise, people will defend their mistakes.

**Igor:** Yes or the other side is that they might end up quitting. It happened to me when I first started I saw someone with a dental phobia and did absolutely nothing for them. She was very kind to me afterwards, but I was so embarrassed I was this close to never doing hypnosis again, so I totally agree with being gentle on yourself.

**Andrew:** You have to be forgiving, that's important. The other one is, don't defend your errors, your mistakes. If something doesn't work, just have the humility to go you know what, it didn't bloody work oh well, what else can I do?

Just on that side, if you work with a client and I get them periodically, I had two that came together a few weeks back that I've completely failed to help and I can see a number of ways in looking back where I could have done things differently.

Simply what I will do is refer them to another therapist. I've blown it. If they come back and see me the relationship or whatever it is, I've blown that, so I will simply refer them to another therapist, which I've done just this afternoon. But, here's what I'm going to do.

After they've seen that therapist, I'll make contact with them to see how it went. Hopefully, they'll say that's amazing thanks for the referral, we're fine now. Then I'll say cool, tell me everything.

**Igor:** Right, give me his secrets.

**Andrew:** Right and this is really useful, so if you get a client or a session that doesn't work, refer them out and then find out what they did.

**Igor:** That is ingenious, I have never thought of doing that. I have actually paid hypnotists that admire to do a session with me so I could watch them work, but I've never considered sending them my mistakes for them to fix and then to interview the mistakes afterwards for what he did different to me.

That is a great strategy and Andrew, if nothing else this alone has been worth the entire interview for me.

**Andrew:** But there's more, you can do more. Give the client, lend them if they don't have one, a wav recording device to record the session they have with the other therapist and then ask them to send you a copy of the recording.



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**Igor:** That's awesome. By the way folks, just to emphasize this, I would happily pay \$100 + whatever it costs because these devices are pretty cheap nowadays, but I'd happily pay \$100 and give it to a client to stick it in his pocket and keep for the rest of his life, because that recording will be worth more than the \$100 for me. I would pay \$1000 for that recording, because it fixes something for me.

**Andrew:** The other thing that happens...if you set this up with a client, actually your failings become a success story...because the client still gets the success, the positive outcome, hopefully. It may well be that you send them to the best person you know and they can't help them either, in which case you'll have to rethink.

But, more often than not, a different set of eyes can see something completely different and use a different approach, which then becomes so obvious for you when you see it yourself.

Your reputation this way is kept perfectly in tact with that approach, so let me just go through five of the classic mistakes that I see hypnotherapists making.

At the point they start the session, it's like they take the phone call, they do the interview, maybe even a free assessment for 20 minutes which I've personally never done, because that's like come see me for 20 minutes and I won't do anything to try and fix you, but what I am going to do is give you a sales pitch to come see me later for a high fee; I'd rather get straight in there.

For me the session starts the moment I answer the phone. That's important, because I'm starting to build in the presuppositions and the direction the session is going to go, the moment I pick up the phone. If you do it halfway through the session, the client arrives, you do the preliminaries, the niceties, you do your five yes set questions and rapport building, now John we're going to do the hypnosis.

Well, instantly with that demarcation that's been put on there, that analogical mark has just told the client here we go lads, resistance --- let's make the resistance happen now--- and now I'm going to be really indirect to bypass that resistance.

That's a common mistake.

**Igor:** Whereas the indirect version would have been to get started before you've even officially started, in which case the resistance isn't even there and you're done before it's even a problem.

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**Andrew:** If you can create a session where the client doesn't even know that the hypnosis or change work has begun, they'd never see that demarcation, they're just going along with the way you're working and pacing them. Then, before they know it, they're there, they're done, they're opening their eyes going oh, my God I didn't even see him do that, sneaky bastard.

If you can create that then that for me is good work. But the demarcation of times, now we're doing the interview, the assessment, the no stress, etc.

1. Get rid of those demarcations, that's another mistake people make.

If you're getting lots of distance or clients not doing what you want them to do, you may want to look at this.

**Igor:** People do it mostly because they want to have a sense of security themselves like, I know where I am in my session, but you can know it in your head without telling the client. You can ask casual questions about their problem so you're in the assessment stage.

Then you can ask different casual questions about their problems, which is now with the messing with the problem stage and you can ask them about history or whatever it is or some personal resources. It all sounds like the same interview to them, but your mind is already looking for different information and that's the key difference.

**Andrew:** The important thing is to pay attention to session structure. Again, it surprised me when I discovered that the majority of therapists don't have any structure to the way that they work.

I'm not talking about scripting here that you read to your clients, if you're doing that then you may want to re-think those things, but it's having some kind of structure to how, from the moment you answer the phone to the moment you take the check and say goodbye or having it structured the way you organize those things, that's important.

**Igor:** I like to think of it in terms of strategy. In other words, you're always building the next step, so like on the telephone you're getting them inspired enough to come in and also, beginning their unconscious mind to start working through stuff, so by the time they get in there it's already up in turmoil rather than cemented and locked in.

When they're in you do the next step, which is to set up for the next phase and so on and so on, so it's a strategic way of approaching things rather than some rigid script, as you say, where they memorize each word and you say exactly the same words to every person that comes through the door.

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**Andrew:** This next one is such a common mistake.

2. Therapists seem to feel they have to take every client that phones them.

That baffles me.

**Igor:** Thank you.

**Andrew:** If, in the conversation, you're having when the client makes contact, you get a little gut feeling that goes oh, God this is going to be trouble, then your mind needs to go in one of two directions.

- One is you go I'm sorry you sound like way too much trouble for me, so I'm going to refer you to a therapist I don't like, that's one direction you can go in.
- The other direction is you say, oh God this one is going to be trouble okay, I know what I'll be dealing with so this is an opportunity to learn.

Now, I've got a number of ways of actually filtering the problem clients. It's worth developing a way of filtering the clients you want to work with and the clients you don't want to work with. It's not necessarily, because they have a particular problem that's outside your skillset, it could well be the manner or a number of different reasons where that little thing inside you goes hmm, I don't think I want to work with this person.

If you get that don't work with them, it's really easy. You simply go do you know what, actually, I don't think I'm going to work with you but thank you for your phone call and I wish you good luck. It's so easy to do that it's quite extraordinary.

**Igor:** Let me emphasize something you said. I'm glad you're saying this, because one of the biggest things I've learned, my biggest leap forward as a hypnotherapist was the day I actually had the courage to say no. For me initially, it was because I didn't have enough clients. I thought I had to see everyone and then it ended up being pride.

The book says I can work with everyone. Erickson had everyone else's mistakes, I won't be as good as he is so I have to work with everyone and then one day I realized I don't have to work with everyone. Sure, if I want to challenge myself I'll select certain types of people I would normally refer on and focus on them.

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However, if I take everyone that I get a bad feeling about, a feeling that I can't quite handle this, I have no strategy to actually start evolving solutions to these things, because there's too much coming at me at once.

Let's say my problem is with very analytical people and I ended up doing this, at first I would refer them on, which would make my life so much easier. Then after a while I'd say no, I'm going to start seeing only the analytical people, not necessarily other clients as well that's fine, but if I want to refer someone on who's over emotional fine then I'll refer them on.

However, if this person sounds analytical, I'll take them at least for one session to see what I can do and then if I haven't done anything worthwhile I'll refer them on because then you're building experience with this other skillset, right.

**Andrew:** Right. It's a funny thing. I think it's the caring sharing attitude that so many people go into therapy to work have is that they feel they should try to help everybody. I don't believe everyone can be helped. I've heard people say there are no such things– and I used to believe this, maybe even written this– there are no such things as resistant clients there are only inflexible therapists.

I've worked with a lot of clients and I think a lot of people need to go spend time in a psychiatric unit, not necessarily as a patient but as a visitor, to actually see the behaviors of some of these people because I know there are human beings on this planet that will drain every bloody resource they're offered.

They will take every bit of help that's offered to them and completely 'fuck' it up! It doesn't matter what you provide for them. You can give them housing and they will let it go to ruin. You can give them elevators and they'll break them. You can give them clean living spaces and they'll put graffiti on the walls.

There are some people that simply will not be helped and that is true for psychiatry and mental health stuff. Now, my question with this is, do they need change or do they need support and care? Or, the flip side is do they need punishment?

This is realistic. Some of those people will avail themselves of a private therapist and here's the guiding principle. If you are more interested at a gut level of protecting yourself from your clients then you are in trying to help them to change, you need to get that person out the door at the first opportunity.

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If you can't do that, if they won't go then get yourself out the door at first opportunity and call someone who's paid to come remove them. That's the attitude I have and I have no hesitation in expressing that with people.

The counselors in the audience go oh, that's a bit harsh, some people just need a bit of care and understanding. I go cool, give me a business card and I will refer them to you, because I have no problem in doing that. I have civil rights and I have the ability to make choice. I reserve the right to choose whom I work with.

**Igor:** This is important because you're still living in the real world. The theory of inflexible therapists, resistant clients and all that sort of stuff is a nice theory and personally, I still ascribe to it to a certain extent, but in terms of practical day-to-day details, although it may be true, I think it may not be worth the effort or I don't even have the skills to be able to work with some people.

There are some in real extreme like a psychotic. I have no idea how to deal with a psychotic. If it landed in my lap and I had to deal with it or have them put an axe through my head then I'd give it a good go, but if I was given a choice of actually getting out of the room without having to do anything at all, let me out of the room I'm going to sit in the coffee shop instead.

So, number two is an important point and I think we've established that, so what's next in your top five mistakes?

**Andrew:** Next is this...

3. People rely on technique too much.

People need to pay less attention to the technique and more attention to what they're doing. I get an email at least once a week. I get a number of regular emails from different people, but one of them is what is the technique I need to treat depression?

Like okay, and they actually want me to answer that sensibly, but what do they think I do all day because it will take me a year to write the book to tell them how to do that and even then I'm only just warming up. So they pay more attention to the technique and they expect the technique to work in every case.

I hear people go well, I work with depression and I find that VK dissociation works really well. Works well for what? What's the technique you use Andy for working with manic depressives? There isn't a technique. You don't cure manic depression, you work with the human being and with the problems they manifest or demonstrate to you. It's the same with a schizophrenic, a depressive or an anxious person.

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There isn't a technique that is dependent upon the diagnosis or the diagnosis will respond to a particular technique, that is seriously erroneous thinking.

Frank Farrelly calls them the DSMer's. They look at the diagnostic statistical manual and they go around diagnosing people according to the criteria there, as though that then directs what they do next. And, the person they completely ignore is the person they're actually supposed to be helping. In fact, the human that is in front of them gets deleted out of the equation.

**Igor:** Just to give people a quick heads up on what the DSM is, it's a huge manual that psychologists created that basically says, if a person has symptoms XYZ, for example, they blink too much and speak at these rates, do all these things, then they have this condition.

So, if you can take off more than a set of boxes in this checklist then they're a manic depressive, bipolar or schizophrenic or whatever it is and it's just a way of over categorizing people rather than dealing with what's right in front of you.

**Andrew:** It's a fascinating book the DSM; I highly recommend people read it. Most libraries carry a copy. It's fascinating reading; it's a catalogue of everything that can be perceived to be wrong with a person with precise criteria against each category.

However, the one thing that's not diagnosable in the DSM is what is normal? That's quite interesting. If normal were to be a diagnostic category in the DSM, what would be this diagnostic criteria?

**Igor:** In fact, I'll go a step further and say when you read it be very careful because you may end up convincing yourself at the end of it, that you have all manner of mental illnesses. It's very simple to do isn't it?

**Andrew:** I've just been working over in the states with certain people and I was amazed that America is such a diagnostic culture. Every person I met seems to be proud of which diagnosis, in terms of the DSM, that they had. It was quite extraordinary.

I kept joking with the therapists over there, that the DSM really shouldn't be used for diagnosis because that was for insurance companies for what they pay out for basically, but what we all know is if you're going to make diagnostic, that's what meta programs are for.

Meta programs and sub-modalities are the diagnostic tool of the modern century. They all looked and went really! I said absolutely.

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**Igor:** And on my next course, you'll learn all about them.

**Andrew:** Next, this one I can rant about for hours, but I'll keep it brief.

4. That is the consent of the unconscious.

A client closes his eyes and appears to go very quiet on the inside, appears to do this thing that we recognize as trance, which we hope that now they're in trance it means they're also suggestible as though there's a direct correlation between trance ability and suggestibility, which I'm not so sure they are I think they're two completely different entities.

But they're in trance therefore we think they're suggestible and therefore, we give suggestions. We also assume, as a hypnotist that a correlation between the suggestions we give and the effectiveness of the outcome, all because they close their eyes.

Then the client opens their eyes and you go well, how was that? They go well I don't feel any different. Actually, when I think about it, it still scares me. Actually, do you know what, I still feel the compulsion to pull my hair out or bite my nails and then the therapist does this maneuver.

Well, consciously you may not be noticing any changes right now but your unconscious knows. And, if they're a complete dick what they do is tap their nose at the same time and go your unconscious knows, ha-ha-ha, see what I did there a little play on words, aren't I clever.

Now, that doesn't seem like good change work to me, that seems like bullshit! I think this is something that a lot of therapists really need to pay attention to. If the client does not notice any improvement in their symptomology, it may well be that immediately after the session they're not going to notice and you need to test it again a few days later.

But even if a few days later they go well actually, I don't feel any different. That's because they don't and we can't dismiss it saying well, the changes have occurred at an unconscious level.

We've done a little magical installation and your unconscious mind knows, tapping your nostrils at the same time; therefore, it's just a matter of unconsciously noticing the changes that lie within you and as you sleep tonight you can dream a dream where you can begin to notice weird, wonderful and amazing things happening in your life and getting better and better every...oh, for God's sake.

I hear that stuff a lot coming from the mouths of hypnotists.

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If the client looks at you and says nothing has happened, then chances are they're right. Not every time, but most of the time they're going to be right and that's okay, it simply means you need to do something else.

**Igor:** Just to put it into perspective, what you're not saying is that, when someone says tonight when you dream in your dreams you'll resolve something, it can very well happen; however, the point of the order is to not assume that just because you said it it's actually going to happen.

You still have to test what does happen, otherwise, you're fooling yourself. You're back in the classic maneuver that made me fall off my chair with both laughter and sadness, at the same time, in psychoanalysis, the classic Freudian one which is 'I don't think this therapy is working for me' and the analyst turns around and says 'huh, let us examine this resistance.'

It's a loop, which means I can never be wrong it's your fault, so let's examine what your fault is. This is the hypnosis equivalent of that loop which is to say I can never be wrong. If you haven't noticed the changes yet it's because your conscious mind is too stupid, but whenever you're not paying attention you'll be perfectly happy.

The solution is, get out of your brains or something so you're unconscious more often, because that's when you're totally happy.

It's kind of like sleep learning. If you learn it and the only time you actually know it is when you're asleep, it's not very useful.

**Andrew:** The other one again is if the client looks at you and said this hasn't worked, it's not been very good at all and quite frankly, I'm a bit disappointed, because I thought you would hypnotize me and wave a magic wand but actually I remember everything you said and I don't think you're very good.

Just take that one on the chin, it's going to happen and you will be in good company. I would love to say that that doesn't happen to me anymore, but I can assure you it does. Fortunately, not too often, but it does still happen.

I will get that at least a couple times a year and when I've done my best and done everything I've been able to do and I've gone as far as I can but nothing happens, leaving the client a bit pissed off if that happens to you and you're reading or listening to this, you will be in good company.

You have to get used to dealing with that when it happens, because it's possible that it could well be that it's the clients fault and that this is what they do. That is possible, but I wouldn't recommend taking that on as an attitude to excuse your failures, I would look at what you could do differently



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and whatever else, but know you will get people that filter through who will just come to play the game.

**Igor:** Right. Actually, when we come to the seminar portion you'll be talking about some of those patterns. I think there are five.

**Andrew:** The patterns of crises.

**Igor:** Exactly, which is the problem that people run that lets them defeat therapists making changes; I think that'll be fascinating because you have some very interesting insights, but to come back to this idea here, all the greats, name anyone from Dave Ellman, Milton Erickson, whoever your heroes are and I will guarantee you that even when they were at the height of their abilities and skills, they still messed up.

In fact, I read a case book recently of 500 cases or so of which Erickson says a fair number of them, therapy did this, writing did that, effect none; he failed and that's okay.

**Andrew:** I think this is good. It's good to be open about it as well. In a lot of training courses, they're adding books and manuals. It's like they wave a little magic wand and it was amazing. I want to be that good, because I want to wave a magic wand and look at the results.

I've got news for some of these trainers; some of those people you had on the stage have come to see me. What they told me is not what they told you on the stage, nor is it what they told your participants, when they're interviewed by the participants in the interval, nor what they tell me matches the story you tell your clients afterwards.

**Igor:** Right. There is social compliance and all kinds of things going on there. It happens and the big thing is, in a training seminar and I'm sure you do this as well, you do want to demonstrate whatever people are doing and how it works, etc. but even then, it's okay to build in failure. It's okay for things to not work out quite the way you planned them.

Why? Because people should realize that they can make mistakes too and I think that's very important. You don't have to be perfect. In fact, trying to be perfect will bring so much stress on you– I know because I've been there– that it's not worth it.

**Andrew:** Last but not least...

5. Hypnotists tend not to look at themselves working.

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They look at things from their point of view and they look at their clients from their point of view, but one of the things I recommend you do is get a video camera and tripod and position it not to video the client, but position it over the shoulder of your clients, pointed at yourself.

Then, watch your sessions back afterwards. I never had anyone object to me doing that, but I very rarely film the clients anymore, but I do film myself and if you sit there cringing, then you've just learned something about what you're delivering.

Because, if you don't like the sound of your voice, for example, or your mannerisms whatever, take heart in the fact that when I saw myself working I wasn't just horrified, I actually felt humiliated because what I discovered was that I wasn't doing therapy, I came across like a salesman.

I was trying to sell change or the concept of change to people and I was talking to them as if they were a customer that I was selling something to and I had been doing that for years before I filmed myself doing it. I have to say there was a little bit of shame and embarrassment attached to that, but it was great to learn that, because it meant I didn't have to do that anymore.

The more I filmed myself the more little things I became aware of that I wasn't otherwise aware of. I became more comfortable with my self image, which enabled me also to calibrate specific changes in my own behavior that I otherwise would never have had access to.

Remember, your friends never give you honest feedback.

**Igor:** And when you actually watch it because let's face it, by this stage you already have enough skill to be able to know the difference between what's good and what's not good just by your instincts, etc.

Therefore, when you watch yourself like you would watch one of the big trainers you'd like to see and go wow this guy is so good, you'll actually look for similar patterns. Some things will be great and you'll think wow, I'm impressed that I did that. Whereas, others will be so awful that literally, you'll never do them again.

I know because I've been there too.

**Andrew:** The more stuff you video, you also capture those little magic moments where afterwards, I still get these thinking, did I just do that? How did I know to do that? I just think then, I don't know where that came from, it was as though it wasn't even me doing it.

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I can understand why less scientifically oriented people than myself can actually believe they're channeling a higher entity. It doesn't happen very often, but every now and again, I get this experience where it's like wow! The client also goes away saying wow as well. Then I'm thinking, what the hell just happened there? How did that work? Where did that come from?

This comes from experience and training, but if you can capture those moments on video, they are priceless to have, because you can actually see what you need to do more of, as well as, what you need to do less of.

With a forgiving attitude about how you do things, you can achieve that quite quickly.

**Igor:** The other value of video taping yourself and this is especially true in more litigious societies is that you want evidence of what you've been doing. This is especially important for male therapists where you have a video camera that's taping what you are and what you're doing, especially where your hands are at all times in relation to the client.

Then the client turns around and says whilst I was in trance he touched me, but you have a video showing that your hands were 5' away at all times, then that's a good thing to happen.

I personally have never had that happen to me in terms of a complaint, but it's definitely worth covering your backside, especially since you can now get these little cameras for under \$100 that do a perfectly adequate recording. They're not Hollywood by any standard.

**Andrew:** They're good enough.

**Igor:** Exactly. You can hear and see everything. The video file is easy, you can put it on your laptop and it's done and at the end of the year, you create one or more DVDs with all your videos of that year which slides nicely into a little case and can rest there forever if need be.

You can also use them to go back and review to see yourself progress, as you say, etc. so it's a useful habit to get into.

**Andrew:** And just a quick addition to that, if you do have audio/video recordings of your sessions and you're going to keep them, you must get written authorization from your clients.

If you're just going to video it and then watch it back and get rid of it, which is what I did, that's one thing. However, if you're going to store it for use later, get written authorization to both use it for whatever purpose you're getting it for.

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If it's just for your own personal use then get the form that says that. If it's going to be destroyed then get a form that says that it'll be destroyed by a certain date and then make sure you honor that.

If for example you're thinking you could do is use video footage of me working, so you can show it to other therapists, analyze it or even put clips up to demonstrate what I do with people on the web, that's a good promotional tool, just make sure you have the paperwork that gives you permission to do that.

**Igor:** Absolutely!

**Andrew:** Build into it as well, the ability for the clients to actually withdraw the consent. It may well be later in life that their situation changes and they say I don't want that bit of video floating around it's a bit embarrassing so I'd rather that you got rid of that, brilliant.

That's good news for them they've moved on, in which case you then honor that and remove it. I've been astonished at how willing people are to help me in some of the video projects that I've done and in demonstration work while taking video clips to use publicly.

I've been amazed at how enabling people are to allow me to do that. But, what I tend to build in is a destruction date so this won't be used after a certain time. So it provides a type of safety net for people.

