

# HYPNOSIS MASTERS



## SERIES

*How To Be A Powerful Strategic  
Hypnotherapist With A Dynamic Toolbox  
Of Techniques By Uncovering The Secrets  
Of This Breakthrough Method To Treat  
Bulimia*



# Hypnosis Master – Kathy Welter

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# Hypnosis Master – Kathy Welter

## Welcome

### Welcome To the Hypnosis Masters Series

In this series you will be getting interviews and special seminars from some of the world's 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: KATHY WELTER

Kathy is a Clinical Hypnotherapist, a Certified Hypno-Birthing Educator, a NLP Practitioner and DHE Specialist.

Kathy set about creating one of the first two Circles for Cancer Patients in the Lower Mainland, in a Hospital Setting. For over five and half years she led the circle every Tuesday night, over the course of time some 13,350 people attended her relaxation meditations!

Kathy has trained with Dora Kunz and Deloris Kreiger the founders of TT (Therapeutic Touch), with Janet Metgsen in Healing Touch International and most recently Marie Mongan, Founder of Hypno-Birthing... She is the winner of the 1999 Volunteer of the Year Award.

Kathy's training has prepared her for the work she is currently doing. She has the ability to listen deeply, at all levels and is a deeply committed and compassionate facilitator. Her work focuses on Ways of the Wise Woman, teaching and training women in the areas of Business, Relationships, Spirituality and Birthing.

Kathy's training with Marie Mongan in Hypno-Birthing has equipped her to assist mothers during their birthing experience, bringing a deep calm and wisdom to the birthing experience and the birth room. Doctors and midwives alike have remarked on Kathy's skill and calming presence in the birthing room assisting mothers and fathers to create remarkable birth experiences.

A student of the antiquities, her ability to "connect the dots" is one that is surprising and gifted. She creates pools of knowledge that allow individuals, to take a moment and consider that things might just be easier than we think! Her talents in understanding the past as it links to our lives today, gives Katherine a unique insight and wonderful excitement as she presents possibilities and solutions based in practical applications in today's world. Her Ways of the Wise Woman is profoundly focused on taking women back into their personal place of power.



# Hypnosis Master – Kathy Welter

## 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 Kathy Welter, which was recorded for us here at the Private Hypnosis Club as part of our Interviews With Hypnosis Masters Series.

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## Interview – Part 1

**Igor:** Welcome to [StreetHypnosis.com](http://StreetHypnosis.com). I'm here with Master Hypnotist Kathy Welter from [WaysOfTheWiseWoman.com](http://WaysOfTheWiseWoman.com). Now, before bringing Kathy on board, just a couple of words on who she is and the amazing variety we've got ahead of us here.

Kathy is the second half of the power punching dynamic Master Hypnosis Duo of Kathy and Harry. Harry was one of our Masters about year or so ago for the deep trance journey and Kathy is the other half of that particular seminar. As you'll see, she is a Master Hypnotist in her own right. She's got some fascinating stories to tell and more importantly, she's going to be teaching us some very important principles to be used in hypnosis in some pretty extreme situations.

First, Kathy, welcome on board and thank you for joining us today.

**Kathy:** Thanks, Igor. It's great to be with you.

**Igor:** Well, I'm really looking forward to today. Just so everyone knows, Kathy is one of these rare gems in the hypnosis world who is a so called talent. As you'll see when we start getting into the story a little bit more, Kathy learned hypnosis the way it should be, where it's instinctive, natural, easy and very, very powerful. It gives us a lot of insights into how hypnosis can work really well for us when we don't get too hung up about the small details. They're important, but they come later. Just building that confidence and so on comes first.

So, Kathy, you have a lot of experiences and I know you'll be talking particularly today about a niche area that you've become very successful in and are getting amazing results in as well, which is how to treat bulimics and do so very successfully.

Before we get into that whole sort of niche that you do and have mastered very well, can you give us a little bit of your background. You didn't start as a hypnotist, did you? It wasn't like you were born and your parents taught you hypnosis from your daddy's knee. You had a previous life and then sort of drifted into hypnosis, right?

**Kathy:** That's correct. It's funny, as you talk about that, it does sound funny that you could become self-trained, if you will, in hypnosis, but no, my original career was in the business sector in finance. Particularly in the insurance industry and in the IT section of developing e-commerce websites for large commercial insuring companies that virtually did business around the world.

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**Igor:** Right. So it seems like it's a far cry from that to being a Master Hypnotist and doing the really important work that you're doing. How did that evolve?

**Kathy:** Well, I had a very dear friend in the Vancouver area who developed breast cancer probably about 20 years ago now. She was really nervous, as any woman would be, as any woman is I'm certain when you're first represented with this diagnosis.

There was a relaxation circle and that's exactly what it's called, at BC Cancer Agency and she wanted to go to it, for the purpose, of getting some relaxation before she was going to go through all this treatment. So she asked me to go with her and when I got there, I guess I wasn't really prepared for even knowing what was going to happen in this relaxation circle.

When I was in my early 20s, I had worked in meditation and I had studied meditation myself and utilized it several times. I was very much into yoga and I had this experience at the BC Cancer Agency that first night in the relaxation circle. We were actually working with a very famous clinical hypnotherapist from Oxford University and she was from Australia originally and studied at Oxford in the U.K. and then came to become the first person up, if you will, at BC Cancer Agency. The work she was doing with people who had cancer diagnoses was just profound.

So this particular night that I went with my friend, I went into the hypnotic trance with them, not knowing really what it was, but I found myself in a meditative state, a very deep meditative state and I felt so amazing when I came out of this state. I didn't have any problems physically myself, but when I did this, I just thought, I have to know how to do this with intention.

From there, that's kind of how it evolved. It was all on a volunteer basis, but I offered my services to work in the relaxation circle and Liz became a mentor for me really and she also was going up to UBC into a sound recording studio and recording trances for a client who could no longer make it the circle because their health was deteriorating. So she pretty much had the whole thing built as a model, if you will, some 20 years ago.

**Igor:** Wow, that's quite a pioneer you had there and a very impressive mentor because you learned a lot of things from her without really being taught it officially, which is a very interesting way of going about things. Could you tell us a little bit more about how that evolved?

**Kathy:** Well, during the time I was with her, it was every Tuesday night for probably about four or five years. I would finish work and my office was just up the street from the BC Cancer Agency, so I would go there after work, work in the circle and then go home.

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Then she had an idea to start taking the circle out to other medical facilities in British Columbia. So ultimately, we devised 33 of these relaxation circles. We'd go out and set them up in all the different medical facilities and I ran two of them out here in Burnaby and Coquitlam, or New West rather, the Royal Columbian one and the one at Eagle Ridge Hospital. The Eagle Ridge Hospital one I sort of pioneer myself. I set it all up, got it done and ran that one myself for five years.

We never missed a Tuesday night for five years. Even if Tuesday fell on Christmas day, we still were there for people. As a result, there was a lot of press and I won some awards because of my dedication to the work. Over that period, we loved every night. We had people sign in and we finally decided that the circle needed to come to conclusion there and that was sort of more along the lines of a political situation with the hospital and its requirements.

So, we ended the circle there but we had seen over 23,000 people in those five years.

**Igor:** Wow, that's a lot of people to be hypnotizing and a lot of experience got under your belt, right.

**Kathy:** It was and you know the funny thing of it was the first night I went to do the circle there at Eagle Ridge, I was really nervous and wasn't sure what I was going to actually use for my first induction. I was thinking I should make some notes and Liz would always tease me about having scripts and I never did. I just never used them.

I just followed the path that she had shown me, how to take people into a deep state of trance and then how to allow the mind to fill in the blanks for them to have the experience, just with mild suggestion.

This is how I was trained. So our inductions were always 45 minutes in length because we knew a 45-minute induction, through the period of 45 minutes, they would enter into the deep trance state, which is the deeper state, the Theta and Delta state. They would go as deep as that for at least 20 minutes because the brain waves go in and out of that state for that 45 minutes. With 45 minutes of this deep trance, they'll get 20 minutes of deep state.

Through that, we were getting profound results in literally having patients that would – pain meds, like morphine, wouldn't even touch the pain that they were experiencing, but after going through the relaxation circle and the 45-minute inductions, they would have four to five hours of not needing any pain meds.

**Igor:** Wow that's impressive!

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**Kathy:** It was amazing. Not only that, we started to open the circle not just to the patients, but also to their families who were often going through as much stress if not more, than the clients themselves. So it became a true outreach into the community and it was really wonderful work.

The other thing that happened, as a result, of my working out in the suburbs of Vancouver, if you will, was one particular week, just before Christmas and I had a group of Grade 12 students come in. There were six or seven of them and they said they'd heard about the relaxation circle and could they come. Nobody was sick, right? They wanted to come and just experience it anyway. So I said, sure. Come on in.

Well, the next Tuesday, there were 15 of these kids and the next week it grew again. So now we started to have more kids in the circle than we actually had clients that were receiving treatment and their families. It didn't matter. They came and went and they ebbed and flowed as students will.

At the end of the year that came in that following June, they invited me to their graduation ceremony. So I went to the graduation ceremony. They didn't tell me what was going on, but I went. The one girl who always came, like as soon as she started, she never stopped, won several awards and grants. She even won one a grant to Harvard University and one to Stanford. Her total winning's for her year at school was over \$27,000. It was incredible.

Then one of the other girls had the next one to her, which was somewhere around \$10,000. Another one got something \$5,000 or \$7,000 and then the one who did the lowest in it, she had a \$1,500 grant. So all these kids had come to the relaxation circle through the year and then the girl who got the top marks afterwards, or the top money afterwards, said to me that she never missed a session before papers were due or exams were being written and she always did 100% better.

**Igor:** This is interesting because at this stage, you're still kind of doing things at the deep end. You hadn't been formally trained other than following along what this other person was teaching you, just from following along and assisting the circle. Yet, you're having these profound deep trances that are having powerful healing effects.

We're talking about massive pain control for several hours. We're talking about kids really hyper performing, becoming really the star kids of their school and opening up to some deeper wells inside themselves. All of that just, as a result, of doing a weekly "meditation" session. That's very powerful stuff.



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**Kathy:** It was huge. I realized something was going on here because I only work with people over a period like this. My scope of work here was once a week, pretty much with either BC Cancer Agency or the circles out here. What was really happening, Igor was I was starting to be able to track and watch the cases that were coming through. There were some very profound recoveries and remissions going on.

We had some very surprising experiences happening. We never, ever could say we had anything to do with it because politically that would just have been suicide for our group, but we were seeing some things happen that really just shouldn't have.

**Igor:** Give us some examples of the things you mean.

**Kathy:** Well, one lady was diagnosed with cervical cancer and had to go in for a hysterectomy. By the time she went for the surgery – because it always takes time to get them in there – it had disappeared. So they thought they had made a mistake on her chart or something like that.