If you do store video records, make sure you keep them somewhere really secure, because the last thing you want is for your laptop with all your recordings to be stolen or you leave it on the train and now you'll have some very embarrassing questions to answer, as well as difficult scenarios created for some people, especially these days with the Internet and YouTube, etc.

The last thing you want for your client is for them to discover a video of themselves on the Internet.

**Igor:** Each country will have its own specific laws covering...in Europe its called the data protection act, etc...so this is very important. If you're going to be practicing as a hypnotherapist, get to know the laws that apply to you, in terms of protecting privacy, compliance with legal requirements, etc.

For example, if a person comes in and says hey, I just killed someone but I don't want to do it again so please help me stop, in most countries you have to report that to the police. As hypnotherapists you don't have the same kind of duty to protect as a lawyer might have, so you have to be clear what your

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legal duties are to your client, the state, the rest of society and so on; otherwise, don't get into the business in the first place.

You have to be able to practice ethically at all levels and legally as well.

**Andrew:** Absolutely! Just quickly on the videoing still, I recommend to anyone that wants to build their business and get more clients to put demonstrations of yourself working with a genuine person, not your best friend or a person from the practice group.

Put short video clips demonstrating the kind of mannerisms you have, the attitude you have, the way that you do stuff because everyone is going to have different styles. They may have the same set of techniques or tools, but people will come to you because it's you, not because you have this grand called hypnotherapy.

Therefore, the more you can brand yourself and put demos of yourself working, the more the people that want specifically you, as opposed to just a hypnotherapist, will find you.

It's an invaluable way of promoting yourself and demonstrating your abilities as well as your niche areas. Get video of yourself working with people.

**Igor:** I know with the Internet now days, it's so cheap and easy to do as well, so I think that's a winning strategy and a great idea.

Now Andrew, I would love to continue with the session because I know you have a wealth of material to share with us. Unfortunately, we have more than run over. I want to tell everyone who's interested in hearing more of Andrew's ideas; Andrew has very generously agreed to run the seminar portion of the interviews with us as well, where he'll deal with two major topics.

The second in the sequence actually is the idea of the powers of chronicity, what do certain clients do to make therapy fail, the patterns that they run and if you don't recognize them or break those first, then you're screwed.

Andrew, I know you'll be sharing those patterns with us so we recognize them, as well as providing some insights as to how to resolve them, right.

**Andrew:** Absolutely. The powers of chronicity sounds like one of those dull subjects, but it is so much fun when you can spot these things with people and start working with them in ways that no one else knows about, it's fantastic.

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**Igor:** Andrew and I have talked about this at length already and I have to say that you're in for a blast. If you thought this interview was fun, just wait the next portion will be even more fun.

The other interview is going to be related to that, which is the idea of spotting physical patterns that you can weave into metaphors to be part of your hypnotic story, your hypnotic resolution pattern. The theme of this seminar is all about pattern recognition, but at different levels.

On the one level, it's watching physical patterns that you can then borrow the problem and transform, in terms of stories and other things you do, and they won't even know it's happened because it's so out of their awareness that it makes for a very beautiful form of therapy.

The other side is, what patterns do people sometimes run to defeat you or any other therapist and when you spot them it is a blast, because it's like you're the one person who can see in a room full of blind people, so you can do all kinds of pranks that no one actually knows is happening because they don't see them.

It's going to be great fun.

**Andrew:** I'm looking forward to it.

**Igor:** Before you go there's one more thing we need to talk about, which is those of you who are interested in more of Andrew's work, and his website is [AndrewTAustin.com](http://AndrewTAustin.com); however, you also have a DVD set on [TherapeuticExcellence.com](http://TherapeuticExcellence.com) and I believe this is a little bit about the things that you and another good hypnotist, Nick Kemp, taught on the things you do that make therapy really work.

Not necessarily techniques and that sort of stuff, but the things that don't normally get taught. Can you tell us a little about that DVD set, so people can get a sense of what it is if they want to have a look at it?

**Andrew:** The project we did came about from myself and my good friend and colleague, Nick Kemp. Nick, for those who don't know, has done a lot of work with Frank Farrelly. Nick is responsible for bringing Frank Farrelly to the world, in terms of workshops and getting people to become aware of what therapy is and how it works.

Nick is a very skilled and effective therapist, working in similar yet quite different ways to myself. What we did was we got together and thought what is it that we do that other people don't do that makes us different as therapists?

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If you have two people, both running the same technique with an identical client, the person who's just started they do the technique and the result is okay, but the other person with a lot of experience does the technique and the result they get is phenomenal.

They're doing the same technique but there has to be a difference between the guy with more experience and the guy that's just starting out. This is how the conversation started, so we then thought we could get together a group of people and taught them the stuff that we each think makes us different from other people.

The workshop was set up that we alternated slots. Therefore, with the day broken up with breaks we alternated, he would do a slot and we'd break or I'd do a slot and we'd break for lunch, etc. throughout a weekend. It's two days where I didn't know what Nick was going to teach and he didn't really know what I was going to teach.

We basically gave, what are the things that make the difference for us as therapists, so it wasn't about how to do therapy. We were assuming that the people there already had therapeutic training and experience, so we had an advanced group, but it was what do we know that makes the difference to a trained therapist to increase the outcomes.

The result of that is on 8 DVDs, which is available for purchase on [TherapeuticExcellence.com](http://TherapeuticExcellence.com).

**Igor:** Thanks for that. I look forward to the next set of interviews where we'll do a lot more of this stuff. I know you have lots to share and I'm excited to get into it.

Until then Andrew, thank you for coming on today and for staying with us on an extended interview session and giving so generous of your time.

**Andrew:** Igor, thank you for this opportunity, I've enjoyed it.

**Igor:** If anyone wants to get in touch with Andrew, simply go to his website [AndrewTAustin.com](http://AndrewTAustin.com).

# Hypnosis Master – Andrew Austin

## Seminar 1 – Part 1

**Igor:** Welcome to [StreetHypnosis.com](http://StreetHypnosis.com). My name is Igor Ledochowski and I'm here to interview Master Hypnotist Andrew Austin from [AndrewTAustin.com](http://AndrewTAustin.com).

First, welcome back Andrew.

**Andrew:** Thank you, Igor.

**Igor:** This is the first part of the seminar portion of the interview. I know you have a wonderful session prepared for us; it's this idea of what patterns people run to become chronic failures in therapy, in other words, to defeat therapists time and time again.

I think it'll be a very exciting topic, because it's the kind of thing that NLP, hypnosis and other courses don't talk about and when you're confronted with it – you know you can get very easily distracted, right.

**Andrew:** Yes. A lot of this work came out of my observations that many therapists massively over estimate the effect or importance of the techniques they run. At the same time, they massively underestimate the intelligence of their clients.

A lot of the training courses in the textbooks looked like magic, as though if you say the right incantations, wave the wand and say the right magic words, the person is incredibly changed and they worship you forever more for the amazing dexterity of your language pattern and just the sheer power that it had.

**Igor:** As it should be.

**Andrew:** Exactly. My observation from clinical work and my own experience and other people is that whilst that does sometimes happen, that's not everything that's going on both on the stage and on the training courses but also it's not realistic for how people operate.

So I started looking at what it is, these clients that are seemingly what in medical circles are called heart sink patients, as in your heart sinks when they enter your office. They are all people with a chronic problem, so in the face of all the current help they've been offered they're able to basically not be helped. I can present a bit of a conundrum and challenge to therapists.

**Igor:** What's going on there? What's it all about and why is that happening?

**Andrew:** There are a number of things some, of which are the expectations of that of a therapist themselves and has lots to do with the client themselves. I believe a lot of modern, private therapists, not healthcare sector,



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psychotherapists or psychiatrists or even psychoanalyst oriented people who don't expect people to get better.

They all talk more in terms of symptom and patient management as opposed to therapeutic change. Now, there's a lot of derision that gets leveled at that sector of the therapeutic industry by therapists, whether they be tapping hypnotherapists, doing EMDR, NLP, whatever the brief change work is that they do.

My observation, having worked in both areas, is that the client groups are very different. The people that get referred to a psychiatrist, for example, aren't paying a high fee to turn up every week for a session. They're not paying 100£ an hour to go see that psychiatrist.

They are the free treatment service that's being offered, as opposed to the person with the reasonable level of disposable income that can afford and has the insight to self select a therapist who can help them.

So immediately from the outset, they're working with different client groups. A lot of psychiatrists know this, but many private therapists don't even realize it and the derision that gets level at long-term therapists. I would suggest that therapist's need to go work sometime in psychiatric areas.

They are what I refer to as workers who are dealing with people at the shit end of life. They're people who will have high levels of drinking and drug problems, low levels of nutrition, very low levels of income if at all, will have a high level of foster dependency upon treatment and support services, the welfare state and so forth.

So the behaviors they present to therapists will be very different to the person who is articulate, educated, middle-class, well spoken and has a disposable income to pay the therapist's fee.

**Igor:** The mindset will be very different, because someone who comes to a hypnotherapist is already motivated to a large extent whereas many of the people who go for free therapy or are sent by court order or something, sometimes they don't want to be there, sometimes they don't even know what to do.

If you challenge someone who's able to spend 100£ for an hour's session and put them on the spot, they'll come up trumps but if you challenge someone who's more fragile, you may end up breaking them so the strategies don't necessarily work the same way, right.

**Andrew:** Exactly. The client is very different. The mindset is different and as you say the motivations, which I think is important with this, are also profoundly different. Then, within the client groups that I worked with, the fee paying clients, there are also those who appear to have been round numerous therapy's.

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They've tried the medication or the counseling groups, medication, hypnotherapy, etc. but still the problem is maintained and for reasons that baffles both their therapist and also the client, this is the group that's I generally refer to as the person that is able to avail themselves at what would be treatment services that are effective.

But, for some reason they are the exception to the rule, they're the ones that no one seems to be able to help.

Now, I started studying these people because I wanted to know what they have in common. One thing they had in common is they don't get helped. Despite their best efforts and depleting bank balances, despite making all the right noises and efforts to get help, help never seems to actually work for them.

**Igor:** To pause for a moment, because some people might think these people aren't ready for change if they don't want to be helped, they're not motivated but that's not the case is it because some of these people are spending thousands of dollars to try and overcome this problem, so it's not like they're sabotaging it on purpose, there's something else going on.

**Andrew:** Yes. For some of them, getting treatment and therapy becomes a way of life for them, because the motivational level is sufficiently high, whereas the results are very low and literally, they may end up going to different groups. They may become regulars to practice groups.

They may even end up doing training courses themselves to be a therapist. This is what I call an entry point into the therapeutic industry.

**Igor:** It's like an addiction being built up. A gambler going to a coin machine is putting the money in repeatedly, little payoff, putting the money in, and then they get hooked on the idea that one day possibly maybe the big payoff will come if only they stick around long enough, right.

**Andrew:** Yes. What we tend to see is they often become what I regard as the wounded healer. Because their knowledge level and experience of therapeutic services become quite experienced. They experience a large number of different people delivering different types of treatment.

They have a lot of first-hand experience of receiving therapy and they'll often learn a better way of doing stuff. These people can become quite effective as treaters, as therapists themselves, but still they have the problem that never quite goes away.

Now, I call this the five patterns of chronicity, but realistically there's probably many more. The reason I hone in on these five is because these are five patterns that you can actually see, they're demonstrable very quickly and also, there are ways of dealing with it that are quite interesting

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to the client to deal with as well, in that it's not one of those that we can see as being trouble, there's nothing we can do about that.

These are five patterns that a therapist can actually interact with.

**Igor:** Can you run us through those five patterns quickly just as an overview?

**Andrew:** Sure. Very quickly, here are the five patterns.

1. Pattern 1 is that people will get upset, freak out or abreact in a therapeutic setting in a very specific way that follows a specific pattern.

I'll talk about that. Often it's the freak out or where the upset is an inadvertent way of redirecting the therapist's attention.

2. The other one is that clients will present counter examples, again, in a very specific structure.

So, therapists can do their best to build some generalizations of how things can be different and if you do these following exercises, those are the results that you're most likely to have happen, but of course, that client won't do those things they will find a number of reasons and will defeat the therapists best attempt to get them to do that, very effectively.

I call it the great big what-if questions.

3. Then there's what I regard as the maybe man phenomena.

This is when the clients are never specific about what they say, they sound very specific and it sounds very convincing, but there is something going on that is very different to that.

4. Another key area is testing for evidence of a problem rather than testing for evidence of change.

So, in terms of meta programs they test for problems they don't test for change, so they can miss change but they never miss any elements of the problem.

**Igor:** They can recreate it and that's huge, isn't it.

**Andrew:** Right.

5. Another one is that they're at cause, not at effect.

Therefore, their experience of symptoms is not that they have only parts they can play in them, the symptoms happen to them, it's not as a result of the behaviors that they're doing, so they're the victim orientation to the symptom.

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**Igor:** It's like a victim mindset. It's like, I can't help it, if only the world were different then this problem wouldn't exist.

**Andrew:** Right, the change has to occur outside, so often that's the person who will whine, complain or need something external to change before they can feel better. The most common one will be things like, until my parents give me some respect then I can't be happy.

**Igor:** Right, which of course...

**Andrew:** It may be true if the client is five years old, but it's unlikely to be true if they're 45 years old.

**Igor:** So it's almost like they're stuck in another time warp which they have to resolve.

Without going into the later ones too quickly, let's take each one at a time and look at it in detail, because I know you have a lot of experience with these things, and especially how to break the pattern in a way that's useful for a therapist.

Let's take the first, the idea of abreaction, the one where you say the client redirects the therapist's attention in a way that prevents him from being able to do therapy effectively.

**Andrew:** I'm going to preface this one, I often get accused when I teach this in workshops and they say you're very harsh Andy, don't you think you should be a little more empathetic to people? I say yes, I do think so, but what we're talking about here are patients or clients that have had a long time of chronicity.

This is not an acute problem. It's not like they were assaulted last week and they've not slept, they've been in a highly anxious state, etc. and now they need care support as well as intervention. What I'm talking about here are people with long-term chronic problems who continually avail themselves to treatment services and will exasperate their therapists.

They are what Frank Farrelly refers to as 'therapist eaters'. They basically consume their way, they defeat everyone in their path and these are the people I'm talking about, I'm not talking about people with acute things.

Now, within this I need another preface. I don't believe anymore in the concept of secondary games. The secondary game model is that the person maintains the problem because there is a level of payoff by having the problem. Therefore, when they're depressed they get more attention, so if we give them attention in other ways then they possibly wouldn't need to be depressed anymore.

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Now, whilst that's an interesting model to explore with people, what I found was it didn't always work and in clients with degrees of chronicity, they would often take that as an accusation of blame. 'Are you saying I'm doing this deliberately?' 'Are you inferring or implying that I do this because I enjoy it?' That would be quite an upsetting thing for people.

**Igor:** For sure. I've seen therapists take this to a ridiculous extent and I know where they're coming from in terms of their idea, but I've heard of a therapist turning to a client with cancer and saying things like, how did you choose to have cancer? That's massively inappropriate for someone who's dealing with all these other issues on top of it.

The idea of putting them into cause and effect and so on can lead to very strange results if you don't apply it with some compassion and a little bit of common sense.

**Andrew:** Those therapists that actually say this to clients, if that client ends up coming to me and tell me that story, that therapist will receive a phone call from me. I hear that sort of thing a lot and I find it appalling the attributions that some therapists do make.

Every behavior has a positive intent. I personally believe that to be a complete crock and a very convenient way of framing what is either life threatening or existence, quality of life threatening problems and a way of framing it out of awareness for the therapist, but it does nothing to improve the situation for the client.

This is what I started to observe. It's not that there are secondary gains that maintain the problem. Let's turn it on its head and say, in order to live with something that is constantly a cause of discomfort, pain and suffering in somebody's life, in order to continue a quality of life and continue to exist, they need to build comfort inside the problem.

Basically, they adapt and learn to live with it, because if they don't adapt or learn to live with it, it takes them down. It will kill them. So, what appears to be secondary gains may, in fact, be nothing more than an adaptation response and a way of learning to deal with a consistent chronic pain or an emotional hurt.

**Igor:** It's like a defense mechanism saying I can't deal with area of life, let's just fence it off don't take me there.

**Andrew:** Right. So people build comfort inside problems, it's not necessarily that that they're doing it because it gets that secondary gain.

Now, it's with that in mind that thou pauses what I call the three stage abreaction scale or the abreaction process. I've been made aware recently, by a number of therapists, they use the term abreaction as something positive.

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So the client has an emotional release and do a little free count and afterwards they feel better. I'm sure that happens and I've met a number of abreaction specialists who do primal therapy type things. They can really make you scream and ...

**Igor:** Right, get the baseball bat out and the rubber doll, the whole works, right.

**Andrew:** But if we can really get them freaking out then that means they're going to feel great. I personally have never quite understood that concept, but I do understand that sometimes after a good cry people will feel better. But if that's all the therapist is doing then they made need to re-evaluate their training manual.

Because, I'm not quite sure just how effective that is as a therapy to process, but I understand it can have an affect when it arises. That's not the term that I mean. The three stage abreaction is basically an emotional breakdown or free count that occurs in a specific way.

It's so named because it has the three stages to it. They are very easy stages, which I'll run through in a number of different ways.

Stage one is the client is moved to an area of discomfort and the therapist has used a maneuver, a technique, process or framing to start to explore some of the things that they can basically therapize. However, the client is not particularly keen to go there, so we'll need to hijack the session and what the therapist is doing, to say I'm not very comfortable with this.

So, the setup on stage one is 'I am uncomfortable with what you are doing; therefore, in order for me to restore comfort you need to change your behavior.'

This happens a lot in everyday relationships anyway, where people use their emotions to get another person to change their behavior, so basically, I'm not very comfortable with the way you're looking at me. The implication being, therefore, you must change the way you're looking so I can have a restoration of comfort.

Moms do this. They all threaten children with 'don't do that or I'll get angry.' So literally, they'll use an emotion to threaten the child, so the child must change their behavior so mom changes her emotion.

This is an interesting dynamic. In order for me to feel comfortable somebody else must change, that's the dynamic that gets set up. Most people that do this don't realize they're doing it and it may well be, it's like actually I don't really appreciate that question or, I don't feel particularly comfortable with the way you're talking to me right now.

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I didn't come here to be spoken to like that, so it's those kinds of things on level one, which basically says the level one of the three stages is 'I feel bad therefore, you must change your behavior.'

Now, automatically the change work is occurring in the wrong person, because it is the therapist that will then try to change their behaviors to accommodate for the client's, demonstrating great flexibility, but it is actually the client's emotions that are running the session not the therapist running the client's emotions.

**Igor:** Now the therapist is limited and he can't go to certain territories he might need to go to, to get his work done, which means he can't be effective anymore right.

**Andrew:** Right.

**Igor:** It reminds me of like, this happens a lot in very abusive cases it's a common pattern.

A friend of mine recently told me this, he gets called by a woman he knows and this is literally the conversation she had on the phone with him. 'I get the sense that you're really judging me. Have you been thinking about me in a negative way?' He spent the next half hour assuring her that he's had no thoughts about her at all, let alone negative ones, but of course, by the end of the conversation she has torn him inside out so badly that he spends the next week vigilantly monitoring his thoughts to make sure there's not even a hint of a negative thought about this other person in place.

Personally, I think it's very abusive and secondly, it's totally projecting your own emotion on someone else, right.

**Andrew:** I've got a solution for this which I'll be sharing shortly.

**Igor:** I look forward to it.

**Andrew:** It's going to make life so much easier.

If stage one doesn't work, basically, I the client say I'm not very comfortable with the way that you're talking to me right now, but you don't change your behavior. What I will now do is move to stage two.

Stage two is if I increase the amplitude of the signal, the signal is both the verbal signal and also the kinesthetic signal that I experience, so basically what I will do is increase the emotion in my voice and in my body. 'I told you I'm not very comfortable with this.'

The first one was basically an implication. The second one is now looking a little bit like a threat. Whether the person is now overtly threatening you with how they feel. 'I've told you I'm really not comfortable with this. I didn't come here to be spoken to like that', or something to that effect.

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So now the level of distress becomes obvious, the implication being actually, I'm going to take charge of this interaction right now by feeling sufficiently bad that you will now be threatened by the way that I feel. That's stage two.

If stage two doesn't work, they move to stage three. Now again, stage one looks like this, I feel bad therefore you should change. Stage two looks like, I feel really bad therefore, you really must change.

Stage three looks, like, I now feel so bad that you buddy have no choice but to change. Basically that's when they freak, have the breakdown, the abreact, they throw and break stuff or even storm out the room slamming the doors, whatever it is. It's basically, I now feel sufficiently bad, it's all your fault therefore, you don't have any choice here.

Then, the person will either, remove themselves from the interaction or they will level it so much that you have no choice but to change your behavior. Those are the three stages. Now, with experience of that person you only need to experience stage three once, or twice before every hint of stage one, actually now is a hint of stage three.

In established relationships, it can be reduced down to a certain look, raise of the eyebrow or inflexion in the voice which is actually invisible to everybody else, but to the trained recipient of the signal, that little raised eyebrow is stage one indication, which actually implies stage three.

**Igor:** And, of course, that's when they start running for the hills and when the person says wow, that's it I'm not going to go there, they back off and then people watching it has no idea the interaction just happened, because there's nothing that overt to see.

Occasionally, you'll see it in terms of someone raising an eyebrow and you don't even see that and the other person just slumps in their chair and feels all depressed or something. They'll see the reaction but they'll wonder why this person suddenly feels bad, because there's no overt sign that anything major has happened.

**Andrew:** These kinds of things happen in everyday life. I can remember an example from school.

There was a particular kid in my year at school who was quite a bully with his own little gang of guys. One of his games would be to threaten somebody halfway through a lesson, which was to be, I'm going to get you or we're going to get you after lesson and he would do it in really sneaky ways where the teacher could never actually see.

So, one time I was in the classroom and this kid looked round with all his little cronies and he gives me the look and points. Then he smiles and looks back and carries on with his work. Now I know what that means exactly, that



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means that I'm going to get it at break time. Well, I was never really that kind of kid and I still haven't been so what I did was to get straight up out of my chair, walked up behind him and punched him really hard.

That put an end to that, which was quite easy, but of course look what the teacher now sees. The teacher sees a kid getting up from the back of the room, coming towards the front of the room and punching a kid in the face. That's not good for a teacher and the next thing I knew I was in front of one of the seniors trying to explain myself.

Picture the explanation. All right, so why did you punch him? Well, he looked round at me. That makes me look pretty paranoid, but every kid in the class would know what that means, but to try and explain what that look means, actually takes it out of the context so other people understand.

Quite often in families as well, where you have long-term issues going on, where flare ups seem to come from nowhere, it's because of these signals and three stages have been trained to everybody, but people outside the system haven't been trained in the signals.

So, it's worth paying attention to all these and also, when you're working with families who have long-term problems, bring these out in the open, especially if you're working with kids because they'll tell you what these signals mean, since they've become very good observers of them.

Therefore, stage three is that the person basically freaks out. They freak out so much that you don't have a choice but to change your behavior. So it may well be that your chronic client is very good at skirting issues and whatever else. You try to nail them on specific things, but the way they respond to that is either, with tears or they imply they're going to cry.

'Oh, don't ask me that that already upset me and I don't know if I can cope with that.' You get those kinds of signaling where they are demonstrating the boundaries they have and the ones they're placing to where you're allowed to go and not go.

**Igor:** Which means if you accept them, you're now no longer in charge of therapy they are, and all you can do is circle the wagons because you'll never get inside the camp.

**Andrew:** The next one, alongside this is now the ethics of, at what point does this become abuse? Because, if the person is saying I don't want to talk about that, am I going to respect that choice and not talk about it, or am I going to make judgment that says I absolutely know there's gold there, the fat person could change them.

Then, if I go there they may resist but we'll get a result, because there's a very fine line between going into an area because we know it'll help change

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the clients and going into an area, because it satisfies our curiosity and need for power.

I've seen a lot of therapists mess that up, where they've already gone into that area with the clients for their own benefit, they didn't go into that with the client because they thought it would benefit the client. It is a fine line and I think that truly only comes with experience.

But, here's the secret, this is how it works. Every time a person or client in a change work session, offers an emotion with the implication that you must change your behavior. You just need two magic words, which are 'that's right', and you don't do anything to change your behavior.

I'll give some examples. The client could go 'I'm really not comfortable with the way you're talking to me.' Then I simply go that's right and then I wait. I don't give a direction. I don't shrug it off. I don't allow tension to be broken I'm not a tension breaker. Too many therapists do that, so be comfortable with tension in a session.

'I'm not comfortable with the way you're talking to me.' That's right.

If I went oh, I'm sorry I didn't mean to offend you, then I've suddenly made it all about me and the person will now sense that change of direction and will run with that one. So I'm not going to defend what I'm doing, because I'm doing what I'm paid to do.

So the person will go 'but I don't like the way you're talking to me.' That's right. Or, they may go 'I think I'm going to cry if you carry on with that.' That's right.

The effect is has is remarkable, because what it does is it bats the ball back to the client to make a choice about how they are behaving, rather than opening up a scope of choice about how I am behaving. The person may do things like, 'well, I find that subject really upsetting.' That's right.

You could go that's right, you do find it upsetting, so you simply reflect it back, deleting yourself from the equation and the equation this has, I find remarkable, because often the person will go oh, and then I just carry on whatever I was doing before.

**Igor:** Let's stop for a moment. I think you've just come up with a very important principle. On the one side it kind of acknowledges the situation, and this is the important part, you don't want to cut the tension, you're just going to sit there patiently and wait for them to take the next step.

If the next step is to escalate, to de-escalate or to keep it the same way, it doesn't really matter and I'm sure you have ways of handling each of those different scenarios. The point is, you want that tension to continue with the

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client being forced to take the next step rather than you taking the next step, right.

**Andrew:** Right. That's exactly what we're doing.

By saying that's right, we're isolating the client's state and emotions and it now becomes about them as opposed to them trying to make it about me. Consider the angry person, I'm only angry because of the way you treat me. Or, I'm only angry because of the way other people treat me and therefore, I'll feel better when people treat me with more respect.

What they're doing is deleting from that equation how they are behaving, both internally and externally by putting the focus on other people changing their behavior.

The three stage abreaction process is exactly that, in action. They're saying I can feel better here, but the only way I feel better is when you change or when external factors change. So again, they're not really being in control or in charge of how they feel, what they're doing is being in charge of how other people will behave.

I think we all know somebody or have known somebody who does that. They are a disaster at controlling themselves but they're very adept at controlling other people. I think we call these people unpopular.

**Igor:** That or drama queens.

**Andrew:** Yes, the way they get through life is using their emotions to control other people. They haven't learned to control their emotions they've only learned how to control other people.

**Igor:** So this is a valuable idea of batting the ball back over to them. It's a life lesson in general for them to have someone, not enter the loop, but refuse also to break the loop, because that puts them in a complete conundrum doesn't it? Either the loop gets broken because the person stops doing something or the loop gets accentuated into stage two because he carries on doing it and ignoring them.

But no one has ever just stepped out of the equation and let them carry on the loops, the loop is undisturbed so that they have to figure out what they need to do now.

**Andrew:** When I teach this stuff at workshops, the most common objection that comes up is, so you actually want people to freak out? That fascinates me why therapists say that to me, because I've never said or implied that, nor do I ever try to get people to freak out.

This is when people present these behaviors this is the way of handling it. Now, when they go oh, I'm not very happy with this or whatever it is and we

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go that's right, they will often move to stage two, which is the 'well, I'm quite shocked actually, that you didn't change your behavior, therefore I'm really angry now.'

I'll go that's right and it's at that point, because I don't want them to get to stage three, what I will do is use the same pattern and say that's right, and isn't it amazing I didn't change my behavior, in fact, I'm still doing what I'm doing because you know why. Your emotions do not control what I do, now let me explain.

Then what I do is pull out pen and pad and teach them a three stage abreaction process. It's amazing.

**Igor:** So what you end up doing is set it up saying that's right, to create the tension. Then on the second that's right, you're basically going to point out the elephant in the room, because now it's big enough for everyone to see right.

**Andrew:** Right. Literally, what I'll do when we've got to stage two is that I will sit down and teach them the process. I will give them a dozen examples of how this works. I've been amazed with chronic clients especially, because so few therapists ever thought to sit down and teach them stuff.

This is one of the patterns, a pattern of chronicity of therapists rather than clients, is that the therapist's try and do things to the clients rather than teach them stuff. The one thing that really brought this home to me, which I wrote about in the book *The Rainbow Machine*, was the little girl that didn't speak.

Basically, and for all intense purposes, this girl was normal in every aspect of her behavior, but at school she never spoke. To the casual observer everything looked normal, but she never uttered a sound. Now, various educational type people had worked with her completely to no avail. Then I was asked to work with her.

I worked with her for about an hour, an hour of exasperation where I tried every sneaky thing. I tried metaphors, sneaky things, all sorts of stuff that I had spent hours preparing. Absolutely nothing happened. Of course, it was a few months later that I got a phone call from the parents to say she's fine now.

I was like fantastic, what did you do? She said well, we just told her it was time to start talking at school. I couldn't believe that I missed the most obvious thing, just go look little girl it's fine to start talking at school now that's what I want you to do. Everything was fine from that moment on.

**Igor:** That's historical. It reminds me of the Erickson story where a little old lady comes in and he tries every sneak Ericksonian trick, stories, my friend John, etc. and she sits there nodding her head politely and everything, then after

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about an hour and he's totally exhausted, she goes well that's all very well Mr. Erickson, but when are you going to get your little pocket watch out to hypnotize me, which is sometimes the elusive obvious, the simplest solution. Just try it, you never now.

**Andrew:** It's one of those little things. The other thing with chronic clients is that people don't point out their behaviors to them, because there's something in the attitude of the chronic client that slightly scares the therapist.

There's often a little thing that basically says, especially with this three stage abreaction, you play my game or I will be unhappy with you and you don't want me to be unhappy with you because I'm good at this.

So, here are the ways that I look for this. If they arrive, singing your praises or they bring you gifts and you've never met them before, that is a classic sign because that pendulum swings both ways at the same speed. And so they all withdrawal favor at the same speed they offered it and you've never even met them before but they're offering you all this favor.

Then you begin to wonder why they're doing that.

**Igor:** This also happens a lot at seminars when you have the groupie or adoring fan scenario. The people that love you most are the people that will turn on you the quickest as well isn't it?

**Andrew:** Yes. Just on that, what I call a front row brigade, the fans of various trainers. I've got to say are some of the bitchiest people I've ever met in my life. And it's worth being aware of these things.

How do people buy favor? How do people establish a relationship with you?

**Igor:** Let's stop there. I want to bring that point out properly for everyone to hear. This is the idea that you'll not only teach them stuff, but you'll actually reflect the pattern back onto them and say look, this is the pattern you're engaging in as a way of giving them choice to deal with it and so on.

However, what you're not doing is you're not going down the route of the therapist that says how are you choosing to make yourself ill or have cancer, etc.?

In other words, you're not casting blame on them. You're not saying I blame you for this pattern, you're a bad person for this pattern, all you're saying is that there's this pattern and it's up to you whether you think it's working for you. If you like it in your life then get on with it that's fine, but if you want to work together then we'll have to deal with this pattern in some way.

**Andrew:** One of the ways...I go through the five patterns of chronicity with chronic clients and the way that I frame this is that I still don't know whether these are factors that contribute towards the causation of the problem, if they're

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just factors that people have inherently in them that just get in the way of changing the problem, or whether these are part of the adaptation response that people have in order to live with the problem.

Or maybe it's even something else, but what I do find is that these five patterns that we're going through, tend to occur often. Whether it's a pain that's physical so maybe they have a diabetic toe that's constantly painful and they're coming for treatment of that.

Or, whether it's a long-term physical condition or long-term anxiety or depression. It tends to be anything that's a long-term chronic pain for people where there's emotional and physical. These patterns are quite observable.

To go back to how I came up with these, I wanted to know the difference between people that have chronic issues that get better and people that have chronic issues that don't get better. What are the similarities between the groups? What are the differences between the groups?

These are the five patterns that I saw. So just to go back to the trick here, the trick is, when a person is using their emotions to imply that somebody else or yourself, the therapist, needs to change what they're doing, simply don't apologize and say oh, I'm sorry I didn't mean to upset you or change direction.

Continue in the direction you go, but preface your response to them, which is that's right, so when they say but I don't like this, you say that's right you don't and then carry on anyway. Just watch what happens. You don't have to be rude. You don't have to be smug. You don't have to do anything in terms of changing your attitude.

Simply allow the emotion the client feels to be about the client, so they can experience what they experience in every other context, but they've managed to make it about somebody else. Often they've effectively gotten that somebody else to change their behavior.

**Igor:** Right, so you basically, bring it right out into the open so they can start dealing with it, right.

**Andrew:** Exactly.

**Igor:** Let's jump into the second pattern, what's the what-if pattern all about?

**Andrew:** The what-if pattern is a start of questions, and anyone who does workshops or training will do well to learn this pattern.

The pattern is whatever generalization that the person has built to promote change or examples for what the client could do, if they're going to excuse themselves from that generalization, they will generate a counter example to whatever you've offered.

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What's important here is that a counter example can be generated against anything. And the person that plays the counter example game is going to be a person who does not accept generalizations anyway. But here's the thing. It works like this, I hear your generalization and I don't believe that to be true, because I have a counter example that disproves your generalization and my counter example proves the generalization in the opposite way.

People play that game often in workshops. If you get enough, 22 or more, in the room then you will have one of those people in the room.

**Igor:** Absolutely.

**Andrew:** They preface it by asking you a yes but, what-if. Here's an example, I was teaching a workshop on depression and intervention for depression. Mid-morning a hand goes up and the lady says I have a question. I said excellent I like questions.

She says what-if the person has been depressed their entire life? Now, I know not to answer this question.

**Igor:** You can hear the trap.

**Andrew:** It sounds innocent but I know it's a trap and I've made these mistakes in the past, so I simply go what-if the person has been depressed their entire life, then what happens? She said then what you're teaching won't work.

So I said right, you have your answer and she says yes. I said then why did you ask me the question? She says I just thought you needed to know and I say right, so you're saying I'm a bit stupid. I said do you want to run the workshop? At that point, everyone else is laughing and she's squirming a little bit.

What-if questions work like this. I hear your counter example and I have a response. I hear your generalization and I now have a counter example for you. I've got to say, the counter example person never impresses me. In fact, I can generally predict very early on who is going to be the what-if person.

Generally, the what-if person is the person who will find a fence somewhere during the workshop. Some people, every time they raise their hands they only ever ask counter example questions, because they're basically trying to run the show. It doesn't matter what you offer, there's always a counter example.

Yeah sure, but what-if a great big gorilla carrying a machine gun comes I the room, then what? Yeah, but what-if and they can pick the weirdest, most far out thing that will never ever happen in a million years and may happen

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only once in the history of the universe, but if they can find it then they will use that as a tool to disprove anything you offer.

**Igor:** It's a subtle form of what I would call rapid reframes– there's a version of this in NLP called the slight of mouth, where in a crude sort of way they're trying to twist the idea you presented. Look this is something that overall is useful and they'll go it can't be useful because it'll fail in this case.

It's like what we talked about before with the idea of power. What-if someone abuses that power? Yes, well it will happen but let's face it it'll happen anyway, whether or not you have power personally, someone out there is going to abuse it because you're not going to stop them.

Therefore, they're trying to shut down your ability or your right to feel powerful as an individual, just in case you might ever choose to abuse it and they don't realize that they're going for the smallest most infinitesimally small margin of error, at which point everything falls down, so how about you use the model in the areas when it works and when it doesn't, find another model.

**Andrew:** Here's the way of dealing with what-if questions. There are a number of ways. I could do an entire workshop on the structure of what-ifs, because what-ifs also taps into beliefs, so for those that want to do research around this it works like this, it's if condition (A) is true then condition (B) will follow, which means value (C). So if (A) then (B), which means (C)...

**Igor:** Which is a classic reframe pattern as well isn't it?

**Andrew:** Right. But that quality of (C), the underlying belief doesn't often get expressed because it drives all the nonsense questions and you can explore that with clients by literally going, okay if (A) then (B) then (C), let's go through your what-if questions.

So what-if I have a panic attack? Then I'll lose my job, which means I'm no good. Okay, so we're going to blame the belief of I'm no good. This is a useful way of getting to deep structured stuff with people.

**Igor:** I was just going to say this is great, because now the very pattern that used to cause a problem is the one that let's you zero right in on the issue that you need to deal with because the, I am no good belief and feeling they're not worthwhile is going to be the one that's causing a lot of the stuff to happen.

Therefore, if you just deal with the surface, then the pattern is still there and it'll either recreate itself or recreate yourself in another way anyway.

**Andrew:** And meanwhile, of course, the symptoms are there in what you're trying to work with, especially in the three stage abreaction level, but at the same time, they're only giving you what-if questions and symptoms, because you



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don't answer a what-if question. People go into a situation of stress and for anyone that does workshops, try this one.

If somebody asks you a what-if question, just simply disregard the question and say do we have any other questions? Just don't answer it. It's phenomenal what happens. I find it absolutely fascinating.

**Igor:** You'll move straight into the three stage abreaction at that point, right.

**Andrew:** Absolutely! It's extraordinary. On a recent workshop in the states, one person did nothing but ask what-if questions, so in the end I said does the group have any questions? Of course, his hand went straight up. No one had raised their hand and I said okay then we'll move on.

**Igor:** Which, of course, he loved.

**Andrew:** The first time I refused to answer his what-if question. The reaction said a lot. This is your three stage abreaction thing again. Basically, answer my question, play my game and come into my arena, my trap or I will punish you with how I feel.

Basically, you play my game I'm not playing yours, so it's a little power thing that gets played off.

You can literally draw this out if (A) then (B), which means (C) and pull that onto a piece of paper, teach your client this, run through a number of examples, teach how beliefs operate and how reluctant people can be to change beliefs. You can work it like a teaching session with a chronic client.

I have found this invaluable, but I like to throw in something just before I do that. The person asks a what-if question, so they may go yes but, what-if the person who's been depressed their entire life...my response will be...then deal with it.

What-if I have a pack attack on the tube on the way to work? Then deal with it. This is the classic response you'll get. It'll be like what-if I get an anxiety attack when I go outside the house? Then deal with it. The person will go, but I don't want to or I don't know how to, but I can't...

At that point, I'll go guess what guy I've got news for you. If you were on the tube and you have a panic attack and the tube train is stuck in the tunnel, guess what, you have no choice.

I have a suspicion that the what-if questions are an ineffective way of buying choice against the face of reality. Yes, but what-if I get a panic attack? Then you'll have to deal with it.

**Igor:** That is clearly, what the what-if is designed to do. The mindset of a what-if, the positive what-if person and there are many of those out there, they're the ones that go great, well if what you're saying is true that means we can

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do these things and these things and those are the creative talents, they've just taken that creative talent and applied it in a negative spin rather than in a positive way, right?

**Andrew:** Okay. If you watch films, we're talking about the positive what-ifs, listen out for what-if questions in movie plot developments, where what-ifs are used to actually expand plot lines and deepen plots within the scripting.

The next move plot, it doesn't matter what it is, just have a listen. They occur less in short programs where basically the plot line is quite simple and doesn't have a great deal of development, where the program or movie is about an hour, ninety minutes or even two hours.

Have a listen to just how many what-if questions occur inside the movie to expand and develop the creativity of the plot. It's a remarkable device that script writers use, but at the same time, clients will do it as a creative device to develop stuff away from reality, which basically is where I'm going to go into this free flight creative process that denies the fact, say I'm stuck in the tube or to deny the fact that this thing is already happening, because I want to buy choice.

The reality is, if this thing does happen and it's happening to you, you have to deal with it. It might sound harsh, really it does, but that's the reality because that's what the rest of us have to do to. However, for some reason this person doesn't have to.

**Igor:** There's another way I like to deal with the what-ifs, which I'm sure you do as well, which is to expose the fundamental conflict.

For example, let's say the guy didn't want to freak out on the tube, ultimately means that I'm not worthwhile or something like that. What I'd like to ask on this thing oh, I understand, so you're telling me if you absolutely knew without a shadow of a doubt that you're worthwhile then you'd be okay to freak out on the tube?

That totally sets their heads in a spin, they can't even contemplate that as a reality and that for me starts a whole new path open, because now if you remove them from the old universe into a parallel universe in which crazy things are possible, then that's where I like to do the change work because it's actually possible in that world, where it's not possible in the what-if world that they were generating.

**Andrew:** The what-if formula, there is so much to this. I literally will do half a day's workshop on the formula of what-ifs. If people want to know more I'll just do a quick product plug here.

Steve Andreas is producing a DVD from a workshop that he, myself and another chap Steve Watson delivered recently, where the format and the weight of dealing with what-ifs, I've extrapolated into different context and

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how to work with the formula. So, if people want to know more they can go to Steve Andreas' website they'll find they'll be out quite shortly. We also have a DVD that teaches the entire format of the what-if.

Watch out for it. The number one thing is if you don't know how to deal with a what-if, just ignore it. A what-if question is always a trap, so don't go there.

**Igor:** And if it triggers a three stage abreaction great! Now you know how to deal with that one there.

**Andrew:** Right, or if they completely freak out and demand you answer their what-if question because they have a counter example to disprove you and they will be right or they'll punish you with how they feel, just sit back, relax, don't give them direction and wait to see what happens.

Then you can say is this what you do? Is this how this works? You can play with it that way.

**Igor:** The what-if is a huge thing and we could go into a lot of what-ifs around the what-if itself, but the DVD you're speaking of sounds like a very interesting one. I haven't seen it but I'm sure it's of high quality.

Let's move on to the next pattern to make sure we stay within our time constraints today and that is the maybe man phenomena. Tell us a little more about that.

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### Seminar 1 – Part 2

**Andrew:** The maybe man phenomena is the client is unspecific about their own experience. Now it sounds like they're being specific. It does. It sounds like they know what they're talking about because they may be uncertain unspecific very competently, and it manifests in ways of they use lots of modifiers in their descriptions.

It's always a bit like maybe possibly yeah, I guess so maybe. It's that kind of stuff. So you can ask the client, the representation that you have, is it framed or panoramic? I would hope the therapist asking that question would already know. You're asking the questions pointed out to the client, but I understand people have different levels of experience, but is it framed or panoramic? They'll go well I think it's sort of framed.

They think it's sort of framed. So is it framed or panoramic? Now, if the therapist takes that as a description of what's going on, so it's framed, they may now undergo a process or go through a process working with information that's completely erroneous.

**Igor:** Right.

**Andrew:** You could do another one. So when you make the feeling in the body, when you feel that feeling, wherever else you feel that feeling? I think it's sort of in my chest. So they think it's sort of in their chest. Well, maybe it isn't because there's a huge difference between our experience, and what we have culturally learned to be permissible to report.

I'm going to run that one again. There's a huge difference between our experience and what we have learned that is culturally permissible to report.