Those kind of things, we just didn't touch it. We just left it alone.

**Igor:** For sure.

**Kathy:** Another lady who came into the circle had been diagnosed with a tumor the size of a softball in the colon. Now the colon is just above the rectum and colon cancer's pretty common in the North American world, that's for sure, but it was very large. She only showed up two weeks before the surgery was due and what ended up happening was she came to the Tuesday nights, but then she contacted me and came for some private sessions as well.

Now keep in mind that, at this point Igor, everything I'd done so far was all volunteer. So I saw this woman privately just as a course of assistant her and I didn't charge for anything at that moment in time. I viewed myself as not having any credentials to do so. So I just said, of course, come and I'll do the deep trances with you and we did one every night for the two weeks.

When she got into the surgery, the surgeon removed the colon anyway, but he said the tumor had shrunk to the size of a golf ball.

**Igor:** Wow, that's impressive.

**Kathy:** In two weeks.

**Igor:** It just shows you how the body can actually naturally heal itself when given the right conditions, right.

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**Kathy:** Oh and the right suggestions. This is what happens in our medical model. Our medical model only comes at things from the perspective that it knows and I think it tends to discount the ability of the brain, the mind and the consciousness of the individual to really be able to put some force majeure here behind healing.

They give us the prognosis you'll be dead in three months. Or, in our general experience, it's such and such. They call this being informed. It's an informed consent for all these bits and pieces of work. I think it comes down to literally terrorizing patients. I think they go far beyond what's required.

If we look at the way the Japanese handle this type of life-threatening illness. It's a liablest position for any oncologist or doctor in Japan to inform a client of the prognosis or diagnosis. They view it that the client or the patient already has enough problems coping with the illness, so they disclose all the medical details to the family and the family holds the burden for them. To me, that just makes so much sense.

The other side of it here in North America we're so used to getting the cold, hard truth that we want it. Then we fight with that too. So we set ourselves up in this way and it is a model that our medical faculties must deal with. There are lots of times they get different results and are just as happy that the results go into remission or the client has something reversed.

I'm working with a client right now with breast cancer and when she first came to me, the tumor was almost the size of her whole breast. She just had the surgery on February 22<sup>nd</sup> and she first came to me in September. So we worked all the way through the fall. I knew she was going through surgery on the 22<sup>nd</sup> and by the time the surgeon went in, it was less than a centimeter in size. So it reduced for 7.5 with the measurement of this to less than a centimeter in size.

Now she's gone through all the chemo, all the radiation and all the bits and pieces too to reduce the size of this tumor, but there were times when the radiation actually made the tumor grow and we had to do lots of work around that to get it to come back the other way.

**Igor:** This illustrates a point which is more and more what people are talking about now, which is it's not you just do this or you don't just do acupuncture, or you don't just take drugs or chemotherapy or whatever. You're going for the whole holistic approach. You're throwing the whole bucket of sand at the person to make sure that everything fits together in as powerful a system as possible.

**Kathy:** That's correct. I really feel that the time is coming where the medical model is going to have to open up a little bit to hear some of this requirement for the change in language. We really saw that in the *Magic in Practice*. I was so

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excited when I read Garner Thomson's book because that had everything that I believe as well. That when we can provide our clients with a positive hopefulness, a positive priming if you will, instead of a negative one, I believe that we're moving them in a direction that's towards healing instead of directing them towards more illness.

**Igor:** Right and we all know from the whole placebo model, which is a very powerful model of health; the expectation is a key element of people recovering and even having a chance to recover.

**Kathy:** They also know and Garner talks in his book too, he really went into this too, looking at the allostatic load on the immune system. When the allostatic load is at the level it is during major illness, it's just horrific being sent around to different doctors and different tests and no one has...

**Igor:** A huge stress.

**Kathy:** It's awful and you're waiting in waiting rooms. Your life gets taken over by a foreign system. Everyone else seems to have all the details and all the information and you know nothing. Your contribution is not required. You're just a breast sitting there on a table or a heart that needs to be replaced or a liver that's damaged. You're just an organ. You're just a tissue. You're not a human being.

I know it's changing, but it's going to move along much quicker. I really think in my own heart that hypnosis and NLP too, are bringing this much faster into the medical model. I know in Britain this is really taking off and I know there are a few surgeons and oncologists that have gone to Britain to train with Garner.

This is going to be like a wildfire across North America because we just don't have this understanding in our medical model today.

**Igor:** I think it's a very exciting time and hopefully it will take off, because there's so much knowledge worth sharing and so much more healing that can be done as a result.

**Kathy:** Oh yeah and I'll also – it was one of the ones you and I talked about before we started this interview, but I would like to share that story of the little boy I worked with.

**Igor:** Oh, Cody. Yes, this is an amazing story.

**Kathy:** Well, the thing is, here was my first time really working with a child under the age of 7. It really showed me that the oncologist, up until the age of 7, doesn't know that they can't do something.

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Now, that's a profound understanding. When we hear all the wisdom in the world in the writings and the teachings out of the Bible even, it says we must become like a child to enter the Kingdom of Heaven. It totally started to connect these dots for me.

Well, the story of this little boy he was in the back garden of his parents' home up in the Interior. He was playing with some friends and an older boy came along and saw the Barbeque starter liquid there and he sprayed the boy, Cody, with this starter fluid and then he threw a match on him.

Cody went up like a Roman candle. His mom came out and grabbed an old blanket, rolled him on the ground and got the fire out. He was flown very quickly down to the hospital in BC and that's when he came to my attention. The therapists that were working with him were talking about his case and how horrific it was.

So I said to them, what's happened and they told me the story and said the doctors don't think he's going to live. So on that note, I said I'd be willing to send in some tapes for him to listen to if the parents were open to it. So I did this. I sat down and recorded in a very haphazard way – I didn't have the devices I have today for recording to make the sound clear and that sort of thing, but I sent him a recording.

My first concern was at a different level, rather than his physical body, I knew what had happened to him would have left him with a tremendous sense of shock that this could happen as the result of someone else doing something like this.

So my concern for him was if he really was going to die that he let other people carry the anger and he could forgive this boy and let it go. So the gist of that first recording for him was letting his mom and dad and the police deal with this boy and he didn't have to. He could let it go.

So I sent that one in and then the next time I was into the nurse's office at the hospital, they said oh would you do another one. Cody loved it. It was the first time he really relaxed when he was listening to it.

**Igor:** Fantastic.

**Kathy:** Yeah. Not only that, this was the first time I actually had a client on the machine to read blood gases, blood pressure and all of this. They said all of his anxieties just dropped right down.

**Igor:** Let me just pause you there. I know this story isn't finished yet, but you just raised a really important point, especially when it comes to hypnotherapy, which is often missed. This is the strange thing because people, even

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hypnotherapists, try to become very, shall we say, respectable and how do we try to become more respectable? By adopting some of the clinical models. We'll try to dress more respectably, which is fine. We'll speak with longer and more Latin sounding words so we sound impressive and all these things.

Then when we go to the symptoms, we do the same thing. We go off the symptoms and try to heal the symptoms or do this thing there. There's nothing wrong with that as a starting point, but what you're doing is actually turning the apple cart upside down, which I think is very interesting.

You're looking at the things, what is the mindset that might hold things in stasis and prevent a natural healing from occurring? In this case it's the shock, fear and anger of the event, runs a sort of thought loop, absorbs all his energy and rather than using that energy for healing, it's being wasted in, shall we say, negative or destructive thinking.

So your first point wasn't your body can heal and your body's done all these wonderful things, but you don't have to deal with this anymore. Let someone else take that burden. You've got enough on your plate just learning to heal your own body.

**Kathy:** Exactly. It was just an intuitive place to start. This was August 31 when the accident happened. It was a week before school started and I felt drawn to go to this place. First, to release any of that kind of stuff so that he didn't have to take any responsibility for this boy's actions and that he could release it completely if, in fact, he was going to into transition and leave his body.

So as this thing came together, the weeks passed and he didn't die. Of course, because he didn't die, more things were happening to him medically. It came to my attention that the nurses and the physios and the doctors would often talk to the parents of the children over the child. Like the mother's on one side of the bed and the doctor and nurses are on the other.

Now the child doesn't know what all these words mean, but what he's reading, especially before the age of 7, is the mirror neurons of his mother's internal map. So he's reading her stresses, her allostatic load, her tension and it pulls the energy once again from his healing.

So I said to this mother, be sure that whenever the doctors and nurses want to talk to you, that you tell Cody you'll be right back and you leave the room so that she was no longer causing him to lose energy with this.

So we carried on with the tapes depending on what they were attempting. The nurses would tell me what was coming next and I would do another CD. So I did CDs on a weekly basis pretty much for him through the whole month of September and into October.

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One of the ones that came up was that he had lifted his right arm up to protect his face when the flames came and it had burned the left hand so severely that the tendons showed and, of course, they were exposed to air and physios felt there was no possibility for any recovery in those tendons.

So I did an induction for him and he listened to it. During the induction, he and I, went mountain biking. We had to grip the gears and turn them and use the brakes and I had him very specifically during this whole thing really moving those hands and gripping them. Of course, his mind still had a whole body and still had function.

Sure enough, he moved that right arm and it was enough to get the physiotherapists excited about working with those tendons and getting the movement back in his hand. They were ready to give up and they wouldn't have continued, but they kept going.

Then when he came to skin grafts, my gosh, that was even wilder. They all said, oh, he's going to get infections. It's not going to take. Skin grafts never work. It was all negative- negative- negative.

So they went ahead and did the skin grafts, but I did a little tape for him just before the thing was happening. What I had him visualize was going into this room where all the switches were. The red ones were where it was sore and painful and the blue ones were where it was cool and natural. I just had him go in and turn all the switches to blue and I stayed with him while he did it.

Then I had him visualize all the new skin had little hands with red on it and all the old skin had hands with blue. The red hands had little pots of glue and they painted glue all over the new old skin. Then the little hands would grasp each other and he knew when they were grasping tight enough because all the hands would turn to purple.

So he did this and his skin grafts, I think he had less than 2% reject. It was phenomenal. Now it wasn't just through the work that I was doing. There was another chap too in the valley here in Chilliwack who had developed a suit that he put on Cody and it was new again. They let us do a lot of experimental stuff in a way because they didn't think Cody was going to live.

Anyway, the last thing that I sent in to him was a memory that his body before this accident was as strong a memory, as strong a path for growing up. That his dad had grown up, his uncles and everybody he knew as adult men had eventually grown up because their skin would have to grow and his would grow too.

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As his skin grew, he could let go of the scars and if he really wanted to. He could pick one tiny little scar to keep as a reminder of just how powerful he was as a healer.