So, the maybe man phenomena is a way of bridging the gap between what they experience and what they think they should be saying to you. Often the client will be the people pleaser. They're the one who will sit there and try and give you the right answers that they think you want to hear, even though they run counter to their experience.

There is what the person experiences and what they think they should be doing or telling you. There's an inherent dishonesty with the best of intentions. The way of dealing with this is, so you think the feeling is sort of in your chest, where is it really? Oh, it's in my stomach. Okay, so you think it might be kind of framed, but is it framed or panoramic?

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Oh, I don't know. I think it's probably panoramic. Okay, so you think it's probably panoramic. Now have a look and tell me what it is. Oh okay, it is panoramic.

The other one is you assign a sub-scale. So on a score of 10, how strong is the feeling? They'll go well I think it's kind of around about five or six. So you think it's kind of around about five or six? How vague could they actually be? So I'll feed it back to them. So, you think it's sort of around about five or six, but I like people to be specific. You think it's sort of around about five or six, but what is it really. They'll go actually it's seven.

**Igor:** Now, let's stop for a moment. I think you're demonstrating a very important principle here, which is true in a very way around therapy in general, which is sometimes people.

When they give you the report of their experience, sometimes they're not even aware fully what it is themselves because there's like a veil of consciousness, especially if they're not used to checking inside themselves to see how they feel or how they do things.

They might not be entirely aware, but by reflecting back on the same experience over and over again, by putting attention back on it, they're peeling back layers of this consciousness, so that something that was maybe a five or a six is a very clear seven because suddenly, the unconscious mind releases the information.

They go yeah I know exactly what it is now. I've pierced through to the actual experience. That requires your ability to stay on target and keep feeding back to it without adding to it in any way.

**Andrew:** Every single time the client is vague about their experience and they go into the fudge fountain, actually the maybe man phenomena, I'll nail it. I'll go, okay, so I understand you think you might be, but it is it really? I always say, I like people to be specific.

Again, it's a way of appearing on the outside to be doing all the things you're asking them to do, but actually if you're asking them to do things with the information that doesn't actually apply to them or apply to their experience, it's not going to work.

Now here are two patterns. This is the result of this pattern of chronicity. This client who will be vague about every aspect of their experience, but they go unchallenged by the therapist, they're the people pleasers. They will be feeding you all the things that they think you want to hear. They will also be feeding you the emotions.

They'll be smiling, they'll be happy, they'll be grateful. They'll do all the right things, but because they're not giving you accurate information, and

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because you're not challenging the accuracy of the information, generally the session won't work for them.

They will appear on the outside to be doing all the things that you're asking them to do. They will appear to be very pleasant and cooperative. Afterwards, they're going to slap you off, going well, that was a waste of time.

Literally, they'll go out the door smiling, going thanks ever so much. I do appreciate your time and help. It didn't bloody work though, is what they'll tell their friends. So this is really, really important, and it's another way of chronicity. The person doesn't know they're doing it because they're conforming to what they think the cultural expectation of the client role is. So they have to be polite.

They have to be nice. They don't want to go, actually that didn't work. Now when I think about it, I feel worse. They won't tell you that. They'll tell all that to their friends in a context where it's permissible for them to do that. To the therapist who's trying to their best, they're going to be reluctant to tell the truth.

**Igor:** Right and you know it goes a stage further in my experience as well. I'm sure you've seen exactly the same pattern as well, where you'll get a client whose very problem is they please people. They want to please people. So when you do a little bit of work, and maybe part of it's taking, but there's still other stuff there, and you go, how do you feel? They go, great.

So, you can tell that something – they're more positive. For sure. You can also tell there's something not finished yet, but they're not telling it to you because they don't want to make you feel bad. Like, oh the poor guy has done all this extra work, and so on.

In my opinion, it's really, really important at that point to create that context in which they can actually say, yeah it is great. Sometimes I'll go straight out and say, I don't believe you. They'll go, what's that? Then, usually they'll tell you. It's really important not to take their words at face value. You take the whole of their communication because that's going to give you a much richer sense of what's really going on.

**Andrew:** Yeah. I like that kind of what's the but here? So, you say it works, but what you can actually pre-empt from that one. But here is a really neat pattern, and I can't explain this.

I found one example, one counter-example to this yesterday. This may be a generalization, but this is the first one amongst many hundreds of people. When I work with somebody who is displaying maybe man phenomena, I'll let a few slip by. Once I've got rapport, I will then go, okay, so I understand you say you think you might be, but what is it really?

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Once I've introduced that, I only need to correct the person twice, or ask them to be specific. Well, you say you think you might be a five or a six, but I like people to be specific, so what is this? Once I've challenged them twice, that's it. I don't need to do it anymore. They invariably get it really quick and self-correct every time they're vague.

I worked with somebody yesterday who didn't do that. They actually were so vague it was bizarre. It was like, God, this whole session is just going to be about this person and teaching them to be able to understand their experience, as opposed to the cultural script they were taught.

**Igor:** They're a maybe man champion.

**Andrew:** Absolutely. I've only got one counter-example now, but once you've explained to the person about the maybe man phenomena and challenged them on two occasions, they self-correct every time. It's amazing the effect that has. With this, you see, I don't believe that mental health is about a measurement of happiness and well-being.

I think that's a complete crock. Mental health is not about well-being or how happy a person is. I think that's almost illusional with some of these guys, especially some of the guys in the NLP community.

What I think mental health is; is about certainty about your experience. You see people can be going through a really rough time and not be entirely happy with it, and it may well be this rough time is going to continue for a period of time, no matter what they do because there are factors and forces in life that we just have to go through. There's not a lot we can do about them. No intervention in the world is going to make it any better. Sometimes it's just time and circumstances that need to change.

So it's not about how happy you feel because I believe people can be perfectly unhappy and perfectly healthy at the same time. I believe mental health can be measured by the degree of accuracy and certainty about their own experience. You see if I think I might be a bit unpopular, then I'm not likely to be able to do something about it.

But, if I know for certain I'm unpopular, then it means I can do something about it. This is really important because with this cultural script, people lie. They don't mean to. They do it with the best of intentions, and you only have to see the evidence of this, if you watch these Saturday night talent shows, where these people go up in front of the audience and in front of judges, and they're like yes, little Johnny, you can sing, and one day you'll be a super star.

They have absolute self-belief, but they don't have the skills to carry it on, and they won't face up to the reality. They're quite shocked and even dismissive of the reality check.

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**Igor:** Yeah, I mean – this is very interesting because you do get that where there's this whole protective mechanism, and you see them a lot on these talent shows. Especially the classic one was that Simon Cowell who usually tells people pretty bluntly, what he thinks. There's no pussy-footing around on that one.

Whether you like him or not is irrelevant at this point. You'll get such extreme reactions to him. Ironically, I've noticed that it tends to be the people with the least skill, let's put it that way, but at least those who have the poorest performances tend to be the ones that get the most upset with him. Almost like they're trying to invoke a three stage abreaction to make it not...

**Andrew:** Absolutely what they do, and it's fascinating to watch because basically, people are able to deny reality by basically saying, this is my reality. Worship it, or I'll punish you with how I feel.

**Igor:** Right.

**Andrew:** That's why it's the least skilled people that generally back it up. They back up those illusions with the power of their emotion. A lot of people with chronicity demonstrate the same thing, the same pattern.

**Igor:** Let's go on to #4 now.

**Andrew:** I'll tell you what. You got the, what-if thing. I could talk about that all day because there is so much to what ifs, and there's so much to how that leads into the maybe man, as well, in terms of counter-examples. I could just go on forever. There's so much in them. What I recommend people do is listen out for the vagueness that the client presents.

Listen out for those ambiguities about the experience, and challenge them, and just watch what happens to the quality of the session. People will start to see patterns.

**Igor:** Just to emphasize that, this is one of the reasons why things like the meta model in the NLP, the question model was actually so powerful because it cuts right through that. The model is beautiful in the sense that it does not allow any vagueness at all, and just by using it mechanically almost, the maybe man phenomenon is impossible to maintain.

So, if you think in those terms, if you just drill yourself thoroughly in the use of something like the meta model or some kind of question to need like that, it becomes automatic. You have this kind of vagueness detector, and it just kicks in naturally. I think it's a very useful therapeutic sort of background skill to have running on autopilot in the back of your mind.



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**Andrew:** When you point out to people the maybe man phenomena in their language, it still surprises me how quickly people self-correct and how quickly the story the client may have presented in their assessment form and in their preliminary assessment, suddenly they'll go, do you know what? I've just realized what the problem is. It's not this at all.

Then their story will change, or if the session is nothing but my trying to get the person to be specific, and sometimes I'll spend an hour just challenging one vagueness and wanting them to be specific, and not getting any further with the session.

They go away, they do their two-day phone call after the session, and phone me as requested, and they'll go, do you know what? You really annoyed me the other day. You really got my goat while I was working with you because I knew you wouldn't let it go, and it really pissed me off, but you know, when I think about it now, I think I know exactly what the problem is.

It's amazing how quickly – when we ask and insist on that information – how quickly people's ability to actually do it is, without my having to patronize them or coach them through all these different things. I said earlier that I think therapists massively overestimate the importance and the value of their techniques and massively underestimate the intelligence of their clients.

It's as though in between sessions, nothing happens. There's no reflection or homework or any thought at all about the change work. Change only happens in front of therapists. Of course, people do think about stuff. People do reason stuff. Not everybody, but the vast majority. Just nailing the vagueness really does open up so much stuff.

Often, the person will go do you know what, I realized what the problem was, and now I know what it is. It's not a problem anymore, even though that wasn't what you dealt with in the session.

**Igor:** You know, I've got to really back it up because I think that's so true. This is, again, the whole birth place of NLP was exactly that general idea. When people are very specific, it blows a lot of problems out of the water. My mental analogy, my metaphor, in my mind I think of it like problems are like this little defined point in space somewhere, and then they get surrounded by this cloud obscuring exactly where it is.

That's why people can't solve their problems because whenever they're trying to shoot down this pin which is in the middle somewhere, they've got this cloud to aim at and it just shoots past it. Every now and again, just by sheer accident, by luck, they knock it down, and that's how you solve problems.

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Whereas, when you ask very specific questions, what you're doing is you're basically shooing away that cloud, so when they see it they go, oh, I've got a clear target here. That's how you knock it down. So I think it's a really important thing to have the resiliency to be able to keep asking those questions.

Like you say, sometimes that's all you get to do is ask about one thing for a long, long time.

**Andrew:** I've driven people crazy. I just ask the one question, and I don't move on to the next one until they answer the first one. If that takes an hour and a half, it takes an hour and a half.

**Igor:** I'm going to move on to the next question then. I know we could spend a long time on this one. Number four is the idea is that people test for problems, rather than testing for change.

➤ **Can you tell us a little bit more what that's about?**

**Andrew:** Yeah. I have a suspicion that this is inevitable when somebody has a long-term problem. It's the waking up and testing to see if their problem is still there. It's the guy that goes to the doctor and the doctors says, how is your arm? He says well, it seems all right. The guy starts twisting his shoulder around and poking at it. Oh, there it is. It does still hurt, even though he hadn't noticed any pain the previous week.

It's a natural tendency to test if the problem is still there. In terms of say chronic injury or chronic physical ill health and in recovery, if the person – I remember, I dislocated my left knee many years ago twice. I've got to say, I've experienced some things in my time.

It was spaced about six weeks or two months apart, but I've got to say, in terms of the quality of experience, the dislocation of the knee is astonishing. There was just something about the whole thing that really changed my awareness on a few things.

Now, the thing is, I became very, very reluctant – I had a colicky knee for quite a bit of time afterwards. It still does. Now when I move my leg around as I'm talking, I can feel it clicking. It was about 18 years ago that I dislocated it, but my God, I can feel the click. That little click there, now thinking about it, is going to tell me I ought to be a little but more careful because I don't want that thing to happen again because I remember how awful it was.

I understand that people are going to test for evidence because I get that.

**Igor:** It's a cautionary signal, isn't it? It's the unconscious saying let's pay attention here. We don't want to make that problem happen again, so if I

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feel it starting again, I'm going to try to avoid it in some ways, but it doesn't always work that way, does it?

**Andrew:** Right.

Twice in one lifetime was more than enough, and for many people, once in a lifetime. Once bitten, twice shy. So there is a natural tendency to be able to test for evidence of the problem. Herein lies the difficulty. If it's a chronic psychological problem or a chronic hurt of some sort, we can take a person and create 99% improvement in their life, but if they're able to detect 1% of the problem, often that 1% is representative of the entire thing.

So despite all the improvements that are demonstrated, you know, sir, how are you feeling? They go well it's still there. They'll disregard the 99% change and only hone in on the 1% improvement, or 1% existence of the problem. You can actually have a person who changes in front of your very eyes, and everything about them demonstrates there's a difference, but they are so finely tuned for looking for evidence of the problem being there, they will find it.

This is so true for things like jealousy. A jealous person will test for evidence of the adultery. The absence of finding it only serves to prove it's been well hidden. So often a three stage abreaction that increases the intensity of the jealousy and look harder, so they're testing for it. They can't sleep testing for evidence of the infidelity, which may or may not be there.

**Igor:** Just to interject an idea or a concept here, which I think is important because it fits exactly what you're saying. We also know from neuroscience that where attention goes, it creates connections between neurons.

If all your attention is in that one little bit that used to be the problem well, you're putting more attention there, which means that problem sort of neuron gets more, shall we say, energy or whatever they start activating creating more neurological connections because you're firing them off more often.

You're basically training your brain to recreate the problem again over time by paying attention to it too much. So that's actually a very important pattern to be aware of because you want to be able to break that before it happens.

**Andrew:** Just an example with this. I can think of lady, I worked with a number of years ago. Her situation was dyer, and it wasn't one that was going to ever really improve all that much. She had a tumor in the pleural membrane, so basically on the chest wall. It had already spread. I think by the time it was detected, it may even have been a secondary. Basically, her cancer was inoperable from a surgical treatment point of view.

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Now it was excruciatingly painful for her, and that was the reason she came to see me was for pain management. There were medications, things like morphine and patches that she used, but basically, she still had young children, and that really affected the quality of life for her. At the same time, the pain could be immense.

This was the bit that was of interest. On some days, she would be pain free, but other days, she would be in so much pain that an ambulance would be called out for her. The tumor didn't actually change all that much on a day-to-day basis. In fact, what the tumor did is it didn't like switch on, switch off. There was something else going on in terms of how she was able to monitor whether the pain was there or not.

So the work that I did with her was to look for what is the difference, how does she filter her awareness, where does she place her awareness on the days that she doesn't have pain, as opposed to when she does have pain, to give her a better way of directing where her awareness goes.

It seemed the tumor was constant, but the pain was intermittent, so there were other factors that weren't directly related to the tumor. Now with people who have been a long-term psychiatric client or a long-term depressive, what will happen is they may well improve massively, but they'll wake up and have a bad day.

I get those. I had one yesterday trying to get this computer to do what I wanted it to do. I found to my disgust that the angrier I got, the more it didn't do what I wanted it to do. When I completely freaked out and threatened the computer with the bin, it still wouldn't do what I wanted it to do my three stages didn't work.

**Igor:** Damn it. We need to have emotionally sensitive computers.

**Andrew:** So here was the difficulty, of course. You can take somebody who's had a long-term psychiatric history or long-term depression and they get a bad day. It may well be that they've had six weeks of feeling pretty good and improving, but today they have a bad day. For them, that one bad day is representative of a 20-year history of depression.

The same is true for smokers. This fascinates me. I no longer work with smokers. They drove me nuts, so I said enough now. This is not my client group. This is not for me. Smokers, you can give them six weeks of no smoking. They come in 40 a day, you work a miracle and it's amazing, they go away and don't have a cigarette.

Six weeks later, they light up a cigarette. Well, for them, that one cigarette is now representative of 40 years' worth of 40 a day. It's not like, hey, wow, I've done six weeks of no smoking, and now I'm just having one cigarette, and maybe I could do another six weeks with no smoking. That one

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cigarette is now representative that the whole thing didn't work and now I'm a smoker again, those jerks and their cigarettes.

The weight loss person is the same. They do really well with their dieting and they really straighten around everything. They're in complete control of their diet, and then they have a bowl of ice cream. It's like that bowl of ice cream is representative of the whole thing being ruined, just a bowl of ice cream.

So with the depressive, you go, no it's just a bad day but unfortunately, because of the long-term chronic experience of having the problem, their brain and their neuro-pathways, they're just representative of the whole thing.

In testing for a problem, I literally give all these examples to the client, and I make damn sure they know how to measure for difference.

**Igor:** Just to add to that, it can also happen on a purely intellectual basis. There are a lot of people who – it's kind of like the what if man, in that sense.

I'm thinking of a particular client I worked with who was in the medical profession. He ended up getting a needle, I can't remember what the actual term is, but he got pricked by a needle that was used on a patient...

**Andrew:** A needle stick injury.

**Igor:** He basically had an AIDS risk. This is when AIDS – it was kind of a few years back, so AIDS was a big thing. Now he took a detailed client history to figure out what the probabilities and so on were. He figured out the chances of him actually getting AIDS was one in 300 or 400, so it's not a huge change.

It was a very small chance, but it still worried him. Of course, he spends his entire next two or three weeks obsessing about, I've got AIDS now. I've got HIV and I'm going to have a terrible life, and so on.

That's the presenting issue. So we clear all that up. It's fine. Of course, I say, how are you doing now, and he says, great. Here was the tip off for me. He said, I just hope it sticks. Like, right now I feel great. I hope it stays this way – or something like that.

The minute I hear that word hope, especially in that tonality, I know that something else is running. In this case, it was exactly the same pattern. He's testing his problem. He knows, because in the past, he's had lots of positive changes, but he's thought himself out of it.

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So, he's thinking yeah, I'll start thinking about negative things tomorrow, and then before you know it, he goes down the whole other route. So basically, he has a pattern of disaster thinking, and just plugs right perfect into that pattern.

To break that – this is why I think tasking is very useful – you have to give them something else to focus on. His task was – I really enjoyed this one – he had to send me a report each day, just a paragraph or so, on how his life will be in two or three years' time. So he's got to give me one of each of those 300 different scenarios. Of course, only one of them is the one where you contract AIDS.

So he's got to be very careful about when he chooses to tell me about that disaster day, because you can only use it once because there's only a one in 300 chance.

He ends up using it the very first day just to get it out of the way. Then after that, he just sends – it's interesting watching the reports. The one will go from mildly optimistic to absolutely glowing within a few short weeks. Why? Because the whole pattern is changing. He's putting all the energy that used to go into testing for a failure, testing for disaster in this case, and he's putting it into testing for the opposite.

So you're literally training them to be more resilient, rather than the opposite way around.

**Andrew:** People are really good at testing to see if the problem's there, for some people that's their condition they're constantly looking to see if they're ill. That's the illness. The irony is, of course, they are ill.

**Igor:** What you have is far, far worse.

**Andrew:** I always say to the paranoid schizophrenics, I always say to these guys, you have to be aware that people really are out to get you. This is absolutely true. There are people out to get you. The whole psychiatric services, social services, your family, me we are all out to get you. We're all out basically doing our jobs, which has the effect of getting you. So people are out to get you, just not for the reasons that you think.

**Igor:** Right, and of course, this goes right back to the cause/effect issue, which is what we're coming onto in a second, because they feel that there are, in fact, people chasing them. They don't realize very often that they're the cause of it.

Their behavior, their way of viewing the world is causing the pattern to start running in the first place. That gets people like you and social services and all the other people to even notice them in the first place and it's the same with hypochondria. The reason you're ill is because you're thinking about it so much, you're causing it in the first place.

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**Andrew:** And shy people as well. People with social anxiety issues feel that people think they're a bit awkward people react to them oddly. Yeah. They really are not.

**Igor:** It's a total self-fulfilling prophecy, right?

**Andrew:** It really does stand out because of the way they behave, but they don't realize that because they've never had an experience of not having that. So it's a fascinating area. Again, this is another one that really you can do an entire training just on this.

**Igor:** This kind of opens up the doorway and you can see how fluidly they move between one pattern to the next. They all have a theme that kind of guides. It's a gradation of response, rather than a clear cut divide between them because we're right in the middle of a cause/effect problem now, aren't we?

**Andrew:** Right. Now cause and effect is summarized by this little motif that comes out of so many people with chronicity, in terms of emotional problems or problems relating to who they are or how they feel, which is, I want treatment for this problem.

Just make me better. Don't get me to actually engage with the process. Don't do analyst stuff and get me to go inside. I don't have a very good imagination. I don't talk to myself. I don't make pictures. What do you mean what feelings? I don't know. Just hypnotize me and make me better.

That is an attitude that I come across a lot with chronic clients, which is they don't want to be engaged in the process. They don't want to have to change their behavior.

**Igor:** They don't want any responsibility. They want the magic pill that says, I've come to you because you're a hypnotist. Just hypnotize me and make it happen.

**Andrew:** Now this model, this treatment model works really well. If I've got a bunion, then I don't really have to be too engaged with the process. I go and see the bunion doctor. If I have a wart on my elbow, then I don't have to be too engaged with that process.

Basically, I can go along and somebody takes on the relevant stuff, and the wart goes away. If I have tonsillitis, I go and see the doctor, and I have a remedy that will treat the tonsillitis. So in medical stuff, there are loads of things that are basically there to be treated. It's simply, you don't have to be engaged with the processes.

In fact, in surgery, it's better if you're not, which is why the anaesthetize you completely, hopefully, so you're not engaged with the process. Basically, you just go somewhere else and leave us to do the job. That's a good thing. I like that idea. When it comes to behavioral and emotional stuff, we start to

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move over to a different area where treatment may not be the best option, or may not even be possible.

If I'm being an asshole, how do you treat that? If I'm being foolish, how do you treat that? If I'm screaming in my head really negative suggestions, and I'm full of hate for myself, how do you treat that? That's not treatment. That means I need to change what I'm doing.

If the effect of my screaming negative stuff in my head and being full of hate for myself is serotonin levels in the synapses of my brain in the cortex start getting depleted and, as a result, there's an over arousal of my autonomic nervous system, all sorts of adrenaline levels increase changes and all sorts of physical changes happen as an effect, those symptoms can be treated with medication.

We can't treat the behavior. The behavior I have to actually engage with myself. Now a lot of people, especially chronic clients, don't understand the difference. They're not aware of any process that they're doing to bring about these symptoms. They simply experience their condition or their problems happening to them, not as a result of anything they're doing.

So basically, the symptoms happen to me. I don't make it happen. Don't blame me for being depressed. Are you telling me that I'm the one who makes myself depressed? Are you saying that I make this happen? That I want to have this? This often how it can be interpreted if it's not handled right.

**Igor:** Stop for just a moment, I think you've just come up with a really crucial thing that I really want to emphasize to people. There are two things.

One, it's the lack of, shall we say, introspective ability to sense what's going on inside that makes them think, it must be happening from outside. It's that cloud of doubt around the problem that mystifies it. Hence, it can't be them.

Number two, and this is huge in my experience, and you just said it right there. It's the idea of blame. I don't want to be blamed for this problem. If you can take blame out of the equation, a lot of things start freeing up, don't they?

**Andrew:** It's a funny thing, but there are so many people, especially people from authoritarian type backgrounds. They be the authoritarian themselves, or they may have been raised in an authoritarian environment. They cannot differentiate between responsibility and blame.

Being responsible for a solution doesn't imply that you're to blame for the problem, but a lot of people cannot work that out. They just don't understand it. For example, if I'm presented with a 3-year-old with some behavioral issues, I've got to say, I'm not going to do therapy on a 3-year-old. What I am going to do is I'm going to work with the parents because I suspect there



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may well be changes that need to happen in the family dynamic in order for the 3-year-old to change their behavior.

I used to try this. I would put this to the parents. I'd go, what I need you to do is start changing some of your behaviors and, therefore, it will change the system, and the child will change his behavior. So you're saying that if we have to change our behaviors, then we're doing something to cause this problem? Effectively, yes. That's exactly what it is. But that's not what I'm saying, but yeah, if you want to put it like that.

Well, people will then defend against what they perceive is an accusation.

**Igor:** They've gone right into the blame frame and that's a really nasty place to be because it brings up all kinds of issues.

**Andrew:** I found that just didn't work. I mean really. I used piss off half a dozen families before I...

**Igor:** Before you took the feedback and went hmm, maybe I need to change here.

**Andrew:** So I changed the framing of it. What I would do is go, okay, I understand little Johnny is three and he's got these problems. I don't think I'm going to be the best therapist for little Johnny. I really don't think that's going to be the best thing. I need to refer Johnny to people who are going to be much better able to have much more hands on and be much more effective, and people who will know him better than I can ever know him.

Those people are you. So what I want to do is I want to teach you the various stuff that I would be doing so you can do that yourself because that way, it saves you a lot of time, and it saves you a lot of money, and I think you can do this job better than I can.

**Igor:** That is a very, very clever frame. That's a very clever frame.

**Andrew:** I'll tell you suddenly, I stopped upsetting families and it enable people to make a change in their behavior without it being framed as blame, but it does get framed as they are taking the responsibility.

**Igor:** Right because you're now turning them into nervous therapists, and they'll take pride in that. They can take pride in the fact that they're better parents than the average parents now, rather than being disempowered by the blame of having been bad parents, which is how they were perceived in the first place, same basket of fish, different smell, right?

**Andrew:** Right. For some people it's very hard for them understand the cause and effect, so they experience panic attacks happening to them. The experience anxiety happening. It just happens. They don't do anything to be depressed. It just happens. So one of the frames I'll do is I'll go, okay, so I understand that depression and happiness are just happening to you.

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Have you ever learned how to be happy? People go, well, I've tried. Yeah, but have you ever learned how to be happy? So I will literally start to go, okay, so tell me what you do on a daily basis. How do you live? What are one of the first thoughts you have when you wake up?

I'll go through their day to day structure. They may well sit in the corner in a darkened room every day doing nothing.

**Igor:** That will make you happy.

**Andrew:** Having thought out the entire structure of how they live, I'll then feed back to them what they've told me and go, so does it surprise you then that you're a bit depressed? I mean if we gave somebody else your life for a week, and we gave you their life, do you think that person would be happy at the end of the week?

Now I know you wouldn't be happy with their life because apparently, you're depressed, and you can't help that at this moment in time, but would they be happy with your life do you think? I'll just begin to just open up little things with people, and I will literally also just teach them about cause and effect, and I would use many of the examples that I've used here. Literally, I will sit down and teach them these things, rather than trying to do techniques to get them to understand.

Again, I'm amazed at just how quickly people do get it. I'll say, what do you think? How is this applied to you? Then, I'll have a frank conversation with them about how it does apply to them.

**Igor:** Andrew, can I just pause you for a second because, again, you're coming back to a theme which I think, again, is really, really important, and I'd like to emphasize for everyone. This is the idea that why should you be afraid of actually training your clients to have a happier life? There's this thing going around in therapeutic circles that, oh we can't interfere. Erickson had his whole happy American dream, get married and have two kids, and that's wrong, and all that stuff.

I can understand that a little bit, but at the same time, what people don't realize is they can't help but train their client. As soon as you have an interaction with someone, on an unconscious level, you're already training them. You're training them to look for certain types of information, to see the world a certain way, to do certain things.

A psychoanalyst is training you to think about your past and your relationships. A regression therapist is training you to look for cause in the past to release it. A brief therapist is training you to look for tasks that will release you from the conundrum.

So why not embrace the fact that you're going to be training them anyway just by your attitude, just by being chilled out when they're stressed out or

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whatever. You're training them on how to be better in life. So take your responsibility full on the chin and say, fine. I may as well train you anyway because it's going to happen whether you want it or not. It's going to happen.

**Andrew:** The other one is if you're not responsible for this, if you can't take responsibility for this, then I cannot help you. Basically, if this is problem that is outside of your control, then this is not a therapeutic issue because I can only work with stuff that's in your control.

So if you're saying this just happens and it doesn't have anything to do with you, then there's no value in us discussing this any further because this is outside of what is possible with therapy.

But if you're saying that actually there are elements of this that you can influence, then we can work with those things. Again, it's a useful frame with people. We can literally say, if you're saying that you can't do anything about this, then why are you here? We may as well end the session right now. In fact, let's just do that. Then I'll send them back out the door again.

That can often come as quite a shock to people because people go, well I see what you're doing here. The next thing they know, they're on the front doorstep. They go, oh, you were serious. Often the person has engineered a script around the problem sufficiently well that no one's ever called them on it. I'm quite happy to call people out on that stuff, and take them at their word and actually hold them to account for the way they behave.

I notice that a lot of therapists are quite reluctant or frightened as well to actually do these things. I shouldn't be doing that.

**Igor:** This goes back to what we talked about in the previous interview, which is don't be afraid to fire your clients. It's the same mind set. Right, because you can't lose either, they do a quick reversal and agree that there is something within their power so we may as well work through with that, or they leave, in which case you haven't wasted the entire session. You haven't depressed yourself with how poor a therapeutic skill you have purely because you've been locked in someone else's pattern.

**Andrew:** Now the jury is out with this one amongst my peers, but it's my belief that if I fire a client, I will give them a full explanation as to why because I want them to be able to understand that it's not just about them, of course. In a therapeutic interaction, it's as much about the therapist as it is about the client.

Again, I have found some remarkable effects or results. I remember a memorable guy last summer. I actually lost my temper. It's the only time I've ever lost my temper in a therapy session with somebody. I have never been as pissed off with a person's attitude as this individual.

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**Igor:** It sounds like that's in your skills.

**Andrew:** He just got my – just really pissed me off. I was videoing the session, and the camera was pointed at him not at myself. About halfway through the session basically I was struggling to control myself. Then I thought, what the fuck am I doing trying to control myself? Why am I doing this? I tell everybody state control is questionable in its merits. Just let the guy know, let's be honest, let's be honest with the situation.

So I was. I told him and then I basically helped him out the door. The next day, this gentlemen basically phones me to say, can I have a copy of the video? Now I put this story to a number of workshop participants and I said what do you do now. A hundred percent of the time, workshop participants go well, I would have been very reluctant to send him the tape.

I would have worried about what he wanted the tape for? Maybe he's going to sue me or something. What's he going to sue you for? What possible...

**Igor:** You haven't done anything.

**Andrew:** He may just check out what their duty of care or legal responsibilities are with these things first, but I don't hesitate. I put the recording onto a DVD and it was in the post that very morning. I didn't even hesitate. He watched the DVD, and then he calls me to say, do you know what? Now I understand. He said, you're not the first person, you're the first therapist, but you're not the first person to get pissed off with me, and I never understood why.

Now he saw himself on video, and he also saw how he was handling and responding to the way that I spoke to him, which I've got to say was not necessarily polite, but that was the thing that he needed to know. For me to be honest, to stop being the maiden man, to actually connect what I'm doing on the outside with my experience, as opposed to experiencing one thing and giving an enculturated permissible story on the outside.

I just was basically congruent with what I was experiencing. That has enable this guy to make a particular change, which for him has been a chronic problem for a very long time.

**Igor:** It's the classic one. If he can't perceive it himself, it's not until he sees the video, I mean this is something that we spoke about in the last interview as well. Very often, when you watch yourself during therapy sessions, you'll surprise yourself. You might even cringe. I know I did when I first saw myself, or even just heard my own voice. I really cringed going, is that my voice? Is that how I come across? Is that what I do?

There were some things I liked. There were some things I just had to get used to because I wasn't used to it, and there were some things you better believe I changed pretty damn quick because they didn't belong there.

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**Andrew:** Yeah.

Being recorded during sessions has huge merit. It also enables the client to see it from a different perspective, which can be very useful.

**Igor:** This idea of cause averse effect, if people come in the effect your primary gambit is then, if I could just summarize, number one, see if you can frame them into taking responsibility without the need for blame coming into the equation. Then number two, especially if they were totally dejected and it's not me, it's the world.

Then it's basically fire them in such a way that they either take responsibility and they stay, or they leave, in which case that's fine. I mean those are the two primary ways that you can interact with that. Is that correct?

**Andrew:** Yeah. I very rarely fire clients. The trick is just getting the person to be aware that if they're the one in charge work then they need to be looking at what they're doing in terms of working. What people are looking to do is I want relief from the symptom.

Give me relief from the symptom. Not change the symptom itself because the symptom is often a portion of their behavior, but they won't be aware of that. It's a blind spot. They don't have recursion to that aspect of behavior.

They're only aware of the symptom, and that's what they're reporting and they want relief from, which of course they can't necessarily control the symptom, so the symptom is often only really a response to the problem behavior.

**Igor:** So it's a bit like a person coming to your office and saying, every time I poke myself in the eye with a sharp stick, it hurts and I want you to make it stop hurting.

**Andrew:** Yes.

**Igor:** It's like, how about you stop poking. That might help a little bit.

**Andrew:** Often the chronic client just doesn't understand that they're the one doing the poking. The poking just happens, and they're helpless to this.

**Igor:** So you have to be able to help them trace their arm to the finger that's doing all the offending and saying, hey look, it's your finger. So maybe you should stop doing the poking. At that point, of course, it gets a lot of – and that's where the original idea, I think, of empowerment comes from. Doesn't it?

It's moving people from being an effect, saying society's against me. They're too racist, sexist, ageist, any-ist you want to have. If only my parents were nicer. If only my husband respected me, then I would be better. Then moving to the other side and saying, what are you doing? How can you make it happen?

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**Andrew:** Another little trick here is, again, I wrote about it in *The Rainbow Machine*. It's a tool that I use very often with chronic clients. Make the symptom worse. Most people can make the symptom worse. I find that quite fascinating. They can't make it better, but they can certainly make it worse. If we could train them how to make it worse, we also train them to become aware of how they actually do the symptom.

What they're doing to make the symptom happen.

**Igor:** It also proves to them that they have some kind of control over it. This is a classic strategy for pain control. If you can make it worse; guess who's doing that? So if you stop doing whatever it is that makes it worse, and do more of that stopping, then maybe it will get better.

**Andrew:** Yeah, this is the beauty of Viktor Frankl's paradoxical intention. I mean our whole field was basically, don't help them get better. Just help them get worse and get them to practice the symptom often. It's remarkably effective because basically, by practicing the symptom and practicing their thing, they're moving it out of unconscious awareness to conscious awareness, and the chances are they'll simply stop doing it.

**Igor:** Because now they can because now it's not happening to them anymore. They're doing it they practice it. It's like before it's something sliding by without a handle on it, and now they've spent all this time putting a handle on it, and it's like hang on a second. Why am I letting it slide around anymore? Let's just get rid of it.

**Andrew:** Right.

**Igor:** So, Andrew, we seem to be coming close or we're actually running out of time, so I want to thank you for sticking around. Is there anything you want to add in terms of this whole general field of finding patterns of chronicity and how to deal with it before we come to a close?

**Andrew:** My recommendation to anyone who's doing change work is to welcome the chronic client and actually look for, not necessarily the symptoms, but what is the structure of the person's experience around the symptoms? How do people deal with stuff? There's a lot of stuff that won't go away. We've got to be realistic. There are chronic problems that simply won't get better.

I'm all for therapy type people being full of hope and being full of, yes, but you should be able to change anything. Hypnosis is an amazing tool. Yes, you can influence people for the best. We know that miracles do happen. Yeah, they do. They're the ones that get the most reporting. But all the failures and all the things that simply don't work don't get reported very much.

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People that want to do change work are about change. They're not about things not changing. My recommendation to people is that they actually pay a lot more attention to the stuff that doesn't work, and the context and times in which it doesn't work.

I believe that if people paid much more attention to those things, they will be much more effective to help people create the change, where change wouldn't otherwise be possible. There's a sense of unreality for me for what a lot of therapists try to achieve for their clients.

Often clients will be overwhelmed or even alienated by the therapist's attitude, which is, yeah, so you've got post-traumatic stress. You've had it for 10 years. I understand that awful thing happened to you. That's okay. I can fix you in 10 minutes, which actually is probably quite true.

But to be saying to that somebody who has suffered a long time, and you're going to say, well all those years of suffering actually it's only a 10-minute job, really it's quite simple, the level of insults that happens, the belittling that occurs as a result of that, not intentionally of course, it's all done with the best of intentions, is not necessarily the best approach to be using.

So I urge all therapists who do brief change work to actually look at the work of clinicians that are doing long-term treatment, long-term care, and care and support, as opposed to change. They're very different areas. So actually look at what they're doing, what they know and what are they doing on a regular basis. You'll see some of those patterns occur in the private change work they do as well.

**Igor:** That gets you much more – if nothing else, it will make you more rounded as a therapist. That's actually a very important skill to have. Maybe this person's post-traumatic stress really can be cured in 10 minutes, but that's not necessarily the end of the story. He may still need some support, some ways of getting back into regular society, dealing with normal relationships and having a normal life. Not just saying, hey, I've cured this bit. Drift in the wind. It's up to you now, buddy.

**Andrew:** Yeah.

**Igor:** Well, Andrew, I could spend a very long time talking to you because you do, obviously, now your stuff really, really well. I want to thank you for spending this time to focus on a topic that's very little, really under-discussed, but its importance I think is much higher than a lot of things that are discussed, so I really want to thank you for taking the time to do that with us.

**Andrew:** Oh, thanks for having me.

**Igor:** It's been my pleasure. Now I understand that in the next session, the final session of this interview series, you're going to be taking a similar line, but in a different direction. Whereas today we've been focusing on what's the

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problem that defeats change – in other words, what are the patterns that defeat change.

We're now going to be going in the next direction, which is now that you're more sensitive towards patterns, how can you start spotting certain patterns just in their physiology for example. Patterns that you would not normally pay attention to, which can be very, very useful in most – I believe we're talking about metaphors of movement, which can be turned into metaphors for hypnotic work.

**Andrew:** Metaphors of movement is a lot about the body, but also about how people move through time and space in order to create change. For people that would use a metaphor from stories and hypnotic suggestion, there's a very good structure for devising those, to tailor them for clients.

A lot of people have a set of stock stories that they use, and they kind of hope for the best. They'll even have a script. While that's a good attempt, I don't think it's actually good enough. So what I'm going to share is a formula and a way of recognizing patterns of solution that the client will be presenting to you, but they don't know they're presenting, and then how you can actually use those inside the metaphors.

So when you construct your story or construct your metaphorical intervention, the client goes, yeah, wow, that sounds amazing. Now that story may not work with a different client. You're going to have to change it for each client. There's a structure on how to do that. It's actually remarkably easy. It just takes a little bit of practice. So that's what we'll be getting into.

**Igor:** Well Andrew, all I can say is I really look forward to it because if it's anywhere near as insightful as the last interviews have been, then I know we have a huge amount to learn.

Until then, I want to thank you, Andrew, for the insights you've given us today.



## Hypnosis Master – Andrew Austin

### Seminar 2 – Part 1

**Igor:** Welcome to [StreetHypnosis.com](http://StreetHypnosis.com). My name is Igor Ledochowksi, and I'm here with Master Hypnotist Andrew Austin from [AndrewTAustin.com](http://AndrewTAustin.com).

So first of all, Andrew, welcome back again.

**Andrew:** Thank you, Igor. Thanks for having me back.

**Igor:** Thanks for coming on. I think this is our final session of the interviews. You have a very special session planned for us today, this idea of how people's muscular movements through time and space can be combined with hypnotic ideas to create very powerful and healing stories. Is that right?

**Andrew:** It certainly is. Basically, I can summarize this as pay less attention to your feelings and more attention to your feet.

**Igor:** Okay. That's an interesting way of putting it. I like that. So if we take that idea of the summary and just elaborate a little bit on that, what's this idea all about?

**Andrew:** This comes from a number of other people's work, who I'll be mentioning as we go through, but also in an observation that a lot of people, it doesn't matter how much therapy they have, the therapy tends to involve trying to feel better, but they can always find something else to feel bad about.

All too often, in my observations, a lot of therapy can be quite self-indulgent, and a lot of therapists as well in their own personal training and personal development can become quite self-indulgent about constantly trying to feel better.

I look at the personal development industry as a field, whether it's NLP, whether it's the tapping work, whether it's self-hypnosis hypnotherapy. People in that industry tend to measure success by how good they feel. Personally, I think this is an error. I think it's quite a common error, and it's quite an easy one to make

It's not that I'm against people feeling good, but I think if a field measures its success by how good it feels, it can become slightly delusional.

**Igor:** Right because, of course, the idea that life is all about how good you can feel, where sometimes when the proverbial hits the fan, it's your ability to deal with that that's actually important, not how good you feel, what's all going to hell around you, right.

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**Andrew:** Now, one of the things that really kicked this off for me was when I saw that film, 'The Secret'. The film intrigued me for a whole number of reasons. One, how well it was marketed on what appeared to be quite a minimal budget. The other one was just how popular it was.

With the popularity of that movie, a new industry suddenly emerged, and that was experts were popping up all over the place, especially on the net, and especially on social networking groups. These were experts in the Law of Attraction, experts from 'The Secret'.

These were people who would lead seminars in basically teaching people that if they feel the right feelings, if they want something strongly enough and they think the right things, then the universe is a friendly universe in quantum physics, and a whole lot of other stuff I don't understand, will come to their aid, and the universe will provide.

It seems to me that a lot of those people who were running those seminars, the only reason they were making money is because they had this idea of 'The Secret', which itself they could sell to other people who presumably in a never-ending pyramid could then sell it to other people who could then, in turn, sell it to other people.

It didn't seem to be a call to action. It seemed to be a call about how to feel. Here is one of the things that I know. I know what the secret is to success. The secret to success is really hard work and lots of it over a sustained period of time. There seemed to be this entire industry that was the antithesis to this which basically said no, the effort is a sign that you're doing it wrong. If it feels like hard work, you're doing it wrong.

All I could do when I heard that message was rub my hands with glee because it meant the field for me was much wider and open with more opportunity because whilst everyone else is paying attention to what they feel, I'm going to pay more attention to what I do.

I started a modeling project. I started modeling what are the actual things that people do that create change, whether they're creating change for themselves, creating change for the universe, creating change for other people, but basically creating change. It really distilled out to something that's not quite what 'The Secret' portrayed.

It's got nothing to do with quantum mechanics or quantum physics or string theory or any other thing that seems quite mystical and misunderstood.

What it seemed to boil down to is if you move your muscles in ways that are productive, then you get productive results.

**Igor:** It's kind of like if you're going to write a book, it's all well and good having this passion for a book, but if you sit down and starting actually typing on a

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page or writing it out by hand, no book will actually create itself. You'll have to actually do something to get it out there, right.

**Andrew:** Right. Now as somebody who – I wrote a book, and one of the difficulties I had – I understand what it's like, how difficult some things are because if the inspiration isn't there, if the mood isn't right, it can be quite hard to take an action. One of the mistakes that I'm aware that people do is they wait until the right feelings are in place before they can an action.

It's as though the actions are contingent and dependent upon the emotions and the kinesthetics running through their system. Now I'm not entirely sure how realistic that is. Whilst most people can relate to that at some level, just picture this scene because one of my backgrounds in my early 20s, I worked in accidents and emergency.