Then the last piece that I put on that, which I didn't fully understand myself, but Harry told me about it later as I was sharing this with him. He said it was future pacing. Future pacing is healing. The piece that I put on the very end of it was that he could take this home and eventually it would become something that he could count on for the rest of his life as being something he knew he had the potential to do, which was to heal himself fully and completely.

Then the next thing happened, I'm telling you, it was so profound. The nurses were saying to me, this boy's a miracle. He's surprising us all. He's healing so fast. We've never seen anything like it. I knew in the mind of Cody, he would see that as not being okay. Or he might see it as not okay.

So I did another last tape for him and I sent it in to him. This was getting close to the end of November and he was going to be going home in December. So I sent this in and I said to him, it can always be our secret. That he could heal as quickly as he wanted to, whenever he wanted and that just because the adults didn't believe it, he could believe and know that it was true for himself.

So in January, this is the part of the story that always just gets me, I was doing a presentation for 167 nurses in the Lower Mainland. I got up in front of these women and men and they're like pasty and grey, exhausted and falling asleep in their chair and they had to attend this lecture that everyone was giving. There was a whole series of lectures that day.

So I threw my notes aside. I was going to talk about Hospice. I threw my notes aside and told the story of Cody and how all these different things had come through and how the nurses had learned different things about how we were working with his case.

At the end of my talk, I thought, well, I'm going to go because half these people are asleep anyway. I turned around and there was a line-up of nurses behind me to talk to me. I got part way through the line-up of people talking to me about how great they thought it was and two of them came up and said, we were Cody's nurses. We listened to your tapes too.

**Igor:** Wow. That must have been quite a welcomed surprise.

**Kathy:** It was. One of them said to me that just before he went home, they had two helicopter pilots come in with third degree burns to their hands. So Cody went into their room and he was telling them to imagine a room with all the switches...

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**Igor:** That's fantastic.

**Kathy:** I know. I thought it was amazing too. It was really great. So he did go home and he survived. I heard later that the family relocated from where they had been living and moved to another place and started life anew.

He had lots of challenges and lots of things he still had to work through, but he lived. He lived.

**Igor:** That's a really amazing story. One of the things that interests me here is you did some amazing hypnotic work and some great and truly profound principles you're using in those inductions that you described. The amazing thing for me right now is at this point, you still had no "formal" training.

**Kathy:** None whatsoever.

**Igor:** You were still flying by the seat of your pants.

→ How did you do it?

→ How did you get to the point where you knew the kind of things to say and fit the moment?

Most people, especially when they've gone to more traditional trainings, they'll sit there and the first thing they'll think about is, my book of scripts doesn't have a script in here for a little boy who's got 60% of his body burnt off in a fire.

**Kathy:** Exactly. It's a funny thing. I had read a lot of Edgar Cayce. I read a lot of his magnificent work that he did. I also had read a lot of natural healers, really. I'd studied a lot of that kind of thing where it was more fine tuning your own intuition and listening to that. Not being afraid of following that inner guidance, if you will.

Sometimes, even today like, I've done a lot of training now after 17 years really of doing no training. Then I decided I wanted to do this professionally and that required the certification and this sort of thing. Before I went for the certification, I met with Lee Pulist, who's quite a famous name here in the Lower Mainland. He just said the same thing to me.

He said, don't take any training. He actually wrote an article about it in one of the local magazines here on therapy and hypnosis. He said, really the training, the dogma and the patterns, the pattern to follow and that type of thing that they get into in hypnotic trance training can very often squash that intuitive part that comes up.



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You default to be safe. When you're out there in this kind of work, you are treading water. You're not sure where it's going. If you can't have faith in yourself that what you're bringing through – I mean that was the thing for the five years of doing the circle at Eagle Ridge. I could not use a script. The first time I tried, the first night I went, we had to turn all the lights out.

**Igor:** That kind of defeats the purpose, doesn't it? That was a really lucky mistake.

**Kathy:** Yeah. People would say to me, how did you know to say those things? I so needed to hear that tonight. I tell you it was so amazing to me and probably for about the first six months of my running that circle on my own, as I was driving up to the hospital every Tuesday night, I'd be sitting there going, oh my gosh, what am I going to do tonight?

After a while, you just get so that you know what you know and you know how to get people as deep as they can go. What I was always looking for was the response from the circle afterwards that the people literally lost my voice part way through and then I knew they were getting into the deep- deep- deep states of trance.

**Igor:** I think you've just given us a really nice format, especially for the more, shall we say, budding hypnotists who are just starting off on the first few paces for really developing that intuition and also that skill without getting bogged down by dogma, inhibitions, fears and concerns.

To me, it sounds like a very simple approach. Go find some organization that could use your help, like an old age home or a children's center and just offer them free relaxation circles. That's a great idea.

**Kathy:** Totally.

**Igor:** Once you're doing this and you're doing it regularly – because that was a part of it – you're making this stuff up as you go along. At the end of it, just make sure you get feedback from people. Tell me, how was that? What did you experience? What was it like for you? So you're now gaining your feedback, you're gaining your investment in terms of your language and all those bits and pieces and you're really developing a powerful hypnotic muscle.

I think it's a really wonderful process to go through when you're making the transition between just interested and curious about hypnosis to being ready to actually do this full time, if you want to be doing hypnotherapy full time. For that transition phase in between, this is a charming and really positive way of using your skills.

## Hypnosis Master – Kathy Welter

**Kathy:** Oh, I so agree. The thing is you have to get to a place – and I think I was there before I did the professional training, if you will. I met with different people who ran companies here and at one point I said to Harry, my husband that I thought I should go and take a clinical hypnotherapy certification program. We found one in New York State. It was the NGH, I think, or it was or IMDHA. It was a four-day certification program.

**Igor:** I bet you got a shock when you actually saw what the actual certification required, right?

**Kathy:** I know. Harry just looked at it and he said, don't do it. It's just a joke, just don't even do that. So instead, I went the NLP route, which was a wonderful tool really. It's a wonderful model for breaking things down to give yourself a lot of skill around the modeling aspect of it. So I found that was the big thing out of there.

Then, of course, I'd already done some reading on my own on Milton Erickson. I really liked his and I'd read some of Shakti Gawain, which is more along the lines of creative visualization and I liked that approach too. Creative visualization, I think, is very under-appreciated in our society. If we think creative anything, it's woo-woo.

The unconscious takes everything we do verbatim. So if we're telling ourselves a lot of negative things, it's going to create that. So if we tell ourselves something that we want, we can create that too. So I got a lot from her work and I really liked her too.

You can see my interest in this was really from what I could bring back to the circle and what I could give to the people I was working with. All still while I was working full time in the insurance industry.

**Igor:** Right. So you spent a lot of time developing a skill, which at the time was basically, more like a hobby plus a little bit of a way of giving back to the community, rather than actually contemplation of that full-time work.

When did you make the decision that actually this is something you'd like to do more of and maybe the corporate work is something that you quite happily would stop doing as a result?

**Kathy:** Well, I have to be truthful and honest about everything I do these days, Igor. To tell you the truth, I really like money.

**Igor:** I'm glad that you do because it's not a bad thing.

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**Kathy:** It was very difficult for me to look at the career I had. I was in the commercial side of insurance, so I was used to working with hundreds of millions of dollars of insurable assets and shipping goods around the world and this kind of thing.

The company I was working with at the time I joined them were in the area of about \$4 million. I'd been with them for about 10 years and when I left I developed the e-commerce website for them and they were up to \$40 million in 11 years, without adding any staff.

It was purely through the e-commerce website and outsourcing all of the work, if you will, to their clients. It was a fantastic way to show the power of e-commerce. They were doing terrifically well and were very happy with the shifts and changes, the money as well that was the thing. I'd worked with so many dollars that I was not prepared to start at \$25 an hour and hope for the best. It's just not my way of doing things.

So with that, I went out and I did a very typical NLP thing. I started modeling people that were very good at this work. Lee Pulist was one of them, I already had worked with Liz for a long time and I spoke to a couple of doctors here at our University of British Columbia. There was one in particular – and I meant to get her name, I forget it now – she's a woman who does a lot of work in Chicago as well.

I went and sat with her and asked her a bunch of questions and I told her what I'd been doing. She was like Lee and said, you really don't need any education. You just need to start working. I still had this requirement for my own purpose. I needed the certificate to kind of validate that...

**Igor:** For sure. I understand that.

**Kathy:** So I looked for a program that was substantial and the one I found was 10 months. So I was going to be working full time as well as doing the program over a period of 10 months. It gave me the sense of really working in the material.

I learned the structure and as I learned the structure of hypnotic trance, deep trance states and all the bits and pieces, it was an affirmation of everything I already knew, along with some very specific techniques for rapid induction.

I just simply added those to my skill sets. There was a little bit of what I would call business overview, but not nearly enough for a person to get started in business on their own. I was grateful that I had some business experience myself.

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**Igor:** That's usually one of the biggest downfalls of hypnotherapy schools is they'll teach you the skills and even if they teach you great skills, they pretty much leave you hanging out there to work things out for yourself after that.

**Kathy:** Yeah. You need a solid business plan. There are lots of them out there, but you need to know what your product is and you need to have the one-minute elevator speech. You need to be able to do network marketing and this kind of thing. If you don't have those kinds of things in a comfortable place, then that part becomes work and it can often really sink a good therapist, I think.

**Igor:** And that's a crying shame. We joked earlier on about liking money, but I actually honestly believe that as hypnotherapists, we ought to like money.

1. The pure reason for this is number one, you getting wealthier is a direct consequence of you doing good work, in other words helping people live a better life.
2. Number two, if you're not wealthy enough to be able to maintain a decent life, eventually you'll go bankrupt or you'll have to end up working sweeping streets or whatever it is.

All the good work you could have been doing will never get done because you can't afford to go and do it. So you don't have to go and rape the planet, but having a sense of here's how a business works, here's how the fair exchange works is so important to us because otherwise we can't do our work. Ultimately, if you're here to help people, you can't help two or three people and then give up because you can't afford it anymore.

You're better off spending the next 30 years doing great work with thousands of people and having a solid business plan behind that, that allows you to keep going.

**Kathy:** Totally. I had a lady here today she's in a bit of a dire straits financially. She's a really good healer. She's got a lot of good skills and abilities. A very intuitive person, but she's doing it all free. I said to her, what's the difference between doing it for free and charging money? You see so if pushed her price too low and now you have to raise your prices, why would I pay more than free if you were willing to do it for free for me last week?

So we have to get our head out of this space that because we're in the healing arts or in the educational arts, or we're in the work of helping people heal or even get what they want, which is, by the way, my mantra in life. I like helping people get what they want. That covers the whole gambit of what I do. So long as they know what they want, I can help them get it.