I was a junior level nurse in that place, and I worked quite often on the trauma teams. Picture the scene, you have a whole bunch of trauma staff fully qualified, full trained and fully able awaiting the delivery of a patient being brought in under a blue light in an ambulance with a police escort. It's a serious emergency.

The patient arrives in the department but the staff's not in the mood. They're feeling a bit tired today. They're a bit lethargic. Someone's had a row inaudible with their other half and generally, they're not really that bothered to be taking action today. They're going to put it off to another day. That as a scenario would be unthinkable because, generally, it is. I can't imagine that ever actually happening.

Yet, for some reason, when people go to generate their own personal success or their own personal things that will contribute towards their own success in life, often people put it off because they say they don't feel right. They don't have the right feeling. I'm not confident enough yet. I don't feel relaxed enough. I'm not very clear-headed today. Therefore, I better go an procrastinate and do something else.

**Igor:** Now this is kind of like a chicken and egg syndrome. Isn't it? In the sense that sometimes – and we're not saying necessarily that you have to always feel bad to do things either, states are an important element, but sometimes just getting into the action and into the groove is what kicks you off, is what actually starts you back into the mood where you can be performing well again, like going to the gym, for example.

**Andrew:** Sometimes you've got to just take action regardless of whether the feelings are in place. If you've got a gut feeling that's screaming at you going no, don't do this; this is the wrong thing to do! Then I suggest paying attention to let go.

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But if it's just the lack of motivator is there, as opposed to a very sensible alert system in your neurology that says you better not do this, if it's just, oh I just don't have the motivation or the will or the wherefore to do this. I know what I'll do. I'll go on a workshop.

So they go to a therapist. They can talk now with a counselor. What I see are legions of people, not just a handful of people. I see far too many people, both in private practice, both in workshops, in mine and other people's, people that are still in the treadmill of either receiving therapy or receiving some kind of input, whether it's therapy or training, desperately trying to get the right feeling in place in order to take the action they want to take.

This is where metaphors of movement came in. There's got to be differences here. There are differences between the people that take action and the people that pay attention to how they feel, rather than taking action or in place of taking action.

**Igor:** Let's stop there, because I think you just said something really important, which I'd like to emphasize. Please correct me if I misunderstand your concept. You're not saying that paying attention to your feeling is bad. What you're saying is if you pay attention to your feelings to the exclusion of doing action that will move you forward in life, that's the bad part.

In other words, the idea of making yourself feel better and all these things are fine and fantastic, just don't put your life off on hold for the day that one day you might possibly start feeling better about it. Is that right?

**Andrew:** Do you know what? I've actually sat in the back room of one of the offices, on another person's training course on another person's training course on the development field. Some of the other assistants actually told me that they pitied me because I worked too hard, and I didn't pay attention to both the Law of Attraction and also aligning myself with the universe.

I've actually been mocked by these guys because they felt that I worked too hard, rather than really just knowing the secret. The irony of these guys is that most of them actually didn't have an income. Most of them weren't particularly successful. They felt great. I tell you, they did. They were laid back because they had cast off all responsibilities in this world and they were great backseat drivers to tell other people how to live.

I looked at how they were living, and I've got to say I looked at some of their attitudes, how they handled other people and I didn't see them to be all that healthy. But, they felt great, and that was important to them to feel good above everything else. They were what I refer to as happy idiots.

I don't mean that in a derogatory kind of way. A happy idiot is somebody who is naïve or unable to see the problems in their life because they're blind to them because they have basically gone sod off, I don't care. Fuck that

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responsibility. Why should I have to worry about that? Life is too short. I just shant worry, worrying is for losers.

That's all well and good, but come the revolution or come the great down of whatever it is, come the zombie apocalypse or the invasion from Mars, I know who I want on my side, and it's not going to be those guys.

**Igor:** You see this happening, especially during the financial crunch that's been going on for a while, where people – and I met a lot of people who've got this issue with, for example, credit cards. They put a lot of stuff on debt, and then they'll think, oh my God, I've all this debt I don't know how I'll pay for it.

Forget about it, it'll sort this stuff out somehow. Then they carry on with life and, of course, amass more debt but eventually, something is going to give. In other words, they can't maintain their debt repayments anymore, and something just goes very horribly crunch.

**Andrew:** I'll tell you what goes crunch.

The easy way out is they go, oh well, that's easy. I can just bankrupt myself or find out a way that I don't have to be responsible for this payment. I don't have to be responsible for that debt. So then they carry on and go that's okay, I dealt with that.

What's gone crunch is other people's bank balances because that money is owed and they have to pick up the pieces. Where there is a responsible vacuum, which so many of what I regard as happy idiots quite happily, generate around themselves, it forces other people to take the responsibility.

So, I'm not convinced by the really laid back happy people who say oh, you don't have to worry about everything. They can afford that because other people take the responsibility on for the other half. I'm not a great fan of doing that for other people, personally.

**Igor:** What we're talking about here is really about taking responsibility for your life and your impact on the world.

**Andrew:** Yes. There are so many people that seem to have a really good life, really have the consequence to other people. I know at least a dozen – it's not even small numbers actually. It's probably even double that. People who portray themselves in their marketing and their advertising as trainers or therapists or experts, but actually most of them are unemployed.

They seem really happy and really laid back, and I always say to them, yeah, that's great that you have all this spare time to indulge your interests. Sure. I'll pay your way. I'll pay your way from my taxes. Hey, why not?

That's just something that's a particular beef that I have.

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My thing is that when people pay too much attention to how they feel, they're not paying enough attention to what they do. We've encouraged that the map is not the territory, so therefore we really should pay more attention to the map. I am paying more attention to the territory and the way that we literally move through it.

**Igor:** Now you have a couple of concrete examples, especially when it applies to hypnotherapy, of how people can go wrong and how to switch it around...

➤ **Could you share a couple of those with us?**

**Andrew:** I can give the lion in the room example. I like to give the lion in the room example at workshops because people think oh yes he's going to the Erickson story. Here is my take on this one.

You have two people in the room, and a lion enters the room. Now, I've done a little research on YouTube, where I like to type in disparate words with each other. I typed in the words lion and accident. I just wanted to see what came up.

What's interesting is firstly, how is it in any way possible to have an accident with a lion? That's the first question I have. The second one is how is it possible that so many people have had accidents with lions that have been videoed and then put onto YouTube. So those who attempt to search on this, you need to know that none of it ends nicely. Mostly for the lion, but more often than not, for the individual having the accident.

So a lion enters the room. There is the person who pays attention to their feelings and there is the person who pays attention to their feet. The person who pays attention to their feelings, the lion comes in, and they go through this process that says how am I supposed to feel about this lion?

Is he a friendly lion? Is he an aggressive lion? Is he one of those friendly lions that if you handle him wrong can get a bit nasty? How am I supposed to feel about this? Let me just try to align myself appropriately on the inside so I'm being appropriate. I'm being the way I'm supposed to be with this lion.

Well, that's the person that's called lunch because all the time they're going through that, working through that analytical process, I am diving out the window because I'm going to pay attention to how I move through time and space, rather than pay attention to how I feel about the lion. When there are sort of bars between me, and the lion, then I can start working out how I feel about it.

So the person that becomes lunch is, in trying to align themselves kinesthetically with what they think is the appropriate response set, and often there may not be any cue in what is going on there to give them the appropriate emotional response set, and so they can then fall into difficulty.

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There was a case a number of years ago of a very unfortunate chap. He did survive, fortunately. He was a paranoid schizophrenic that climbed into the lion's den in London. This is an entirely unusual phenomena worldwide.

This does happen from time to time, where people get either, a religious fixation or they are able to communicate with the lion. They basically feel fantastic in relationship to the lion. They become the happy idiot. They are able to disregard the real world threat because their map is now so strong. It is so convincing to them, that they have perfected their map in that particular moment. They have forgotten about the reality of the territory.

At least once every six months or there is somebody somewhere in the world that is getting mauled or completely eaten by these lions. Some of them end up on YouTube. The story I have in mind is this particular chap who actually did survive and a number of years later, I saw an interview with him on TV where he was talking about the delusional complex that he had.

I see similar stuff going on with people in personal development or in too much therapy, perfecting the map, not paying attention to how they move. So the way they move into the territory or the way they move through the territory actually constantly places themselves at risk. They've got these filters in place that say, no this isn't really happening, and they can keep tripping up and keep finding themselves in trouble.

**Igor:** Can you give me a couple of concrete examples of people you've actually worked with or seen that run through this sort of pattern a little bit?

**Andrew:** Yeah. I've got one. A clip is actually on one of the websites somewhere. A lady came to me, and her request was fairly straightforward. She said I have a lot of emotional baggage that I'm carrying around with me, and what I've come here to do is I want you to help me or to show me how to let go of the baggage.

Now I take these things literally. When people give me such metaphors about themselves or how they move, I hear it literally. So she's carrying baggage around with her and that's representative of her past. Now, the kinds of things that go through my head are what kind of baggage is it? Are they plastic bags or are they carrier bags? Have they been like this. What sort of baggage?

I can literally take that metaphor and run with that one. Or, I could ask her simply how is she carrying it? Is she carrying it with both hands or just one? Does she drag it? Is it on her back even? Is it like a backpack? Or does she carry it like she would carry a shopping bag? Or does she drag it around like somebody would carry a corpse wrapped up in a blanket? How are the ways that she carries these things?

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We could go with those metaphors. Instead, I did this, I said so you want to learn how to let go of this baggage; this stuff from the past? She said yes. So what I did is I picked up a pen and I handed it to her. I said take this and she took it. I said let it go. She was very confused by that. She said well do you want me to give it back to you? I said no. I want you to let it go.

Do you want me to put it down? I said no. I don't want you to give it back to me. I don't want you to put it down. I want you to let go of the pen. Oh, I see. You want me to drop it. I said no. I don't want you to drop it. I don't want you to give it back to me, and I don't want you to put it down. I want you to let go of the pen. She was confused, this poor lady she had no idea what I'm saying.

This was the last thing she was expecting to have happen when she arrived. All she could do was look at me confused. She said I have no idea how to do what you're asking me to do.

This interested me because she's come to me saying she wants to learn how to let go. Letting go, whilst we take that as a metaphor for what we do with our minds, it's what we do with our muscles. We let something go.

If we're holding something we can let it go, in the same way we either put it down, hand it back to somebody or drop it on the floor, but letting go has its own particular representation in how the person moves their muscle groups, or whatever muscles they're using in terms of letting go.

Now of course, she has no idea what that means or how to do it because if she knew how to do it, she could enact the same solution and the same thing to those memories in which she wanted to let go. This is how it works. What I was able to do with her was literally teach her how to let go of the pen.

Once she worked out the muscle sequence and the mental sequence that she has to go through to let go of the pen, I then got her to think about the things that she wants to let go of in the past, which she does and of course as she does so, her whole physiology changes and her muscle group tensions change.

Then I say, now reenact letting go as you think about those things you want to let go of from the past. Of course, immediately she worked it out. Immediately, the thing is not the same anymore because she's literally now got the mental way of letting go of the past.

I said so what's the problem? Now she's so confused because she hasn't even told me what the problem is and already she's letting go. That was just my opener. We haven't even sat down at that point. Now, we've just got the opener, and now we can start looking at all these other strategies.



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**Igor:** Let's stop here again, because I think that's an ingenious insight that you have. When you look at a lot of the therapeutic techniques, and especially people who get hung up on them, they usually are, shall we say, an extension of something you might physically do.

I mean the classic might be something like a swish pattern NLP or something like that, where you take something and you move it far into the distance and make it small and tiny. It's a direct translation of what we do in real life.

A lion walks in the room. We remove ourselves from the room until the lion is so small and tiny, it can't possibly get us. You're taking the same thing, but you're just expanding that whole principle to pretty much everything they do.

They say I can't let it go, well, how do your muscles feel when they physically let go of something? Let's turn that into a mental process once your body can do it. We'll use that as a metaphor your mind can adjust and use that for mental equivalence as well.

**Andrew:** Now picture this scene. There was actually something from years ago. You just heard me say that, it just fired off a little memory for me. Years ago, when I was working with a group of schizophrenics in a residential setting, most of these guys did not like the television. There was just something about having this box in the corner with voices coming out of it that paranoid schizophrenics would find difficult to deal with.

Here was one of the things, if you put the TV on in the corner with the sound down low that made them feel really uncomfortable. This kind of got my interest because I noticed that schizophrenics tend to be quite loud generally I both the way they communicate, but also if they put the radio on and play music, generally the volume is so high.

It's just one of those weird things. If you turn the volume up really loud on the TV, it becomes less distressing. It's one of those odd things that caught my attention. Here was the thing. If you move a schizophrenic, or in this particular group, if you move any one of them in relationship to the television, it made no difference to how they felt about the experience.

But, if I put them stationary in the middle of the room, and I moved the television around them, I could find locations in terms of their three-dimensional reference of space where the TV could go quite comfortably and they would be comfortable with it.

So moving the schizophrenic in relationship to the television wasn't entirely useful, but moving the television in relationship to the schizophrenic was quite useful. It made a difference. That really got my interest. As time has gone on, that's often puzzled me. It's something I've looked at in a number of different ways.

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Here's the thing. If I take a picture of a lion, I can stay stationary and move the lion further away, and it becomes less scary. But if I'm in the same room as a lion, and I do the same thing, I'm going to be lunch. It seemed to be the opposite, that things all work very differently, they connect up very differently for different people in different strategies.

So moving the picture further away from the person is a very different thing from moving the person away from the picture. One of the patterns of the schizophrenic was it was the other way around. It just seemed to be – there were just little differences in that I thought some people may want to just explore, if they're working in those areas. If they get results and answers on that, please tell me because I'm interested to hear.

**Igor:** Well, it sounds very fascinating because it basically starts telling you what are the building blocks of how people, not just create their reality, but how they interact with it. There is an interface, isn't there? What you're talking about right now is that interface. Which element is the one that's emotion? Yourself or the object.

Whilst relative to each other you may still be in the same location, it's how you got there that matters. It's kind of like in physical movement as well. It doesn't so much matter where your hand is in space. It's how it got there because it actually engages different muscles, like the rotator cuff and so on, being engaged or disengaged.

Hence, the structure becomes stable or unstable, depending on how you go there in the first place. Do you see what I'm getting at?

**Andrew:** Yeah. I've got another example to tie in with this of a guy. This guy was pretty depressed. Now I listen to what people tell me, and I tend to take things quite literally. I mean really literally. So in the case of, I've got this emotional baggage, I want to know what kind of baggage it is. What sort of handles does the baggage have?

This depressed guy, when he told me he was depressed, I said okay. So you're depressed. What's really the problem? That question is one of my favorite questions as an opener. When anyone gives me a diagnosis or a diagnostic label for what their problem is, I will go, okay, so you have (X) condition. What's really the problem? They'll go straight in to actually giving me something that's quite different to what the label they put on it is.

So I said to this, what's really the problem? He said well, I feel like I'm not going anywhere. That's quite a common expression. I'm not going anywhere. Not that implies to me an absence of movement. There is no movement with this guy. He's not going anywhere. So I said okay, so you're not going anywhere. What do you do when you're depressed?

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Of course, what he says to me is, when I'm depressed, I tend to sit around the house feeling sorry for myself and moping. So I said okay, so you get depressed, you sit around the house, and you feel like you're not going anywhere. He said that's right.

Well it's kind of interesting to me because he's mentioned complacency and he feels like he's not going anywhere, but his strategy for dealing with being depressed is to sit still.

**Igor:** Right. It's kind of ironic. It fits the pattern perfectly. He's actually enhancing the not going anywhere by literally not.

**Andrew:** So I said you're depressed and you feel like you're not going anywhere. I think I've got a solution for you. He said what is that? I said well, have you ever considered being depressed on buses? There's a certain look a certain type of client gives me that says they're not impressed by my attitude. That look definitely came off this guy.

Therefore, I said okay, I get that. Buses aren't for you. I understand that. What about trains? Ever considered being depressed on trains? Now that look, he's now doing three stage abreaction process. He's now really giving me the look that says Austin you are skating on thin ice, to use another metaphor.

I said okay, public transport's not for you. What about planes? Now at this moment, he did something very interesting. He got up out of the chair, jumped to his feet, and shouted, I'm not standing for this. He's now standing in front of me shouting at me, to which I immediately fired back the question, so what are you standing for? I'm standing up for myself. This is a metaphor of movement, by the way.

So I said right. So when you're depressed, you sit down, but if I piss you off enough, you will stand up, and I guess you'll probably go somewhere too. By the way, there's three sets of doors that you can slam on your way out, but I suggest you sit down again and have a little think about you're saying because I know that you think that I'm not listening to you, but that's not quite true because I listened to you at a literal level in ways that you have never heard yourself speak.

I've noticed that people aren't so good at listening to themselves. Now sit down, shut up and close your eyes. He sat down, shut up and closed his eyes. Then I started to do some work with him.

You see, his problem is experienced by a lack of movement. He feels that he's not going anywhere, and I understand that problem. People will give you all sorts of metaphors around the absence of movement. I feel stuck. I feel trapped. I feel like I'm ground to a halt. I feel like I'm not going anywhere. I feel like I'm just at a standstill in life. There are so many representations of being stationary.

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More often than not, the depressives tend to use those, and also people who are stuck on an idea as well. I feel stuck in a rut. It's like I'm wading through quicksand, all those kind of things.

**Igor:** Now it sounds like what you're talking about now is you're prescribing movement, shall we say, almost like a therapeutic exercise for what they would consider to be a mental condition.

**Andrew:** Yeah, but it's not about exercises. I'm not selling people more fitness exercises. Not like, oh yeah, research has demonstrated physical exercise is really good for depression. What I'm looking at is the specific strategy the person had.

How you organize your life is not about how you feel. The way that you organize your life is how your skin and your membranes interface with the universe, and the way that you move your skin and your membranes through the universe are organized and controlled by the way that you move your muscles.

The movements that you make will produce sound in the terms of speech or song or nonverbal speech. The movements that you make can create model airplanes or they can create furniture. They can create the dialing of a phone number to dial that person you want to do some business negotiation with. All of these things are organized by the way that we move our muscles.

People move in very specific ways. They tell you constantly, if you listen out for them, exactly the way they move them in ways that are successful and ways that are problems for them.

**Igor:** It seems to me that what you're talking about now is there's a kind of a code or key in what you're talking about for this so-called mythical idea of giving people therapeutic tasks, and you're not, as I agree with you, necessarily giving them exercises to do, but things that when they do these tasks, somehow magically the problem ends up going away.

For example, you're repressive. If you actually ended up sitting on buses more often, then you might end up seeing a bit more of London or wherever he was traveling around and enjoying himself a bit more. So the task itself seems random to him, but it actually fits the pattern of he gets the problem in the first place quite literally, right.

**Andrew:** Yeah, but also there's more to it than this. If you listened to how people – when people explain and describe their situation, watch how they move their body. Here is a gesture that I see a lot. People start getting themselves a little animated in the description of the problem, and when they peak and they hit the difficulty for themselves, they may have their arms or limbs in animation and motion, and then they literally withdraw all muscle tension and they just drop to their lap.

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Then they start the process again, and every time the person says whatever it is I just feel paralyzed, the hands drop down. So, another one is that I feel paralyzed. I feel I can't go anywhere. I cannot get moving with this. I feel like I'm stuck and I just can't seem to – watch what they do when they say those things. Their body will literally go floppy.

If you look at how they organize and position themselves, they wouldn't be able to move anyway to go somewhere because the way they orientate their body, the way they orientate their muscles is contrary to the solution in which they seek. Then they wonder why they can't seek it.

Here is one of my favorite exercises from the workshop. The metaphors of movement workshop just do a quick click here. [MetaphorsOfMovement.com](http://MetaphorsOfMovement.com) is where people can find out more about this. But here's my favorite exercise from this workshop.

I get people to pair up in twos, threes or fours. I like that little sort of ambiguity of pairing up. I have them pair up in small groups and then they have to map out the experience of something they want that is just out of reach. So something they want that they have not got that is just out of reach. They mustn't just think about it. They must organize themselves to sculpt their body in that way.

Weird things start to emerge amongst the group. Every single person that I have observed do this does exactly the same pattern. They stand still with their feet. They notice they all reach out with either the left arm or their right arm, or sometimes with both arms, and they lean forward as far as they can to the thing that's just out of reach, and they can't reach it. They all do the same thing.

I'll go, okay, so as you do that, as you reach out there for that thing that's out of reach, does this feel familiar. They'll go, yeah. It feels really familiar. So I'll say, okay, and how far out of reach is it? They'll go, well, it's just out of reach. It's just over there. It's almost as if I can reach it, but I cannot.

You know the one thing that not one single person will do? Not one single one of them will move their feet. They literally reach out as far as they can for the thing that's out of reach, but because it's out of reach, they don't take a step towards it.

One of the things in teaching people strategies is I then teach them to go for that thing again, so they sculpt their body for the thing that's out of reach. Now keep everything the same, but take two steps forward. It's amazing, 90% of the people go, oh my God. It's not out of reach, is it? It's just because I didn't move my feet.

The other 10% will go, well, I moved forward, but it just moves away. I've been chasing it round the room, but it still interests me that people simply, when something's out of reach, it's because they reach and what they're

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reaching for is with their arms, but if they move their feet, it's no longer out of reach, so they literally can move towards the goal.

Now when I then get them to apply that same strategy in the real world, so I get them to think about the thing that's out of reach that they want, that they have never been able to get because it's out of reach, and now instead of just reaching out for it, they now imagine just walking towards it and taking a hold, and nearly everyone is able to do that.

Now I ask them does this seem out of reach to you anymore, and they all look at me and go, no.