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The thing with this lady, too, was she wanted to charge, but she didn't know how to start doing that. It was a real struggle for her to stop telling me her story and just listen to what I was suggestion to her.

**Igor:** For sure.

**Kathy:** Her story was so engrained. Well, I should be helping. I shouldn't be asking money for what I'm doing.

**Igor:** Right. It's understandable because this is exactly the issues that we have, which keep us as therapists in the first place.

**Kathy:** So how we finished with our little session here today is I've kind of developed a little coaching program and it is using NLP and hypnosis with these guys because at a very deep level of the unconscious, they need to re-pattern that thinking. It's really powerful, because it's a one-day program, it's not terribly expensive.

I just feel like there needs to be more professionalism in our business. We need some business skills along with having the ability to do the work. Otherwise, we've got to go back and get a job at 7-1-1. That's the bottom line.

**Igor:** It is. The irony of it is that actually you'll be saving people a ton of cash and heartache if you do it right. Just to use an example of, actually an area of specialty, you'll be sharing with us again over the course of the next few interviews, you'll be telling us a little bit – I mean we'll ask you a few questions today even about your bulimia model.

Just to put it in perspective for everyone, for people who treat bulimia, the success rate is very low. I don't know if you have any statistics on this, but it's a tiny percentage of people who actually, manage to break the habit. Usually they get sent to these \$10,000 to \$20,000 clinics where hardcore drug users are going. So it's not necessarily the healthiest environment. In fact, when it comes to other people anyway and it doesn't even have a huge success rate.

**Kathy:** The problem with this – I mean if we're going to get into the eating disorder here, we can certainly launch into it. The confounding approach, I think what is confounding the psychotherapists, the therapists, the social workers, the people that are very used to their methodology of working through language, working through talking to the client to resolve issues and it has a powerful place in our healing methodology.

However, it was many years ago that Mr. Carl Jung devised and said that therapy does not help in alcoholism or addiction. When he kind of booted that one out of the door, then it released people to find a different method. What

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he said was that the addicted person needed to reconnect with their spiritual self. They needed to find that connection once again.

Well, when we started taking apart bulimia and looking at bulimia – and both my husband Harry and I do a lot of work with addictions. At least we did anyway. When bulimia came along, we uncovered a very unknown truth about bulimia and that is that it is a pure addiction to the chemistry that is fired off in the person's body through the binging. They can do about 3700 calories in 20 minutes.

That's a lot of food that they pack into the body, so when they overwhelm the system to that level the chemistry that's released inside the person's body, to manage that kind of caloric intake, releases endorphins, serotonin and other chemistry in the brain.

As soon as they purge it, as soon as they purge it, all these chemicals have a free run through the system because there's nothing for them to do.

**Igor:** Right. It's just a massive high, right?

**Kathy:** It's a massive high and it takes about an hour for the system to reabsorb these chemicals.

**Igor:** Can you tell us, for example, just the little snippet you shared last time about the mother who'd spent over \$90,000 sending her daughter through addiction centers, but then for a \$3,000 breakthrough session with you – like a three-day intensive with you.

She's getting way better results and it's a tiny, tiny fraction of what it normally would cost to inadequately address the problem in the first place.

**Kathy:** Exactly. The thing is, the problem is, is that therapy needs to talk. Well, the minute you start to talk to an alcoholic about alcohol, what are you doing? You are increasing that intensity, that desire in them. The more you talk about alcohol, of course, the more they want it.

**Igor:** Especially if you find that most talk therapies talk directly to the conscious mind, which is kind of divorced from the whole problem in the first place. So it just adds fuel to the flame, right.

**Kathy:** Oh, it's huge. So nobody in their right mind would sit down with an alcoholic today and talk to them about alcohol. You just wouldn't do that. But in talk therapy today, with bulimia, they sit down and they talk to the girl about food. Well, what does that do? If she has an internal dialogue going on the whole time about where's my next binge? Where's my next binge? I need to get

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some food. I'm feeling really stressed. I need food. So she is just running that internal dialogue the whole time.

Not only that with bulimics, when I've done the work using sub-modalities out of NLP, they tell me that they visualize the muffin as 10 times its size and steaming and hot with butter. They can smell it and taste it and they're all excited about it. So let's talk to them about muffins. They're not going to tell you they're seeing it 10 times the size because they don't even realize that they're seeing food in a different way than everyone else is.

**Igor:** Right. It's a given for them and, as a result, it's the elusive obvious. The thing that they don't about is exactly what needs to be flushed out for change.

**Kathy:** While you've got talk therapists that are talking about the food. You see. So it's like waving the red flag in front of the bull. So as a result, I must say, I've had two psychotherapists here in Vancouver refer clients to me that were really, really sick and got referred to the hospital.

They sent the client onto me and we get rid of the food cravings, we get rid of this hyperactivity around food, we change the sub-modalities around for them, we change food to black and white, take the steam off, remove the butter and we make the muffin shrink down so it's the size of a crumb.

We do things like this, which is really simple and basic in LP terms, but we teach them these skills and then they're able to manage their cravings for food. Doesn't that make sense? Then I use some negative anchoring around the foods that are there. It's the one place where I'll use a negative and I'll anchor it around foods that are they're compulsive foods.

So if a girl's got an addiction to chocolate, for instance, I'll make the chocolate taste terrible and anchor that. I'll change sub-modalities around the smell of it. It's suddenly not going to smell as good as it used to. In fact, it's going to start to smell like dog poop and things like this.

So I'll anchor those states and they come out of it and I test it. Think about chocolate and their faces screw up and they go, oh my God, I don't want to eat chocolate. So now I know I've got those all collapsed, all those anchors to those trigger foods. Then minute you get rid of some of these things, you've already given her tools she never had before.

You're not going to get that in a psychotherapist's office. You're going to get a prescription for drugs, which now ends of giving you two problems, both the bulimia, which is the addiction and now you've got drugs on top of that.

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**Igor:** At best all the drugs do is they cover something up. I don't want to knock drugs too badly in the sense that they have their place. They stabilize the system, if, for example, someone is having psychotic episodes. It's not like saying, get off those drugs young man and have more psychotic episodes.

Take the drugs young man and let's see if we can start managing your state, your emotion, your perception and so on, so by the time you come off the drugs, you can deal with psychotic episodes much better and ultimately learn to manage them and lead a happy and rewarding life.

So it has its place, it's just given out randomly. It's a cover-up. It's like a Band-Aid that never goes away. It's like putting a plaster cast on a broken leg. How will the leg ever learn to support its own weight again if the cast is doing it all for it?

**Kathy:** That's it. So a lot of these things are just an evolution in terms understanding what's at the root of these kinds of disorders. When we really get down to the basis of it, again, in bulimia, it is a total distancing from their inner self. They have just walked away from who they are.

Just looking at the demographics, if you will, of these young women, every one of them that I've had – and I've treated over 100 bulimics now – and every one of them is kind of that magical child. The one that was very young and before the age of 7, they could see fairies. They were never a problem child, they always ate all their food and they always cleaned up with mommy.

As life catches up with this kind of person, this kind of child, it sometimes can be a little too overwhelming. A lot of times, it's in a family where things have gone a little off, mom or dad has died or left or something's gone on. The overwhelming nature and structure of it just collapses on this little magical being.

A perfect example of a bulimic is Princess Di. There is the whole family laid out for you to look at. She was just overwhelmed and lost in the pain of her family's experience and her mother leaving. She just never really got that sorted out. I don't know if she ever really got her eating disorder under control or not. She didn't talk about it too much after the divorce went through, but it was very much a big part of her difficulty.

**Igor:** Right. This is what I like. We've had some pretty in depth chats about the whole bulimic thing and your approach to it. I've got say, it's very impressive. For all of you listening right now, I strongly encourage you to hang on to your hats when it comes to the next two interviews.



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Kathy is going to take us on a rollercoaster ride step-by-step through the actual, shall we say, mindset and the understandings and the insights, like the drug rush and the family dynamic and stuff that we've just been touching upon today, which lie underneath bulimics.

When you understand that, your approach becomes so much more natural because you're now targeting the actual dynamic that's actually causing the problem.

Then also you're going to share with us, I believe, Kathy, your actual system, your three-day breakthrough session, which is I've got to say such a clever system. It just totally makes sense. I'm not surprised at all that you have really powerful results and why people get so excited when they're working with you.

Before we finish up today, though, because we're running out of time now, we've taken quite a rollercoaster ride here from your starting point with the relaxation circles and cancer patients through to some pretty intense healing with people like Cory and so on. Moving on to again another area that people are clueless about, which is successfully treating bulimia, rather than just talking at them and hoping for the best.

**Kathy:** Yeah and it's pretty disheartening for the bulimic too. They don't want to be in this place either.

**Igor:** I don't think anyone wants to be sick. Even if they're hanging on to a sickness as a shield, being healthy and happy, once you have a choice, I mean a genuine choice, rather than being not sick and still miserable, that's a very different condition to being healthy, happy and in charge of your life. Who doesn't want that once they get a genuine choice and can actually go for it?

**Kathy:** It's an interesting thing. I will share this other part of it with you. It's a little bit of an inoculation I do with the girls even before I start with them. Every one of them has shared this with me, that they were so afraid to come and actually see me or to even call me or contact me and for two reasons. Both of them are kind of polar opposites.

The first one is that it might not work for them. Sure I've got all these stories that worked for everyone else, but it might not work for them. The other side of that is that it might work and what are they going to do in their life to cope with these feelings when they no longer have bulimia.

**Igor:** This is a really important point because if all that happens is the bulimia goes away, you haven't really given them a genuine choice. You've just left them un-resourceful. They can no longer cope with all the other things that are going on in their lives.

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This is what I like about your program and we'll come into this more in the later interview when we go through the program. You take care of the whole deal. In other words, you deal with the food issues, you deal with the addictive elements, but you also deal with here's your whole life, here's how you map out your life, here's how you cope with sometimes very intense situations without needing to resort to bulimia as a coping mechanism.

**Kathy:** Oh, that's it. I'll tell you I had a conversation with a dad of this next client I'm going to be working with. He has two daughters. He's a wonderful man, really cares about his two daughters, very proud of both of them. So he said to me at the end when he'd finished speaking to me – and his daughter's in her mid-20s.

She's not a child anymore and they all just found out about this situation. So they're all in a little bit of panic and just like, oh my gosh, how did we not know that this was going on?

So he says to me – and oh my gosh, you have to deal with all these bits and pieces – and he says to me, now if you're going to do hypnosis on her, you're not going to change her are you because she's a really beautiful girl and we don't really want her to gain any weight?

**Igor:** You can already see bit of the genetic going on right there.

**Kathy:** You can see exactly where this girl has gotten this set up and it's being reinforced by dad. You're perfect the way you are, but – and this is really the thing. In our society, I have to say, there are very few people in our society in the West that can actually say they never think about their weight.

Most of us are always sitting there going, well, I could lose another 10, or I could lose another 20. I need to go to the club. I need work workout. We're always on this weight gig. There are honestly some people, I think would literally say, I wish I didn't have to do all these diets. I honestly wish I could throw it up so I didn't have to gain weight.

So when the bulimic says to the public, or whoever finds out that they are doing this, well I don't want to gain weight. I mean it literally shuts us all up because internally, we're all thinking the same thing too. We just aren't able to throw it up.

**Igor:** It seems almost like an extreme case, but sort of semi-reasonable. Yeah, I kind of sympathize. I like the idea. Then the irony is and this is something you already mentioned, the actual pattern has absolutely very little or almost nothing sometimes to do with the actual idea of weight.

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It's to do with control issues and with the rush and all these other things, which is the crazy part. Of course, no wonder that regular psychotherapist's are running around in circles at this point because they're dealing with what they've been told, rather than what the genuine dynamic is.

**Kathy:** That's exactly right and it is such a fantastic pattern interruption. That's exactly what it does. It interrupts anybody's pattern the moment that woman would say that. A lot of the women that I've worked with, their mothers have eating problems. I've met the mothers. They're highly overweight. They're using food emotionally all the time.

So they've got this model in the family already. As soon as they would say that to the mother, who already has an eating problem of her own, it naturally is going to shut everybody up. They don't want her to get fat like her mother.

**Igor:** Now I know we'll be discussing this whole dynamic in much closer detail in the next interview as well. So before we finish up today, what I wanted to do is – and I'm sorry for cutting you off a little bit here, but we will be covering this absolutely in full detail in the call, which I'm really actually excited about.

One thing I was going to focus on just before we finish up here is you do something very interesting, which is related to your history in hypnosis and your understanding of powerful deep trance states. You really have an affinity for it because you've gotten people into really deep trance states pretty much from the get go, which is a tremendous accomplishment.

You and your husband, Harry, have these wonderful deep trance states journeys that you take people through. Could you tell us a little bit more about how that works so that if people are interested in it or have seen some of your work themselves, they can kind of test it out?

**Kathy:** This is what I think is really important. Here's the trip on this one. I don't think – well, I don't know, maybe a hypnotherapist could argue this point – but I think you have to be comfortable going into the state as deep as you can yourself.

If you can master traveling through the deep trance state and all the while still maintain your ability to be aware in that very deep unconscious state, then you are really getting into the place of what we call self-mastery. We've been coached in our society to be very afraid of that deep unconscious pool within all of us because that's where the boogie-man lives.

But, the fact of the matter is, when we get in touch with that part of ourselves, that opens the gateways, the doorways for our miraculous self to appear, and that is the part the deep trance state does for people.

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We just finished the one in Rome and 28 people attended. Most of them are in this business of either, NLP schools and coaching or therapists and they all went through all the gateways, even to the deepest, deepest states. They were literally in trance for seven days. Morning trance and afternoon trance would be several hours and still sleeping through the night.

By the third night, everybody was sleeping so soundly. The first couple of nights, people were wiggling around a little bit. But I'll tell you, by the end of the week, these people had no fear of the deep trance state themselves. Now if you can go into a deep trance state, you can affect everyone around you, especially people that are nervous about the deep trance state and that's usually your client who's afraid of what they're going to uncover in there.

**Igor:** That's the secret of going first. The whole power of making it look easy. I acknowledge, you can do hypnosis without ever experiencing anything other than the mildest shift in your own personal state, but when you can take these big leaps and go first into these big states, it becomes so easy to put other people in trance.

All these fears about what if they don't go, disappears. It's more a question of, man, okay, you can hold on by your fingernails, but I can see it slipping because there is just no way you can hang on, when you see that deeper part of yourself.

**Kathy:** I know. It's awesome and the funny thing is it's not so much worry about if they'll go. Now it gets more about how do we get them back?

**Igor:** Exactly.

**Kathy:** They just have such a great ride. We had a few people in our Italian workshop that were just riding so deep. They would come out finally. One particular chap there was fantastic at going deep. He'd done a lot of meditation himself and so he would go deep. Finally, I said to him, if you continue to fool around like this coming back, I won't let you go in this deep anymore.

**Igor:** So he shaped up pretty quickly?

**Kathy:** Yeah, pretty quick. So really for anybody that's into healing arts, anybody that's in any kind of work with the public in this way, I tell you it is the greatest rapport builder to go in yourself quickly and easily. You just open the door and let your client fall in. That just sets up such a beautiful rapport. There's no expectation on them because you do it for them.

So this is really what the deep trance state's is teaching people, teaching therapists. Even if you're a psychotherapist and perhaps not that keen on

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hypnosis, it doesn't matter. This is really about establishing a very deep level of rapport with your client.

**Igor:** I can understand that. Now if people want to find out more about this, they can either go to [DeepTranceStates.com](http://DeepTranceStates.com), or your main website, which [WaysOfTheWiseWoman.com](http://WaysOfTheWiseWoman.com), where they all can find out more about the deep trance states that we just talked about. Also, about your work with bulimia because I know that you're starting to teach people this as well.

**Kathy:** Yes.

**Igor:** So they just come to your website, they can get in touch with you and you'll let them know all about those things.

**Kathy:** Yes. I'd like to really be seeing this happen in the next little while because quite frankly, I can't do them all. There are a lot. This is only 3% diagnosed. Bulimia is 3% diagnosed. They call it the iceberg of eating disorders. It's huge.

**Igor:** If nothing else, as a business plan, it's fantastic. You're charging about \$3,000 for a breakthrough session. You have six people already queued up. It doesn't take a genius to work out the math on the that and there are hundreds more who are all going to the wrong places.

**Kathy:** I think so.

**Igor:** This has real potential.

**Kathy:** Well, you know what it has real potential of here? From my perspective on it, it's like when Richard Bandler broke down this idea that phobias could not be cured, that one-trial learning was permanent. When he broke that door down, now everybody on the planet knows, anybody who's a therapist knows that phobics can be relieved of that phobia in less than 20 minutes.

So when people talk to me about how can you do it in three days, I just say to them, I think I'm taking too long, to be honest.

**Igor:** I like that attitude. Sadly, Kathy, we're running out of time for today, but it's been a real pleasure talking to you. I actually really look forward to speaking to you again on the next session because we'll be exploring the mindset of a bulimic so we understand the dynamic that's going on.

Then finally, we'll see how we can turn that dynamic into an actual intervention of your three-day breakthrough session, which is a phenomenal session. It really takes these girls from A-Z so they're transformed as people

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by the end of it. They really become stronger, more empowered, healthier and happier and can kick this addiction for the rest of their lives. There are some very powerful and positive things, you can do for people.

**Kathy:** Exactly and I'm super happy to be sharing it.

**Igor:** I'm excited as well. So until the next call then, I've been talking to Master Hypnotist, Kathy Welter, from [WaysOfTheWiseWoman.com](http://WaysOfTheWiseWoman.com). My name is Igor Ledochowski from [StreetHypnosis.com](http://StreetHypnosis.com) and I look forward to speaking with you, particularly, Kathy and everyone else, of course, that's listening in, on the next session.

## Hypnosis Master – Kathy Welter

### Seminar 1 – Part 1

**Igor:** Welcome to [StreetHypnosis.com](http://StreetHypnosis.com). I'm here with Master Hypnotist Kathy Welter from [WaysOfTheWiseWoman.com](http://WaysOfTheWiseWoman.com). This is the second interview in our interview with Kathy. In the first one, we discovered her pretty impressive path through the hypnosis world.

In this one, we're going to start looking at the idea of eating disorders, in particular bulimia and we're going to look at the dynamic behind the pattern so that in understanding what happens in bulimia, we have a true understanding as to how we can combat it.

First, welcome back Kathy, I'm very excited to have you back on the interview.

**Kathy:** Thank you. It's great to be back with you again.

**Igor:** We touched on some of the important aspect of this on the last interview, which is that most people who try to treat bulimia are totally misunderstanding the nature of the pattern. In fact, they're getting misdirected in a lot of ways.

They're very clever at it in terms of presenting an acceptable excuse for why they're doing it, which ends up having very little, if anything, to do with what they're really doing, so that they kind of get stuck in a loop where their helpers can't really help them either.

I thought what would be useful is can you give us an overview of what the actual pattern is.

◆ **What's actually causing primarily these girls to fall into the same syndrome over and over again?**

**Kathy:** Well, as you look at it, the pattern often is there in the family to begin with. I would say the majority of women today there are very few that aren't a little bit concerned about weight at some level.

**Igor:** Right.

**Kathy:** When I do the initial intake with the woman, I often ask her what was going on in the family? What was the eating patterns in the family? One young woman I worked with, her mother would cook dinner for everyone and this girl was the middle child of three with two brothers, a dad and the family was still intact. Everyone had grown up and the family was intact, but the mother never ate with them.

What she would do is she would make dinner, put it on the table and then she would go back into the kitchen and just consume everything that was there.

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She'd eat in the kitchen. Now this was the pattern. The whole family knew she was doing it, but it's the elephant in the kitchen. Nobody ever confronted that.

So the kids ate with their father and the father always had this thing that they had to eat everything on their plate and they had to do it quickly. She said both her brothers and herself learned how to eat food extremely fast and they had to eat it all. They also learned that eating it fast, they could get more in. As soon as they could eat it fast and get everything in, they were down from the table and gone.

She said that for all of her life, she'd never had her mother sit at their dining room table and eat as a family. It just didn't happen.

Igor:

- ◆ **So, basically, the mother at this point is actually already presenting the same kind of pattern at some level and the young girl is being imprinted by it?**

Kathy: Oh, totally. They know there's something going on around food in the family and it's creating a problem. The other thing that happens in our society too is that right from the child's birth, there is a real panic on young mothers, both from the nursing model side and from the side of the doctors. As you take your child back to the doctor, if it's lost a pound in the first week, everyone's freaking out on you.

So the mother is obsessed with the child gaining weight. That obsession can turn into lifelong pushing of food at children. I've also, been with mothers that I have observed, where even from a very young age in the child— four to five months—the mom saying if she's finished with the bottle or the breast whatever she's doing with the infant she says, if she's playing around and not eating, I'm not putting food in front of her.

That to me is kind of an unconscious thing that's there in the mother. Just as it's unconscious in the other mother that's fretful about food getting into the child, she doesn't know what she's so anxious that the child has to eat, but she knows it's her job as the mother to get food into that kid.

I've seen the difference. I've watched a mother not be obsessive about the child eating everything on its plate and I've also watched the mother that is obsessive that the child finish every drop in the bottle and everything on its plate and keep force feeding these children.