**Igor:** It sounds like a very powerful exercise. It all stems from this idea of just taking movement and the things people say very literally.

**Andrew:** I take virtually everything the person says about themselves and their experience on a literal level, to a ridiculous degree as well. I'm not talking about necessarily colloquialisms. If someone says I can't fucking do it, I'm not going to assume they're trying to make love to it. When people give me the, I don't know which way to turn, well you either turn to the left or you turn to the right, or you turn completely around. Take your pick.

We can start breaking this down a little bit. When people go I don't know the right way forward; I don't know the right way forward and a lot of people get stuck with this one, going the right way forward. Well, that's a bit odd. Crabs might do that, but I don't think humans do it so well, either, you go forward or you go to the right.

But the right way forward – sometimes in order to move forward, you have to go the right way first, and then you're able to go forward. Sometimes in order to do the right thing, the thing that's to the right, in order to do the right thing, sometimes you have to take a step forward in order to go the right way.

These are metaphors I will take literally. People say them all the time. If you listen out for them, they explain to you beautifully the path that they tread, and the path, of course, is the route of their journey through their life. It's the path they're going and it's the path they want to go.

Of course, then there's the path that they don't want to go down. Some people feel like they took a wrong turn somewhere. Some people went up a blind alley. Some people got past the point of no return. Some people feel they're walking on the edge of a precipice, and they're frightened of taking a fall. It's all these kind of things that people tell you the whole time.

What are they going to fall into? What are they going to fall into?

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**Igor:** So you've mentioned kind of a pattern here, of course, in terms of the physical metaphors and the expressions people use that are about locomotion, about how they're moving in the world in time and space, as you said. I think people get a sense of how they can start spotting these ideas and these figures of speech and so on, but how do you use them? What do you do with them once you spot these patterns emerging out of people?

**Andrew:** What I recommend people do is get a journal or a folder or somewhere they start keeping notes. Think about every expression, every figure of speech that relates first of all to the hands. Let's just start with the hands, so letting go of stuff, lending someone a hand, taking the upper hand, poking someone's button and asking for a hand.

So, go through everything that has to do with the hands like, when they touch upon something or when they grasp a hold of a new idea.

List all of those kinds of expressions. There are also other ones as well around the feet. Taking steps in the right direction, taking one step at a time. Standing up for yourself, putting your foot down, taking tentative first steps, pussy-footing around, walking around the problem, walking straight into it and striding ahead of yourself. There are so many expressions around different parts of the body.

What I recommend people do is they start basically listing out, as well as thinking of all the ones they can come up with, and then work out – so if I reach out for a good idea, do I reach out with my left hand or my right hand or both hands? How far do I reach? Literally, sculpt that with your body. Let's just check it out.

If I feel paralyzed, how do I sit? When I feel paralyzed, how do I move? What do I do? Most people that feel paralyzed don't really move all that much. I've noticed that. Often when people say, well this problem just makes me feel paralyzed and they describe that problem, they're not going to be very animated. You'll see when they come out of that problem doing something else, the animation returns to their limbs. These are weird little things you can look out for.

The trick is to work out in yourself how you sculpt all these different things. Watch out for clients or people you work with. How do they synchronize movements against the expressions that they use? By the way, when people say, that's not important, that's irrelevant, it's just a figure of speech – I hear that a lot from people.

Okay, so that doesn't mean anything, right? That's just a figure of speech. In that case, just let me know when you have something important to say that I should be paying attention to.

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I'll tell you that nibs that one really early on because people will then go, I only want you to pay attention to the things that I pay attention to. Don't pay attention to the things that I don't.

**Igor:** Which, of course, is how they create their problem, right? It's because they're only paying attention to certain things, and that's not where the answer is.

**Andrew:** So this gives the hypnotherapist brilliant access to the stuff that's outside the conscious awareness of their client. So, I recommend you start grouping these things around limbs, around movements, around stars of movement, so with movement itself, there's direction that you move in.

There's lots of stuff around direction. Which way am I heading? I don't know the right way to go. I feel lost. I don't know the right way to turn next. I love that one. That literally is outside of their conscious awareness, but I'll tell you what. They know what options are left to them and people know where that is for their representation.

Here's the weird thing. Whenever they go to the options on the left, they go, yes, but I feel like I'm going in circles. I just need to know the right way back. Literally, the reason they can't see it is because it's outside of their conscious awareness. This is so easy. I'm almost embarrassed by it sometimes.

So start listing out. We've got direction, and there's also distance. We've come a long way with these conversations. I don't know how far we can go with this. It seems like we're getting really close now. We've nearly reached our goal. There's lots of stuff around distance. There are hundreds of these things.

You have direction and distance, which of course gives you location, the place that you're trying to get to. I want you to help me get to my goal, which of course, isn't enough because when they get there, they need to know what they're going to do next.

Then we also have the way that they move through time and space, the mode of transport, which is often the feet– taking one step at a time, jumping in with both feet, leaping ahead of themselves and taking tentative first steps, all of that kind of stuff.

Then there's the speed of movement, which is how quickly do they move through time and space? We need to hurry up with this. I'm aware time is pressing on. Oh, but we're going too fast. We need to slow down. We better get going with this, this is pressing, we need to hurry up.

So there's lots of stuff. We waste ahead of ourselves. We're running ahead of ourselves. We're jumping out of ourselves. All these have to do with speed of movement. So those are the kinds of things people can start with



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looking and listening out for. What are all those variations? There are hundreds more, by the way.

Like how do people know when to start moving, and how do they know when to stop moving? How do they deal with obstacles on the way, the things that hold them back? What is the kind of terrain, the kind of quality of path they walk on? What is their footwear, etc. There are hundreds and hundreds of these.

**Igor:** So it sounds very much like the unconscious mind is taking a literal jaunt through some kind of obstacle course in the mind. Depending on whether or not they know how to run the obstacle course, it gets to a solution.

One's happy and we're all in agreement, we're going hand in hand into a happy future, or it goes into some kind of problem because there's a block they can't over it, under it or around it. They can't manage to get through this. You're literally hearing what the unconscious is doing to represent the problem, and simultaneously keep them stuck. They try to get through, but they can't.

### Seminar 2 – Part 2

**Andrew:** I'm hoping some listeners here will be quite familiar with the somatic bridge model. This is something I visited many years ago. I've not used it for a long time, but the somatic bridge, or at least my interpretation of it; it works like this. Hypnotize your client and have them standing on one side of the bridge and they have to reach the other side.

This works nicely for things like guilt, so what we have is here is you on this side of the bridge and life is pretty shitty because you feel all guilty about whatever it is. On the other side of the bridge is liberation, or whatever the outcome the person wants.

Now take one step at a time, and start crossing the bridge. What happens or what stops you from getting there? The person will literally start manifesting all sorts of metaphorical obstructions or things in the way. There may be a crowd of people they can't get through. There may be a gap in the bridge that's too big to jump across. There may be obstacles. They may not have the right entrance, or whatever it is. There will be all sorts of weird and wonderful things.

The hypnotherapist basically works with the client to help them solve these ongoing riddles that are coming up. So they progress along the bridge towards their goal. It's a really neat way of working. It can be a bit clumsy if you're not listening out for the metaphors the client has already presented to you. This is a nice variation on this kind of work. I believe it's Watkins' somatic bridge, but I may be wrong on that. I'm sure people can Google that one.

**Igor:** So basically what they're doing is they're taking these metaphorical ideas literally and adding another layer of metaphor, another layer of symbolism and saying, all right, we're going to use this symbol to resolve the symbolic problem that's preventing you from having the kind of the life that you've come here to lead, right.

**Andrew:** Yeah. There are lots of variations on the theme. Charles Faulkner, who did a lot of work around metaphors of movements as well – I've got to say his work was a key inspiration on the stuff that I do. He wrote an article – I forget now who it was he was referring to, but his article appears in a number of places online.

The trainers had a number of people build a representation of their goal, whatever the representation was. That would be placed on some kind of pedestal, and in between the goal and the subject was placed door frame that was covered in something like cling film or foil.

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Basically, the foil and the frame with the covering over it was the obstacle between them and the goal. Then the subject would be told, now go and get your goal. Now this fascinated me when I read it because I thought, hey, that is really cool. What are all the different variables? How would I behave in that situation?

You see some people would just go ripping through the foil or the cling film, and go and get their goal. Some people would go around it. Some people would pick up the door frame and move it out of the way. Some people would stand there being completely confused and ask for further directions. Some people would ask for permission – is it okay to rip through the foil? There are numerous different strategies that people could employ towards how they would handle that situation.

This is one of the strategies or the metaphors of movement. People can basically go through things, around them, over them or get to the bottom of them. Those are the four primary strategies. There are a number of others as well going through it, going around it, going over it or getting to the bottom of it.

As Faulkner points out, what these tend to reflect are vices of the people that develop key strategies. If we look at Anthony Robbins, for example, one of his main things is you build up enough motivation with people so they literally can break through their problem. They break through to success. It's getting charged up enough to head straight through the experience.

Some people will tell you they're going through a bad time right now. I'm having a tough time that I'm going through. Their strategy is literally to go through them. My preferred strategy is to give stuff a wide berth. My father is a sailor, a yachtsman. Having grown up on boats, I learned to give problems wide berths. It's generally the safest strategy.

Sometimes if you have no choice but to go through things, you may not want to go through it too slowly, although I've noticed some people do. They go into the problem and stand still. Not the best strategy to deal with stuff.

**Igor:** Not a very pleasant way of living life.

**Andrew:** Right. The analytical approach is very much to get to the bottom of stuff. It's to down and dig deeper. Dig down doing the archaeological dig to find the root cause, the root cause being the roots down below. Some people tell you they've come to see you because they want help to overcome their problem.

They want to get over this now. They've had enough of it, and they want to get over it, so getting to the bottom of it, going through it, going over it, going around it.

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Each one of those has its place, but often the person has gotten addicted to their particular strategy, and they're applying it to the wrong problem. So the strategy they're telling you they want you to help them with may not actually work for the quality of the problem that they have.

Here's something that I put to 45 therapists, and 45 people gave me the same response. Imagine your client tells you they feel like they're up against a brick wall. They want to move forward, but the wall stops them. The wall is infinitely wide, it's infinitely tall, it goes down all the way, and it's infinitely strong.

What do you do with your client? Basically, this infinite brick wall prevents them from moving forward in life. Every single one of these 45 therapists said to me, you must help them find a way to break down the wall. This is the happy idiot phenomena. The wall is infinite. It doesn't change. We'll keep them in therapy forever trying to find a way to make the wall change.

I suggested to them how about suggesting the client change their direction, and instead of trying to push forward through an impossible wall, they could consider going the right way for once. The most priceless question came back from the audience: which way is that? They're up against a brick wall, but they have to go the right way.

Classically, that's not going to be the left way. They need to leave what's left, stop trying to push forward, and now do what's right. Do the right thing for a change.

Again, these are good little metaphors to use with people.

**Igor:** It sounds to me when you start paying attention to these things, you'll actually start collecting a wonderful range of additional, even just hypnotic suggestions. Do the right thing for a change. Head on over here. I'm stuck in mud here.

Oh okay, can you slide on over for a second. It shows you that you can start using the language people are throwing at you right back at them at the same symbolic level as the problem is occurring. Instantly, little stories start evolving out of this that could actually maybe turned into full blown ones.

**Andrew:** Yeah. Yeah. The thing to make sure of is where you gesture and where you indicate with your own body language is congruent with the message, but it's congruent for your client. So what I suggest to the person that they do the right thing for once, I will literally be, with my gestures, moving to their right, not my right their right.

When I suggest they leave what's left and do the right thing, my gesturing with my right hand is going to be that gesture you make when you suggest someone put something to one side. Leave what's left – that's what I do with

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the right hand; and then with my left hand I'll go, and pay attention to what's right – and of course, my gesture is gesturing to their right.

Little things like really start to shape the clients' map and their experience. Now of course, it may well be they've done enough of the right thing, and now they can move forward, but moving forward isn't always the right thing.

Enabling people to understand the difference – there are so many NLPers and hypnotherapists and EFTers and CMTers and all sorts of private therapists and people in the personal success industry who are so desperate to move forward in their business as fast as possible, and so many of them miss out doing all the right stuff first.

Sometimes you have to do the right thing with your business before you can move it forward. To keep the metaphors going, sometimes you have to build really, really good solid foundations before you can even consider building the empire on top of it. A lot of people build an empire on very poor foundations.

A lot of these children's stories were fantastic metaphorical stories. One of the things I'm going to recommend people do, and this is something I spent a long time doing. Take all the classic fairy tales, Aesop's Fables are another set, all the fairy tales, the Disney animations are fantastic, and actually look for the instructions that exist within those stories.

I believe it was Aesop's Fables that did the Ugly Duckling. Now I think most kids didn't hear that as a story about a duck. Most kids got the message. Most kids got it that this was a message about you better be nice to people because not everyone is an ugly swan or an ugly duckling. There are so many of these stories that are actually, very skillfully constructed to be fairly on archetypal.

That's not enough though to do with a specific client. I would suggest a much finer tailoring of the story, of the metaphors, to actually fit the strategy that the client has or requires.

**Igor:** So they're going to have a go with an example of what you mean. Let's say you take the ugly duckling story and someone who is stuck going forward because he doesn't know what the right thing to do is. Then you might start weaving ideas of turning right and later going forwards into the story.

For example, the ugly duckling, all his brothers are teasing him, and he has to turn right to go to some private place to be away from it all. Then he finally discovers a path that leads him forward, and he looks at the lake and ends up being a big swan or something.

**Andrew:** You've got it.

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**Igor:** So now, you're using the actual metaphors that they're throwing out to you as part of the story. Now that links what's going on inside them with the story itself. It becomes the interface, and of course, you have the story's general resolution as well on top of that to give them the general healing happy vibe and so on, right.

**Andrew:** Absolutely! So the trick is to really start to understand the patterns and listen out for the patterns that people give you. For example, it's not all about turning left, turning right and moving forward. We live in a three-dimensional metaphor as well. We can go in any direction. It could even be up and down. People talk about a sinking feeling, going down in the world, being at the bottom of the hierarchy, being stuck at the bottom of a pit.

Two of my favorite metaphors are it's like I'm up to my neck in shit. It was spoken to me by a client recently. The moment she arrived, this is actually going to be out on DVD, this particular session. Pretty much the moment this client arrived into the context in which we were filming, which is my first point of physical contact.

I've had some email exchanges previously, which suggested this was going to be a fairly tough session. This is a lady with a fairly tough situation emotionally. The moment she arrived, this lady was so choked up, she couldn't speak. She just couldn't speak. I thought to try to get any idea about what was actually going on here was going to be waste of time. Part of her experience is she couldn't speak.

This is pretty much how this went. I go straight for it. There's no point in trying to elicit information from her, to try to break it down into small chunk details as to what was going on. She's in total overwhelm and in total distress so I just went straight for this. I said please sit down, because I understand right now, I'm not going to ask you any details about this problem because this seems pretty overwhelming.

So what I want you to do is simply close your eyes now and just pay attention to this overall experience. No particular detail, just what is this experience like for you; this whole thing about being overwhelmed? She thought about it for a moment, choked up some more, lots of tears came out and said worse the effect of, it's like I'm up to my chest in the shit.

I said what kind of shit, and it's the shit that's been thrown at her by other people. How do you deal with this situation? What's the effect of it? I have to keep my mouth closed. I keep my mouth shut. Think about the metaphor. She's in a situation, whatever it is, where lots of people are throwing shit at her. Now take this metaphorically. People are just throwing shit at her, and a lot of people can relate to what that's like.

How does she handle people throwing shit at her? She keeps her mouth shut. Basically, she's being bullied, and she keeps her mouth shut about the

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thing. If we now take that a literal representation, and she's up to here in the shit that's been thrown to her by other people, the single most sensible thing she can probably do is keep her mouth shut.

**Igor:** Otherwise, she'd get a mouth full of stuff she doesn't want to be inhaling.

**Andrew:** Right, so now this is where I go with this. I literally take this being up to here in the shit at a literal level. She discovers that actually it's in a pit that's full of shit that she's been standing in for years. She's wanted to feel better about the situation and guess what, she's been in therapy for way to long with kind and well-meaning therapists trying to make her feel better.

**Igor:** So just to pause you there, this goes right back to the original point.

**Andrew:** The woman is stuck. She is up to here in the shit, and we're trying to make her feel better about this? She needs to pay attention to what she does with her feet. Guess what? She can't move forward, nor can she do the right thing because she's up to here in the shit in a pit. Any which way she goes, she's trapped.

Those metaphorical representations aren't going to work. What she needs to do is go up in the world.

**Igor:** Over this in some way.

**Andrew:** Get up and out, and then she can go and do the right thing. She needs literally to get out of the shit pit. That was the structure of the work that we do.

Now the change in the kinesthetic of the representational change in this particular lady is phenomenal. At no point did she tell me what the problem was in terms of a description. We just start literally with the metaphor that she gave. I'm fairly not comfortable with using metaphors to cure people that exist outside of their experience in terms of this kind of work.

A lot of people will have a stock set of stories that they use. Each story has its own particular meaning for them. A lot of the stories they have learned, and they've learned to tell them well. Of course, it may not apply. Getting a guy to move forward when he's in the shit pit may not help.

If the guy feels like he wants to move forward and he's stuck behind a brick wall, building his motivation to break through it is just going to frustrate the guy more. So we need to really pay respect to the structure of the client's metaphorical realm in order to then build what we're going to do into that.

For example, one guy was in the pit of despair and a therapist had been trying for a year and a half to help him move forward. The guy is in the pit of despair. It's a pit. I said what happens every time you think about moving forward. He said it's like I take one step and I run into a brick wall again.

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**Igor:** Yep. That would be about it.

**Andrew:** He'd been telling his therapist for 18 months, a whole year and a half of therapy, he'd been pretty much saying that same thing. That is such a no brainer to me, and that is not an easy problem to face. Then we can just work with those metaphors, and the transformation of this guy still has lasted. It was such an easy session. It was such easy, clean work to do.

The effect now, nearly a year later – he was a drinker. That was his primary thing. He was a drinking depressive. He's not depressed and he's no longer drinking, and that was from one session. These things can be really powerful in promoting change.

**Igor:** It seems like the strategy you use is first of all, you're listening out for these patterns and taking them very literally, imagining – the one I'm thinking about right now is you're imagining this 3-D world in which all they are talking about is literally true. I'm up to my neck in shit and stuck in this rut, in this pit, and I can't move forward. You go, yep. That makes sense. It's not a nice place to be in, and you can't move forward because there's a wall in the way.

Then you can resolve it in many different ways. You could use the metaphor very directly by exploring ways of getting up and over the situation, or you can go into the story thing, but if you go into a story, you don't want to be using a stock story that talks about its own directions and things. You've got to build in the directions. You've got to build in to the story the symbols that they have already given you somehow to make it match the client's experience.

Even if you're going to use some kind of stock story, you have to adapt it so that it actually fits what they're doing. So, in your story, instead of breaking out and breaking lose, the hero has to climb over and get out in some way. In that way, give respect to the actual environment that the client has surrounded themselves with inside their unconscious, and giving the unconscious a direction by saying, look here's a roadmap.

You've been trying to go forward all this time, but there are no forwards yet. Go up and over, and then you'll be able to go forward again.

**Andrew:** Yeah. There's additional stuff you can do. This can be done as a brilliant way of working hypnotically with people and in constructing the metaphors. Just to add something in here actually, a lot of therapists will put themselves under pressure to try to get everything wrapped up in a single session.

They'll have a 50-minute or one hour session, and they'll put themselves under pressure to try to get this thing constructed and ready to go, and then done within that hour.



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I don't see anything wrong with gather all the information about all the metaphors, especially when you're learning this kind of material. Gather the information first. Then you can send your client away. Bring them back a week later, having had time to work out your exact structure of the story for that client, bring them back and then do your trance work.

I think its perfect legitimate because then you can really construct stuff. I've done this often, especially with children. One of the strategies I use in working with kids, I am really – I've mentioned this before I know. I'm so reluctant to work with children.

Unless it's like okay, 12 years old, they've got a recital coming up and they're a bit anxious, they're really keen because they know they're the best and they really want to help overcome the nerves; it's that kind of stuff, or the kid's been bitten by dog. He's now scared of the family dog. Can I sort something out there?

Those kinds of little inventions I have no hesitation with. But those kind of bigger life stuff, like a 7-year-old who's depressed, or a kid who's got a lot of rate or temper issues or school refusal, that kind of thing, then I'm going to be quite reluctant. What I will do is meet with the family and with the child and gather some information. I will get as much information as I can, especially if they're young kids. I then send the family away, and I will then write and construct a whole number of bedtime stories.

Sometimes I spend hours writing these damn these. Then I then send those to the parents that they can then use the stories to give to the children. Kids are amazing. They will listen to the same story a dozen times if it's an enjoyable story. If you can write that story so actually the child knows it's about them in a flattering kind of way, then you put little twists and little turns in there, and the kid goes, yeah, I like that.

Then what you've now got is a brilliant recipe that the parents are just telling the child a bedtime story. Or, you could record it onto a tape, and the kid could play it and listen to it on their own time. There are so many ways of working with this to the point that I'm actually now starting to compile those bedtime stories to publish. They're basically going to be therapeutic bedtime stories for kids, as examples of the kinds of ways that this can be done.

**Igor:** So when you're constructing these bedtime stories, of course we've got the idea of the metaphor that we've talked about. How do you then do the rest of the story? Are you going to borrow from something like Aesop's Fables and adjust it for your thing, or do you just let your imagination run wild with you.