Similar to the dad who was similar at the table and saying, every kid at his table has to eat everything on the plate. So there's these patterns of food and anxiety around food that get established at an early age or get neutralized at an early age.



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We still see today people that are obsessed with food either in controlling it or in managing how the family is processing food. How much is being eaten. A mother spends a whole day preparing food or getting food on the table for the family and she wants to see everybody eat it and every drop of it and everyone to be congratulating her on a great dinner.

So this is the context of food. It's associated to all kinds of other emotional issues. Do you see what I'm saying?

**Igor:** Right. So the idea is then that as people themselves become more, shall we say, hypersensitive to all these food issues, much like a parent who's got a phobia, like a phobia of spiders, will unconsciously transfer it unto their children without even realizing it. The food issues get transferred and this creates the wedge in the door through which bulimia can actually end up manifesting.

**Kathy:** Absolutely and I would say too that the other piece of this is really the mother/daughter relationship does come into this, as much as mothers sit there and think, oh, I get blamed for everything. It's not really blaming the mother for what's going on here, but there is pattern that goes between the mother and the daughter and it's really quite unique.

It's unique to our Western society, which really says – and this is a truth and it's something that we all innately know and it's not a comfortable one – but as women in this society, we know it's not okay to grow old. It's just not okay.

**Igor:** Right. It's another one of those big fears, which no one really talks about.

**Kathy:** That's right. What ends up happening is as women are aging. They're doing everything they can to fight off the aging process. So the young girl who's growing up in the family, obviously, if she's out with her mother somewhere, the mother is obviously old enough to have a daughter that's 16 or 17, even though she might look quite young. It's just picked up almost instantly.

Some of the things that start happening is people say, oh my goodness, you look too young to have a daughter this age. Or, you look too young to have a daughter that could have a daughter. You're too young to be a grandmother. What this really does is it becomes one of those cliché type situations that's the same as when you first greet someone and you haven't seen them in a while and you say, oh my gosh, you look great, you've lost some weight, you must have lost some weight, you look so good. It's the same kind of affirmation that people strive for.

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Yeah, I want to wear clothes that make me look thinner or I want to put creams on my face or have a facelift so that I look younger. This is just part of that nonsense – I really believe its nonsense – that goes on in the Western world.

One of the things that we do in our Western society is completely and totally disallow the wisdom of the crone years. Even the word crone would set women just teetering on their nerves going oh my God I don't want to be crone. That sounds terrible. But this is really the wise woman. This is when we come into our wisdom and we don't really get there when we're in our mid-30s or mid-40s.

We have to live life long enough and those crone years really are our power years as a woman. We disallow women to age in an appropriate way.

I think what ends up happening is we set up this generational envy and it's most powerfully evident in that old fairy tale of Snow White and the Seven Dwarfs. I went back and I looked up the original story, the Grimm's Fairy Tale. When you actually go back and look at the original fairy tale, it is Snow White's mother – it's not an evil stepmother it's her mother who actually calls out of the ethers; this child.

She pricks her finger on the spinning wheel and a drop of red blood falls on the snow in her windowsill. The sill itself is ebony, so she makes a wish or an incantation for a child that's got skin as white as snow, lips as red as blood and hair as dark as the ebony windowsill. So then very shortly thereafter, she gives birth to this child.

It's when the child begins to move into her early teens and begins to actually move into this place within the family where she's in competition with the mother. Now there's a thing going on here and every mother knows it, whether it's conscious or unconscious. What is happening is the daughter begins to interact with the father in the family in a sort of flirtatious way and it's right for her to do that. It's the safest place for her to start to practice what the real world's going to be like because she's with somebody that's totally safe. It's her dad.

He starts to notice that she's a budding young woman and she's getting a bit shapely and he begins to tease.

**Igor:** Just to emphasize this point, it happens in hundreds of families and it happens in a very healthy way normally. It's when the dynamics that somehow get skewed, when there's perhaps a jealousy or insecurity that gets rubbed the wrong way.

◆ **That's when it can start going wrong is that right?**

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**Kathy:** It's true because what ends up happening is the daughter still needs the nurturing from the mother. As long as we have our mother for the whole of our life, we need the nurturing from our mother. As Christiane Northrup, the MD who wrote, *Women's Body, Women's Wisdom* and also wrote, *Mother-Daughter Wisdom*, says our mother is forever our North star. Everything that our mother does for us in advance of us gives us the guiding light to be able to do it and navigate those years ourselves.

So when our mothers refuse to nurture us through those teen years, or pull back that energy, or actually set it up so that they indeed put us to sleep and that's ultimately what the mother does in the story of Snow White and the Seven Dwarfs. She eventually gives her the apple that puts the daughter to sleep. What I read that as, Igor was she puts the daughter into a trance. It's a very deep trance and she cannot awaken from it. To me that is what bulimia is.

**Igor:** So she's stuck in a pattern. This trance is running a routine, so very bulimia is in some respects the Snow White story, where the girl has fallen asleep for 100 years. She can't wake herself up and she needs something to shake her out of that reality to start freeing it.

Now let me just recap a couple of things you said there because I think they're very important. So we have general social issues around food, a lot of connections around food. Food is love. You must eat your food and so on. Also obsessions around food, ranging from eat more to be healthy, don't eat too much or you'll be unhealthy or unattractive. So we've got all kinds of mixed messages around food to start with.

Then on top of that, we have a social phobia around women who age. In other words, they're afraid of it and there's a huge industry built up on the anti-aging thing. So those fears again, mixed in with the ideas around food, already begin to create a hotbed.

But those two things on their own aren't enough because millions of girls are going through exactly the same scenario and they still manage to grow up relatively healthy and relatively happy. Whilst things might be better, they're not necessarily turning into Bulimics. So something else needs to be present to take this, shall we say, powder keg and set it off.

If I understand you correctly, that's this final stage, which is when the girl starts turning in a woman and for whatever reason, the mother can't allow it. So then she starts sabotaging directly or indirectly without even knowing it.

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Now we have all the major pieces in place where the only way that the girl is being pushed and can escape is into some form of trance, an unhealthy form and bulimia very often is the result of that to release whatever pent up energies are being blocked in some way.

**Kathy:** Yes, that's a very generalized one, but sincerely when I looked at that fairy tale in its original form, the outcome of it is the mother banishes the daughter from the kingdom.

I have another very interesting scenario here that needs to be present for the powder keg to go off, as you so eloquently put it and that is sort of the absent king or the passive father. I will say, a lot of times when the daughters are young it's the fathers who bring them, not the mothers. The mothers won't even come, in fact. They are so angry with this daughter and they're so angry with her behavior, but there's a deeper anger there that the mothers don't even want to have touched. They won't get involved.

So the fathers are the ones that end up caretaking for this child that's in a bit of a mess. Some of my early cases came from this type of scenario. Again, it's an interesting thing. I'm always looking at the family patterns here. I think that's some of my influences from Virginia Satira, looking at family patterns. I really find that dynamic is important and many of the women who have come to me have been a middle child between two brothers.

**Igor:** Oh, really?

**Kathy:** Yes and its two brothers, not a brother, sister, brother thing. It's two brothers either side of her. What has happened is the mother takes this daughter hostage in the family because it's all males except the two of them. So she preempts the daughter's voice completely and literally takes her voice.

The daughter is hers, it's her property and she rules the daughter. It's as if the daughter would like to go and participate in the family in a different way, but her mother holds her hostage.

In the cases where I've had these dynamics, the mothers have read their diaries they have no privacy whatsoever from their mothers and the mother becomes an inquisitor or an interrogator of her daughter. She doesn't trust her, she's angry with her and is negatively priming her and the daughter just can't escape all this kind of negative poison that the mother keeps pushing towards her.

What I found is that the daughter tries repeatedly to somehow go back to the mother for the nurturing but takes another poison arrow, if you will, which is literally what's happening as well in the story again, of Snow White and the

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Seven Dwarfs with the three things that the queen gives the daughter, who eventually falls to sleep.

What I've seen in this pattern is that the boys in the family pretty much can do anything and they do whatever they want. They'll be a comedian brother and they'll be a brother that's a high achiever. Then you've got the daughter here sandwiched in the middle. Or they'll be the comedian older brother and the younger brother who's the high achiever. It doesn't really matter.

You'll get these dynamics going on in the family. The boys seem to have permission to do whatever is needed and they're given all kinds of support from the mother, but the daughter seems to be taken hostage.

The father is also in a hostage position with his wife because he cannot cross her too much. If he takes sides with the daughter over his wife, then there are problems in the marriage itself. A lot of times, I've seen where the dads bring the daughter to me and I'll ask, where's the mother? What's going on? Oh, she's just so angry, she can't cope with any of this, so I'm doing this.

So I'll probe a little more and I'll ask some more questions. Where is her anger stemming from? What is she most angry about? Often, the fathers will say, oh, she's angry with me because I'm trying to help her. So the dads are in these positions caught between the daughter that's going through bulimia and the mother that is raging and raging kind of tantrum.

**Igor:** So it's important to realize that what you're describing is actually a massive undercurrent of, shall we say, negative emotions that are building up and didn't have anywhere to release, shall we say, in a healthy manner. Ultimately, that's what kind of bursts out. I suspect you're not suggesting that only this particular pattern is what causes bulimia, although this would be the most frequent version of it.

It's more the dynamic of there's a huge amount of pent up frustration. We have the food issues we talked about, the aging issues we talked about and then we've got the idea of a controlling mother with some kind of a weakness on the other side.

All these things just shape the, shall we say, natural family tensions into a real boiling point and the release mechanism then becomes bulimia in some respects. It becomes a way of coping with just the crazy amount of tension, right.

**Kathy:** It is. It's a crazy amount of tension and that's a perfect way to put it. Their dynamic expression is they are literally internalizing or eating this negative energy. Often what I want to do is get sort of a representation of what they see inside their body in their stomach area and every one of them, every one

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of them says it's a black caldron, a cesspool. It's black, thick, gooey, dark energy.

So really, there's this competitive negative nature on the mother, who's kind of attacking the daughter and then on the other side of it, it's the daughter's inability to be able to cope with it because she's just too young. She doesn't have the skills to be able to walk away from her mother's negative anxieties or obsessive disorders or however she's running the family.

So what the daughter does is she tries to take back some of her own control. In this way, she tries to take control of her own life by going into this addiction. Now I know it's kind of making this all sounds like it's such a simple little formula, but it's not. Often I find it's a little bit of some part of it, a little bit of this part of it, a little bit of that part of it and then it comes together in a certain way.

Keep in mind, too, you've got to have this kind of fairy like daughter who has done everything right all the way along and would do anything to please her mother and father. She's often ingesting – and that is often the word she uses ingesting the negativity in the family.