Of course, there's a nice little metaphor in there already, and let it build itself up. What kind of process do you use? I think it's a very interesting concept you just talked about.

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**Andrew:** Yeah, I think you can do both. You can take a familiar story, and put some really unusual twists and turns in there. So you have the familiarity for the child who goes, oh I know how this story goes. I know what happens next. That kind of lowers their defenses a little bit. Then suddenly, there are little twists and turns. I try to make them have humor as well.

I've heard so many therapeutic stories for kids, and they are so somber and serious. Let's have some humor in here. You've got to remember that child humor is often very simplistic. It doesn't have to be overly sophisticated.

**Igor:** Just sort of slapstick in your own way, right.

**Andrew:** Absolutely, but again, in a way that's not patronizing or condescending. It's worth finding stories or the things that kids read that are really popular. I mean for example, Harry Potter books. People – I can't remember the author's name now, but I bet she was a bit surprised.

**Igor:** Joking around, right?

**Andrew:** Joking around, just how global the Harry Potter stories would go because there was something in her writing style that captured the imagination. From my childhood, it was the *Adrian Mole* books by Sue Townsend.

**Igor:** I remember those.

**Andrew:** Each generation has its own particular favorite set of stories. I would recommend that people actually have a look. What is it? What is the one doing that makes this particularly so appealing? What are the styles? The NLPers amongst the listeners can use their modeling skills then to actually pull out some of those strategies.

The old classics are also very, very good and worth paying attention to as a structure. Or, as I say, just go with letting your imagination go crazy, keeping respectful of the kinds of metaphors and metaphorical representations to work within that. That's your guiding principle.

The kind of structures of stuff is the guiding principle, and then you can work with it from there.

**Igor:** Actually, that makes the story, believe it or not, a lot easier to create and tell because normally when you tell someone to be creative they'll freeze and go, what the heck do you mean? Whereas if you say, okay, you're an archaeologist, here's your spade, do something archaeological. Well, they already have some ideas about where they're actually going.

Therefore, by giving someone more constraints, it often actually releases more creativity because it channels it all down one particular road. So you have it here now with, for example, the child. When you take their metaphors about turning right and turning left and up and standing up for

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themselves, and keeping their mouth shut and all those sorts of things, those are the constraints that actually can end up building these stories because they're the backbone to your story.

You go oh look, something's already emerging here, I have someone who's keeping their mouth shut and somehow we're going to get them to open their mouth up. The reason they're keeping their mouth shut in this case would be because they're up to their next or people are throwing stuff at them, or whatever.

Somehow we've got to create a resolution to that. Suddenly, in trying to just logically figure out what would you do if you were actually in this situation, how would you get from A to B, it creates a story for you anyway. Then it's just a question of embellishing it and putting little bits of humor in it all that sorts of stuff around it.

The story itself becomes very to tell because of the natural constraints that the client's presented for you.

**Andrew:** The scope of the way we can work with it is huge. There are a number of published resources about metaphor construction. David Gordon wrote a fantastic book about constructing metaphorical stories. *Therapeutic Metaphors* was the book. That was brilliantly done because it starts off with a very simple little story. As he takes the reader through the successive principles, the story just starts growing and gets a bit bigger.

The other one that I would highly recommend is something we mentioned in the previous call, looking at improvisation, if you look at those TV shows. Things like *Who's Line Is It Anyway*. They have those both in the U.S., the UK and I'm guessing elsewhere in the world the sheer level of humor that emerges.

None of that is planned and scripted. They're all just following the formula of improv, but the natural humor – one of the rules, of course, of improv is don't try to be funny. Just let the humor emerge. Don't tell jokes. If you let your imagination run wild and using some of the principles of improve, it's amazing the kind of stuff that starts to come out.

People in constructing stories and metaphors tend to try to be too creative, rather than literal. So one of the exercises I have, say, from the improve workshops, is I'll get somebody up in front of the room. I'll say, close your eyes. I'm going to give you the seed and just ask you details. I want you just to tell me the first thing that comes to mind.

You're walking on the road and you find a coat on the ground. What color is the coat? Now classically, they'll go, oh it's a black jacket. Okay. What color was it really? They'll go, well it was polka dot green, for some reason. What they really see and what they report doesn't always line up.

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So the trick is to stop trying to censor it to fit what they think it should be, and actually be honest about it.

The other one is you go to the kitchen cupboard and open the cupboard door. You reach in and take something out. What did you take? The majority of people say beans. Actually, when you go, what did you really take out? As I was saying that, what I took out was a small puppy, but I never said beans because beans is what you find in the cupboard. You don't find puppies in the cupboard, but that's what I saw.

Think especially about how children process stuff. They don't do that internal censoring. That gets trained into them later in life. Young kids don't do that. So, if you got a child, you open the cupboard door, and find something in the cupboard. What do you find? They'll go a puppy, even though you're not supposed to find puppies in the cupboard.

Now you've got the makings of an interesting story because now where did the puppy come from? How did it get there? Are there any other puppies? What else is in the cupboard that we could find that would be of interest? This is how children's stories operate. When kids make up rhymes and stories, this is how it seems so unreal to adults but so fascinating to the child.

So you're walking down the road, and you find a jacket. What color is the jacket? Well, it's a polka dot green. Okay, you open up the pocket and you find a wallet. What is the name of the person in the wallet? You can start pulling out all the details. Where were they going when they lost the jacket?

You can start to construct a crazy story around a very, very simple scene by paying attention to the visuals that come up for you, and basically report what the visuals are, rather than the creative story you think you're supposed to tell because it fits what you've been taught to do.

This is a really nice way of working with metaphors. As people talk to me and I take things literally, whatever image pops up in my head, that's what I work with. I don't try to adjust it to fit some enculturated thing.

Here is just one little example of this. I was working with a guy who I've got to say was a dullard. He was a nice enough guy, but my goodness, this guy could just basically talk more than me and that's the sign for me. He could basically suck the enthusiasm out of a football crowd. He was phenomena.

As he's droning on, and I'm just going to let him continue for a bit, I start thinking about going to the supermarket after the session and what I'm going to get. I'm visualizing going up and down the aisles just as my mental way of remembering what it is I'm going to buy when I go to the supermarket.

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He looked at me and said so what do you think? I realize I've not been listening to him for a good few minutes and the question, what do I think? What I was thinking about was the supermarket, so I told him. I said what I think about is the supermarket with the broccoli, that I need to get some broccoli and some leeks and then I'll go to the fruit and get some oranges because they're quite important.

I went through my shopping list with the guy. It was completely inappropriate and completely unprofessional, but the weirdest, damndest thing happened. He put his head in his hands, looked down and made some funny breathing noises, looks at me and goes you are one clever son of a bitch.

How did you know? How did you do that? Now, I have no idea what happened; I don't know, honestly. The more I tried to tell him the more he believes that I'm some kind of magic...

**Igor:** You have special powers. You've got something inside you and you knew it.

**Andrew:** The more I denied it the more it proves the reality of my magic powers. I got such a thank you letter from this individual and still to this day have no idea what's going on.

**Igor:** Is it the power of, especially when you do metaphorical work like this, that you never need to know what the client's problem is. There's a lot of respectfulness in some respects, because they can maintain their privacy, the anonymity of what's going on and there's no embarrassment factor, yet, still a tremendous amount of healing can occur, right.

**Andrew:** Yes. I think within that as well, is if you pay attention to what spontaneously arises from your own unconscious mind, it's quite possible that your brain is processing information and delivering it to your awareness in a metaphorical sense as well.

That is, of course, going to have some quality of relationship to the on-going experience that you have of the person you're working with. So it's quite possible that the reason my mind wandered off to the supermarket, not only the fact that I was getting hungry and needed to do some shopping as well, but it's quite possible that within that there's a reason why my brain did that in response to what he was saying.

So there are all sorts of possible explanations or maybe I just got lucky, which is entirely possible.

In Frank Farrelly's work with provocative therapy; if you actually watch Frank's sessions, they're incredibly metaphorical, yet the results he gets are astonishing. To watch a Farrelly, provocative therapy session, it doesn't look like a great deal is happening and certainly, when I first saw him working, I was like well that looks interesting and it's certainly very funny, but really is anything going on here at all that's of any merit?

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The next thing I know after thinking that thought, I'm in front of Frank having a therapy session, as part of a demo or workshop. I had a whole different insight into what's actually going on there, because everything he said was touching me deep inside.

I was like oh, boy this is a very different experience, being on the receiving end of this kind of work, because the metaphors do move very deeply with people.

**Igor:** This brings up a very important point, which is that we have a solid grasp on this idea of metaphorical movement through time and space, and how we might use it. But what about what happens when it goes wrong? How could people accidentally take the ideas of this and botch it up?

- **What things do you think people should typically look out for, so they avoid the mistakes that might ruin an otherwise good therapy session with this?**

**Andrew:** A number of obvious examples that spring out for me about what this looks like when it goes wrong. If you want to see what it looks like when it goes wrong, look at what I call the front row brigade, the people that go to every workshop of their favorite trainer or whatever else, who seem to believe, want, to will and be so into the experience, to the extent that they want to impress everyone else about how amazing they feel.

A lot of those people look like something from the Village of the Damned or Stepford Wives to me. Knowing some of these people, and I do know quite a few who are members of the front row brigade, they're not actually that successful or functional in life, a lot of them have some quite serious issues.

What I'm seeing there is that they have been given so many strategies through all the stuff they experience, but for them those strategies simply don't work. Another one is an example of the guy who's in the pit and the therapist is trying to help him move forward in life.

Okay, so the interesting thing about this guy, the guy has been referred to me for depression. He's in the pit of despair. A therapist has spent a year and a half with him trying to help him move forward, but of course he's not getting anywhere, because he can't move forward, he's in a bloody pit of despair.

Now, the interesting thing about this was that the guy wanted to come see me, but he contacted me the day before I left on an extended overseas trip to India, so I referred him to this other therapist. Then subsequently, after I'm back and back at work, the therapist contacted me to say I want to refer this guy back to you.

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He said I've been trying to move him forward, but I haven't gotten anywhere, he's not any further forward than where he started, so would it be okay if I refer him back to you? I said sure, that's probably the right thing to do.

If you listen to the strategy of the therapist, his preferred thing was to move people forward, that's what he was trained to do but unfortunately, this is where it's now gone wrong for the client, especially financially in those terms, because he's spent a year and a half being subjected to the bias of the therapist who believes people should be moved forward.

When the therapist was unable to do that, he then did the right thing by referring him to someone else or back to me. So, these things can go wrong primarily that the therapist is trying to give strategies to the client that simply don't work in the context of the problem and that's the most complicated thing we see.

So, for example, some people who will be really motivated to break through to success and go on these motivation workshops, they may well be highly motivated to break through, but not everyone has something to break through. For some people, they don't know which direction to go.

And because they don't know which direction to go, getting them motivated can actually be a problem, because they may actually end up going in the wrong direction, as opposed to going in the right direction.

**Igor:** Right, with a lot of gusto.

**Andrew:** This happened. Manic depressives in a state of mania or people that are in bipolar, when they're on the up phase of the mania, quite often, they're incredibly motivated but they lack direction. For those who work with people that are bipolar, this is one of the things to look at.

Okay, so they have all this boundless energy, often they'll be up for days on end without sleep and be quite frenetic and energized. So, they have all this energy and motivation but have they got a direction in which to go? And, when they go so far they keep building themselves up, they get higher and higher, they feel like they're on top of the world.

This is the elevation metaphor now, the up and down. They get so high they can't cope anymore and then they fall, taking a huge great down turn in life and then they end up in the depressed phase.

Therefore, the manic depressive is going up and down at astonishing speeds, but they reach heady heights of feeling excellent and then they crash down to Earth, which to them is quite depressing and then the cycle repeats itself.

So these are other examples of how these things can go quite bad for people.

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**Igor:** It strikes me as well, that at this point, if you have someone who's a manic depressive for whom up is positive and down is negative, if you do a regular trance induction and say now go down deeper and deeper, you'll make them severely depressed, because you're basically activating their sub-modality, their pattern for depression at that point aren't you?

**Andrew:** It still astonishes me the stuff that I hear therapists doing. Some of these hypnotherapy products, there are some amazing ones on the market and there are also some absolutely dreadful ones that do exactly that.

So we take the depressive, who complains of being in the pits of despair and they don't see any hope for themselves. They've been trying to climb out of this pit of depression for so many years, but things just keep dragging them down.

They keep trying to drag out and every time they do it's like something in life just keeps dragging them back down again. That's right, now please close your eyes and feel yourself relaxing, feel yourself feeling calm, feel yourself feeling heavy as you go down deeper into trance.

This is the bit though, and I'll tell you, if this is you then you can expect a visit from me someday, then the client abreacts and freaks out. They go into a state of distressed, because as you rightly say the induction process is not an induction to a trance, it's an induction into the pain of life of that particular case.

When they freak out the therapist goes oh, it's an abreaction, that's good therapy. Expect a visit from me, because that really gets my goat, when I hear people actually advocating that kind of work. I understand they are well meaning, but it's well meaning that is so badly placed that it's actually working to the detriment of that person.

Also, the other way we work with people, sometimes we tell people they're getting heavier and heavier, and that's that induction. Some people are going down...sometimes we go into trance and we tell them they can start to feel lighter and they can start floating away, floating to a nice place, to a warm place.

There are all these different metaphors that generally reflect the bias of the therapist, but that therapist who sticks with those particular themes of induction aren't paying enough attention to the client and could actually get it all going very wrong. So, if the person needs to move forward, there is stuff they have to get through first.

We induce it in trance by getting them to go higher, floating higher, floating away to a nice, like on a cloud, drifting through...feeling light as a feather, etc.



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**Igor:** Especially good for someone who says that they're losing their grip on reality. That's it, just drift up higher and higher...

**Andrew:** The more you can look at these things the more apparent they become and actually I have to say, when I first came across this style of work, I was a little embarrassed about some of the stuff that I'd done. I thought, it's so obvious, and people say this stuff all the time but I thought I was quite clever, how did I not notice or hear these patterns?

It was simply, as you mentioned before, it's the illusive obvious. Some of these things are actually so obvious that we don't see them.

**Igor:** Until you get sensitized to it.

Is there anything you want to do to put them together to wrap this whole thing up, any last minute bits of advice or maybe a story to illustrate how to use this process and put it together in a powerful package?

**Andrew:** Here is my one key bit of advice for anyone who's going to start experimenting with this stuff. **'Don't get addicted to your chair.'**

Get up out of your chair. Try this once or twice just to see how different this is. Do a session with a client, standing up, the pair of you, both of you standing up.

Then, as you go through the metaphors of movement that people offer, actually get them to physically act it out. So literally, get people to hold the representation of the thing they're trying to get over, because it may well be that they can't get over it the thing is too damn high, so they may need to go around it.

Do they go the left way around it or do they go to the right way around it and literally, get them to act out how it feels different when they move the left side round as opposed to going the right way, because they are different sets of physical movements.

Train the person in the physical strategies of how to do these things, the results are extraordinary, even if you don't go into using a hypnotic story or metaphor, you can save that for another day.

So don't get addicted to the chair, get up and move around, if space allows. I do a lot of therapy work moving around. I move the client around and explore different muscle movements and sequences, as well as strategies, because then if I do hypnotic work they now have a representation by which they can follow to do that.

If the person has gone the right way and then been able to move forward and then they step up, standing up for themselves and feel confident now to push forward through the problem that they need to push through, if they've

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physically acted that out then they know exactly the sequence with which to do it and when I deliver that inside a metaphorical story they can do that.

Here's one last little thing and this puzzled me for years. I wrote about this in *The Rainbow Machine* and it was a long time before I actually understood.

When I first started doing hypnosis, most of the clients that came to see me had weight issues. I had a lot of smokers, weight issues, confidence and that kind of stuff. Weight loss clients, I really didn't know what to do with them, but I was just getting experience.

My poster said student or trainee hypnotist looking for volunteers. I would do these hypnotic inductions, take long time 20-40 minutes doing an induction and then I would leave them for about 20 minutes and then I'd wake them up. I would do that with some of these guys for an hour to an hour and a half once a week for about six sessions.

I was astonished at just how many of these people lost weight, even though I didn't do anything. All I did was hypnotize them, leave them nicely relaxed in trance and then wake them up again, because that was all I knew to do and that was just what I was practicing.

But then I listened to some of the recordings of what I was doing as induction and as you notice your body getting heavier and heavier, and as you relax more and more, you can feel the weight of your body in the chair. You can find your limbs getting heavier and as you relax more, noticing the weight of your body in the chair and as you find yourself getting more comfortable you can feel yourself getting even heavier.

I didn't even know that that was a metaphor for something that was just what I had learned to do as an induction. But of course, people with weight issues tend to not notice their weight when they're sitting still, but tend more so to notice their weight when they're moving around, therefore, they tend to sit still more often.

Basically, my induction itself was the suggestion to notice their weight when they sat down in the chair, which of course started to change their strategy. It didn't work for everybody, but it was a little way of explaining for me that just how a simple induction process is itself also therapeutic in some context.

**Igor:** Right, because now you've reversed the equation. Rather than I'm going to sit here and relax a little bit because that way I won't trigger myself with my issue, because if I don't feel my body I won't be so aware of it. Now every time I sit down and relax its like oh, I don't think I like this very much quick, get up and do something.

Of course, getting up and doing something means they're expending energy, expending energy means that there's a calorie exchange so on that

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level alone they'll start losing weight, or at least not gaining it, because there's a greater use of calories at that point.

**Andrew:** I think if people are working with, especially anyone specializing in weight loss or they tend to get a large number of weight loss clients, these are the sorts of things you can start to consider.

You can actually start to build in, in the induction process itself some of the strategies for change and metaphors for change as well. It's a neat little way of working that's kind of sneaky as well, because the client isn't ready for it. This is a nice way of bypassing conscious resistance too.

What is therapeutic suggestion? They just hear it as a suggestion from hypnosis, they didn't hear it as a post hypnotic suggestion they have to carry out, they hear it as something completely different.

**Igor:** I think that's a fantastic process.

I can't think of a better way of finishing this whole metaphorical story kind of session than with something like that, because it's an ingenious little twist on stuff we're doing naturally every day and all we have to do is be aware of what direction we're taking people in as they're going into trance.

I really like your experience from starting out, just by putting someone into trance, leaving them there and sending them home, doing no 'therapy', but using these metaphorical devices by accident. I can see that having a powerful affect on people.

**Andrew:** I recommend everyone starts trying this. It is so much fun and such a different way of working with people. It also makes therapy so much easier.

**Igor:** I can totally see that and all I can say Andrew is thank you so much for spending this time with us.

**Andrew:** Thank you.

**Igor:** Before we finish up, you mentioned this briefly before, but can you tell us a little more about your therapeutic excellence DVD? I think, now that we've listened to you over the last few seminars, we have a much better idea of the little nuances that make a lot of difference that you have to share with people.

**Andrew:** Just to recap...therapeutic excellence...if you go to [TherapeuticExcellence.com](http://TherapeuticExcellence.com) there's an 8 DVD set of a workshop that myself and my friend and colleague, Nick Kemp, put together. This is where we basically wanted to get a group of skilled clinicians together who already had a lot of experience and training between them.

And, rather than teach everything at a basic level and not even call it an advanced workshop, we wanted to teach what the stuff is that we do, what

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we regard to be excellent clinicians, what do we do that makes a difference to the processes that people do that may not work so well.

So, if you have a novice, someone who's new to learning the techniques and they go through the sequences, all the techniques, completely appropriately and as the way they should do it, they may or may not get such good result. Then you get someone such as ourselves and the way we deliver the technique, to get a good outcome, what is the difference that's actually making the difference?

That was our intention, so we put together a workshop to demonstrate what we each did that made a difference. Nick doing his provocative change work and me doing my eye movement and metaphor work. So we took the best of what we did, compiled it, taught it to a small select group of applicants, so we could raise the bar a little of what we did.

On the second day in the afternoon, one of the things I focused on was metaphors of movement. What I covered wasn't something I talked about here today, which is about how to use this in terms of getting rapid kinesthetic change with people and what the structure is of how to do that.

That was one of the things we covered on there, along with the eye movement work and some of the attitudes that we operate with clients to ensure that we actually get a good percentage of good outcomes. That's what it's about.

**Igor:** From my part I have to say, putting the technique elements aside, just the attitudes on their own and you've already heard much of the attitude Andrew has which makes him an exceptional therapist, just those alone are worth their weight in gold. All I can say is you won't go wrong by watching the DVD set.

Andrew, I want to again, thank you for coming here and sharing so generously with us, because you really have a lot of new insights into the hypnotic process and some interesting twists and turns. Something very few people are talking about and, I think will be very powerful. For that, I want to thank you wholeheartedly.

**Andrew:** Thank you Igor, for this opportunity to talk about my work.

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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 Andrew Austin from [AndrewTAustin.com](http://AndrewTAustin.com). My name is Igor Ledochowski from [StreetHypnosis.com](http://StreetHypnosis.com) and I look forward to speaking with everyone again in the next session.

### Meet Your Host

Each month's Interview with a Master will be hosted by Igor Ledochowski, a master hypnotist of international acclaim. He is regarded as one of the world's foremost experts and trainers in conversational or covert hypnosis.

Igor created the Private Hypnosis Club, the world's first community for master hypnotists.

He was the first ever hypnotist to release a full audio course on Conversational Hypnosis, the latest version of which is 'The Power Of Conversational Hypnosis' and **is the No.1 bestselling hypnosis course in the world.**

Igor is also, the creator of over 30 other advanced hypnosis programs. All his programs are available from–

**[www.StreetHypnosis.com](http://www.StreetHypnosis.com)**