**Igor:** So I think what we're coming onto and I think this is a viable thing to look at, we've got a good idea of the general dynamic and, as I think you wisely point out, it's not that it's always exactly this way. We're just looking at, shall we say, forces within the family that can run out of control and create this crazy situation.

**Kathy:** Yes and a belief by the daughter that somehow it's got everything to do with her.

**Igor:** Right. This is the bit that interests me, because it appears that there's a pattern of escalation. In other words, something begins this way, there's a warning sign early on, but nothing really has happened yet. The pattern sort of begins to evolve over time until it expresses fully blown and the whole bulimia thing that everyone gets shocked by and no one really knows how to deal with.

- ◆ **Could you talk us through a little bit of that pattern as it begins and starts evolving so we get an appreciation of maybe how to un-evolve it again afterwards?**

**Kathy:** Well, what ends up happening, of course, is this relationship between the father/daughter is now maturing as well and that's got interest. If there are other siblings in the family and invariably there are – I have never had a Bulimic from an only child family.

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Now, that's one interest, but it's been one of these situations that the daughter has figured out that it's her, that she's the problem and in a way, this refusal to accept food into her body. They pound this food in, but then they purge it back out.

Anorexia is a huge part of this as well, where they are literally refusing nurturing completely. The mothers, in their own way, are being pushed away. The nurturing by the mother is also being pushed back and pushed away. This is the way, in a covert kind of pattern, that the daughter gets back at the mother in her way. By then, of course, the addiction is well in place.

Keep in mind too that a lot of times the moms and dads don't really know this is going on. They just know something's up with their daughter and they can't figure out what it is. It's not the traditional addiction, there are no cigarettes, there's no pot, there's no drugs and no alcohol. She's just withdrawn and difficult to be with and food somehow is disappearing around the house and they don't really know why.

One of the dads who came in with his daughter said, there's three women in this family – his wife, the two daughters and himself – and he said, in a family that size and mostly women, they were going through \$800 a week in groceries. He said they were at the point where they were locking food up and locking food in their bedroom.

The other thing is, keep in mind, the dynamics in the family are often included in the peers or in the siblings and the siblings start to attack the weakened one as well. The other sibling then becomes the one that is perfect and has no problems. They have problems too it's just that now the whole family focuses in a negative way on the one that has the behavior that's acting out.

**Igor:** So it's almost like the little girl has now turned into the scapegoat for the family's general problems. Again, the coping mechanism – and we'll come onto this a little more in a minute – is to self-medicate. To just go for a massive rush that will let you, at least temporarily, swamp out these really bad negative emotions that are building up inside you.

**Kathy:** Exactly. Now if you take all of that home environment, which is chaotic in itself and add to it the stresses and pressures that are going on in schools today, where the girls are just berated with having to have the latest outfits. They have to be skinny and the skinny girls are the ones that everybody envies and this kind of thing. Add that home life to the cocktail that's going on in the schools today and you see you've really got quite a recipe for this kind of potential.

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**Igor:** I know. I mean just think about it. Now it makes me wonder how come every girl isn't Bulimic or has some kind of eating disorder. What you're describing is quite systemic across most of society. It's almost like people become healthy despite all these things and not even because of them.

**Kathy:** That's true. I'll tell you this too, I find that bulimics and anorexics as well, with these eating disorders in these young women tend to be the ones that will go off into nutrition and exercise and health regimes that are just unbelievable and then the rest of the time, of course, they're totally and completely out of control.

So it's a mechanism in a way to try to manage the crazy bulimia, but both become obsessive compulsive parts of this incredible disorder.

**Igor:** Right. So an important thing to look out for is if the person has some kind of an obsessive characteristic where they have an obsessive health preoccupation, like over-exercising. We're not saying that if someone who lives a healthy life and watches what they eat and exercises, that they are suddenly put into this framework.

We're talking about people who are a little bit more manic. They'll over-exercise. They'll work to the point of exhaustion. They'll be almost food Nazis to the point where the wrong crumb cannot touch their plate or something like that. Then you put a tip off that there's a skewed dynamic going on there and you may have to dig a little deeper to find that there is, shall we say, bigger worms under the surface.

**Kathy:** Exactly and I would say too that there are a couple of other dynamics that go on here. Most of their close relationships are nonexistent. This is really because the Bulimic needs a lot of privacy. In order to carry on this kind of behavior, you've got to have a lot of alone time. In as much as they say, I don't want to be left alone once they're found it, it's because they can't trust themselves. The other part of it is they really are always looking for the opportunity.

Mom and dad are going away this weekend. Great! I'm planning a big binge and lots of purging. Or, I have Friday night to myself. They don't go out to the parties. They're not going out with a boyfriend. Most of them don't even want a boyfriend because if you end up with a boyfriend, then he wants too much of your time and you can't be in a relationship with your addiction.

So a lot of women go in and out of relationships that just are difficult for the guys, I think. I think the men in these kinds of relationships are really struggling. The one fellow that's in a relationship with a girl I'm just starting with right now has phoned me four times and I'm not even seeing him.



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**Igor:** Poor guy.

**Kathy:** I know. He's really struggling because he wants his girlfriend to be okay and she's coming to work with me later in March. He's like, what can I do in the meantime? She's pretty good today. He's almost more obsessed than her and that is very typical of any addiction. The person that's involved with the person in addiction has this addiction themselves.

In alcoholism we call it Al anon and in someone that you're trying to help quick smoking, the family members try to help them control the disorder as well. It's all very, very typical.

**Igor:** So, we've got a good idea of the forces that, shall we say, start shaping and pressure that are building. I think you created a very graphic picture when you described the emotions that these girls feel inside – a bubbly caldron of anxiety, rage and all these other emotions mixed in together – but then the bulimia itself becomes a coping mechanism against all that.

You mentioned this a little bit already in the last interview. The idea of the big pay off, which was a surprise to you when you discovered it but actually ends up making a lot of sense when you start looking at it from this dynamic.

◆ **Could you talk us through a little bit more about the idea of a big pay off or why bulimics do what they're doing?**

- ✓ Why not anorexia?
- ✓ Why not another obsession?
- ✓ Why this specific one?
- ✓ How it triggers into all the other things that we're talking about?

**Kathy:** Well, as we think about this young woman who's coming through these teen years and her body is changing. The jeans she wore last summer don't fit this summer. Her shorts from the summer before are way too tight. A lot of times, they're growing and they're supposed to be growing. They're 14 going on 15, going to 16. They're getting taller and their body's shape is changing.

I had one mom come and I was helping the daughter with another issue. The mother was very slim and petite and blonde. The daughter was 14, tall, brunette and had a large bosom, a very large bust size and her mother just could not stop talking about the size of her daughter's breasts. She just went on and on about the size of her daughter's bosom.

The mom wasn't poorly endowed, if you will, in her own right, but she seemed to be really embarrassed by the fact that her daughter at 17 had such a shapely form. What we ended up actually doing was some work with mom around her attachment to her daughter's shape and form and the daughter

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had come to me for completely different issues. It was bulimia, but it was to do with self-esteem.

Of course, when you've got a mother that's constantly saying, don't wear that shirt, it's a bit tight and it shows your form a little too much, don't you think? This kind of thing; it makes the daughter really quite sensitive about this.

**Igor:** It's very undermining, even though it sounds like it might be very pleasant. The undertone is very undermining and it can really chip away at you over time.

**Kathy:** And they don't stop. The mother and daughter scenario through those teen years, I mean they're together a lot. So it doesn't stop. Even as they get older, like a lot of the work I do with mothers and daughters in their older years is help the mother let go and start to recognize her daughter as a woman in her right.

Really by the time the girl's about 17 or 18, she's reaching the last of her growing spurt, but she hasn't reached the last of her synaptic downloads that are still going on until she's in her 20s. And we now know that even later in life, right up until we die our brains are constantly creating new synaptic connections. So the maturing aspect of a young woman isn't there yet.

This undermining, as you call it – and that's what it is – it's done, I think, to replace insecurity in the mother. That insecurity then manifests in the daughter and the daughter knows that it's the mother's stuff, but she can't help it. She starts to go out into the world and she becomes insecure. So what ends up happening is they'll start to look for ways to do things about their weight or their size. They'll start to become self-critical.

If you are at all aware of the body Dysmorphic disorder – we work a lot with body Dysmorphic more in young men – but what they do is they fixate on a certain part of their body to the extent that it actually, in their own mind, grows. There was one very attractive young man, a really great looking face and wonderful physique. He was obsessed with how his face looked to the point that he saw it in all kinds of different patterns and ways that just weren't true at all.

He would take his nose, for instance, and only focus on his nose. What I can do to sort of give all of humanity an idea of what this would be like, if you ever get up in the morning and you have a big, giant red zit on the end of your nose. It's like the whole of the day, all you can think of is this zit is huge and everyone must be able to see it. When you get home at night, you look in the mirror and you go, gee, it's not that noticeable after all.

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That's kind of how they do it. They just focus so intently on that one aspect of themselves to the exclusion of all else and what ends up happening is it becomes a disorder in itself. That obsession just takes control.

**Igor:** So I think we've got a good basis now for understanding, shall we say, the disorder itself. Now in terms of what motivates the behavior in the sense of the bulimic, the overeating, I'm guessing the same pattern could pop out in different ways.

For example, maybe a drug addiction, alcohol abuse or maybe even obsessive risk-taking behavior. What they're all looking for in some way is a relief from that constant nagging tension, pressure and negative vibe that's flooding them constantly. They're looking to not be themselves for long enough that they don't have to feel that.

**Kathy:** That's right and it's internal dialogue and internal images and pictures that they're running. When you use the NLP model to take it apart, that is what's going on. They'll have a very strong negative voice that is not necessarily their mother's voice or their dad's voice. It's going to be a compilation of that and it's a very strong driver. That's motivating the behavior and it keeps it going.

People don't realize that these internal voices are often very, very powerful if they've gotten control over the person's behavior. Then the other thing is they're also very vivid in their images. So, they're running a lot of images quickly with a lot of color. They'll have a lot of stills that they just can't get rid of, still images of hips, thighs and too big of bosoms or whatever. So this kind of stuff is what they're running.

**Igor:**

- ◆ **How does that help them, shall we say, manage these crazy images, the negative self-talk, the overwhelming emotions and so on?**

**Kathy:** Well, this last girl that I was just talking with – I always check this every time I go through another woman that's coming in, we always have a pre-dialogue over the phone before we decide whether or not it's time for her to really face it because a lot of them just aren't really ready to. Their biggest concern is how do I live my life without bulimia? I may want it gone and I know it's hurting me and it's not good for my body, but they may just not be ready.

Just a like a person who wants to quit drinking or smoking. If they're not ready, then they're going to spend a lot of money and time with me and they're not going to get the result, especially if they're doing it for someone else. If they've been found out by the family and the family is pressuring them. We've got a 35% chance of recovery if they are doing it for someone else. So

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the same numbers, really, for alcoholism, cocaine, cigarettes and any other addiction.

This person has to want to do it for themselves and I have to hear that kind of desperation in their voice, like please help me. Then I know that I'm going to be working with her, not the ghost of her parents in the room, a boyfriend or something else.

Therefore, when we're starting to look at how we're going to come to this person. We need to be sure that we can get them through the program, and have good results for them and get them up there into 98-99% recovery... then we need to be sure that they're on track and that it's the right time for them to take this step.

So what I look at is the whole process and how far along they are in the bulimia. When I get the young women in their mid-20s or even mid-30s, what's going on there is they really have a desire now to kick this kind of childhood disorder. It is very associated with these young people in school. The way they find out about it is important to me. I often want to know when they started. When was the first time? What motivated that first time?

They tell me that they Google it. You can Google how to do bulimia and find thousands of websites with techniques on different ways to do bulimia.

**Igor:** Really? That's crazy.

**Kathy:** Oh yeah. I know. There are chat rooms and blog sites. Here's how you do bulimia. I don't necessarily want to advertise that too much, but it is out there. The other thing that I find is they have group therapy for bulimics and that's a disaster. Every one of the girls that I've worked with that have gone into any sort of group therapy around bulimia, they just laugh and say, we just trade off techniques. We just learn from each other.

**Igor:** So it becomes more like a school for bulimics where they learn how to do it better.

**Kathy:** I know. It's terrible. The therapists are sitting there thinking, well, this is how we do normal therapy, so it should work. Well, it doesn't. They have to want to take responsibility for what they're doing 100%, even though it's going to be a rough ride for a few months – and it really is. It's not an easy process.

Even though I'm helping them be done with the food cravings and giving them the pattern in the three days and helping them recover their lives literally in those three days, they still are going to have to be vigilant with that inner voice and those inner drivers. They're going to have to follow the CDs and keep using them.

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I set up several different patterns, which we'll talk about later in our next interview, but I set up some things that are specific to help them have new resources and to help them diminish those old voices that really were the voice of the bulimic part. We really get into that. We really have to work with that aspect that's been controlling their lives.

One of the biggest things I find to be the motivation for helping them go beyond it when they're older is it's a reminder that this really is a teenage disorder. They're carrying it into their adult life and that becomes a bit embarrassing. It's sort of like living on the West Coast here and hiding that you smoke.

**Igor:** So you have to basically find other points of leverage.

**Kathy:** Oh, totally.

**Igor:** To help them dissociate from the disorder. For example, you're an adult now. What are you doing still having a childhood disorder? Or, with children it might be somebody thinks that you're different, but the point is you're trying to switch their reference point from identity, saying this is no longer you. It's time for you to move on.

It kind of reminds me a little bit of the Erickson story with I think it was a boy who was wetting his bed or something, where the parents were adamant that he's he got to stop wetting his bed. He goes, why would I want him to stop wetting his bed? He's five years old. Everyone knows that boys aren't old enough to stop wetting their bed at least until they're six.

Of course, the little boy pipes up and says I'll be six in three months. He says, well don't you try to grow up too soon, young man. Of course, the little kid has massive motivation to stop wetting his bed because he wants to be older. He's looking forward to the status of being a full six years old.

We know this because when all the kids, especially young boys, tell you that they're not five years old but five and three quarters and four days.

**Kathy:** Yes. Exactly!

But then what do I say to my women that are 48 and the oldest one I had was 57? These women have been doing bulimia their whole life. It's an amazing thing to me that when they're pregnant, they stop. It's a wonderful thing about the pregnancy hormone that it just seems to curb all these disorders. It's brilliant. If only we could somehow figure out how to keep that pregnancy hormone active.

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So they have their babies and then they eventually go back to their old pattern or old habit. The one woman who came to me that was 48 and I said to her; what's the motivation for continuing? She had three children. I said, why do you continue to do bulimia at your age? She said I know it's so embarrassing because it's something that I started when I was a teenager.

I said whatever compels you to do it now? She said, to be honest, nobody knows that I use bulimia to control my weight and everyone envies my figure at my age.

**Igor:** Right. That's a big pay off, isn't it?

**Kathy:** Totally. She did have a wonderful figure for a woman that was 48. She was striking, a good 5'9", she wore slinky clothes and she's a real fashion palette in her own way. She was a striking woman. People would look at her wherever she went, large jewelry...she wouldn't like that kind of attention. Of course, if she was going to continue to eat the way she was eating and end up gaining weight, she would lose that power.

**Igor:** So again, it reminds us of the starting point of this, which is one of the fundamental cradles of this pattern in developing, is a whole attitude towards food because if that changes, then you don't need to continue eating the way you're eating.

You can eat in a way that's healthy and fits your body and you can educate yourself more around how to do that in a way that's going to give you the same effect but in a healthy way, right.

**Kathy:** That's right. Absolutely! With her, the motivation was, of course, that this was absolutely like biting your fingernails at 50. Like, let's grow up now. Then the woman who was 57 that I worked with from New Jersey, she'd been using it all her life.

Her situation was she was really coming from a place of anger and it was her way to kind of get back at both her parents, who were still in her life in a controlling way at 57 and her husband, who was kind of mix of both her parents, which is often the case.

You have unresolved issues with your parents and you marry it. So she had married this man who really was a replication of both of her parents together. She just had this rage package going and she used bulimia as her sort of covert way to take some control in her life as she saw it.

When we unpack it – and we do, we unpack the belief structure and the core values – and we get this thing unpacked and out on the table where we can see all the pieces of it and they're able to look at it in a dissociated way. Then

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they can start to make some new decisions especially, when I'm working with older women. They are so ready to be done with this.

**Igor:** Right. Especially I can imagine they have enough wisdom. You know you talked about going through the crone years. They'll have enough wisdom to see it and go, hang on a second, I'm better than this. Why am I still doing this stuff, right?

**Kathy:** Exactly and this is really a critical piece. This is where, even as we talked last night about let's not dump on drugs, let's also not dump on therapy and dump on psychoanalysis because I can help them relieve the bulimic pressures in their life, but then they really need to go to a good therapist and work this stuff out and get rid of it.

**Igor:** This is important what you've mentioned. In a moment, I still want to come back to the teenage girls and see how we get leverage on them, but before we do that, it reminds me of another discussion I had with another hypnotist friend of mine.

He was talking about how we tend to have a bias. We think that hypnosis or NLP is the best thing ever and if we refer people on, we'll refer them to other hypnotists or other NLP people, so we don't realize that sometimes it's actually one of the other disciplines that the client needs.

For example, counseling might not be able to solve bulimia, but it can help the rebuilding cycle because counseling is all about having a support network that will last a longer period of time, several years, where you come back and have someone that you can share problems with, relieve pressures and have a healthy relationship to help yourself grow.

That's not a relationship that a hypnotherapist offers unless he's a counselor on the side, as well, but it's a valuable relationship. If you work with someone who's had long-standing issues – depression or, in this case, the rage surrounding bulimia – then it's very useful to have these people that you can refer onto as a second stage of care and then that becomes very supportive.

**Kathy:** Totally and the thing is, when we're finished with the bulimia and they're going into the therapy afterwards, I really caution them not to have the therapist spend a lot of time digging back through the behavior around bulimia because it's just like let's open up all the gateways again and let's unpack the bulimia.

**Igor:** It's more about the future. It's more about how do you rebuild your life? How do you deal with day-to-day issues? To give you an example, I remember my family has had some long-standing issues, which it's starting to overcome now.

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But because he's been doing this pattern for some 20 years, he doesn't even what it's like to get a job, so he's calling up his brother saying, I'm scared. I'm going to my job and I'm worried. His brother has to talk him through it and say, that's okay. We all feel the same way. When we starts a new job it's natural to be nervous for a while. It just happens that way.

Then, of course, he goes in and it's all fine and good. Then the next little issue happens, which again, he's never had to deal with before, so he has no idea that it's okay to be scared, it's okay to be confused and it's okay to not know what these things are about, but that he'll work his way through it. You can imagine he's an adult, but he's never had to take responsibility for his life until recently and that makes a huge difference.

Having someone there, like you say, a counselor or a therapist, not to dig back into the past, but actually to look forward and say, where are you now and by the way, this is quite normal. Feel free to enjoy being afraid for a while and that can be a huge support network to help people through.

**Kathy:** Yes and here's the other piece too. This is sometimes a little bit of the negativity around therapy is that it wants to dig back because they feel that there's still something that needs to be uncovered, otherwise why would the person engage in negative behavior in the first place.

So there is a tendency to want to go back and in some cases, I think a good coach is a better avenue for the person, which is to seek out a person who's got some good skills in coaching and some good abilities in coaching. This kind of help can often set goals, set motivation, assist with motivation and this kind of thing.

I find that I'm sometimes doing a little bit of that in the sessions I do, but the reality of it is they need that in the long term. That sometimes is a very good avenue for this kind of support during recovery because coaches do not do that kind of thing. They're not necessarily looking for the boogieman in the closet.

**Igor:** So, what we're looking at is a Porter format that's about the present and the future versus something that goes too much into the past at this point because the past is now behind them.



## Seminar 1 – Part 2

**Igor:** Just to go back a little bit because we've looked at women that are in the second and third stages of life, middle age and getting on and how we can get leverage to help them really be motivated to make the change. But you mentioned also that a lot of times, a father might bring his teenage daughter in. He's catching the pattern relatively early on. I mean it's only two or three years in, versus 20 or 30 years in.

- ◆ **How would you get these younger women motivated and getting leverage to make sure that their minds are in the right place to make this big change?**

**Kathy:** I have to be honest here. This is the harder one. When I've got the older woman or the person who's phoning me directly themselves and they're coming to me on their own volition, this is the person that I have a very good result with.

When it is the younger women, you have to keep in mind that it's a very popular thing in the young women today. They all regard it as being something that is pretty cool. It's kind of a group consciousness, if you will. Okay, you're not doing drugs, you're not doing alcohol, what are you, Miss Privy? Well, no, I'm bulimic. Oh wow, you're bulimic. What is that like? Boy, that's weird, isn't it?

So then this gets them into sort of a bit of a group, if you will, or they get acceptance into the group that they're a part of. So the young girl has a tremendous pay off in being bulimic in those teen years. A tremendous pay off, it's not just the physical part of it and the chemicals running through the body, but it also has some savvy status in her social circles.

**Igor:** Right. It's kind of like the kids in the back of the class that are a little bit too cool for school. There's that kind of a little rebel thing going on there as well. I guess in social standing, it's a very powerful thing, especially in the teenage years when people are searching for their identity. Having the social standards of your peers is worth a lot of risks and a lot of pain in fact, that people would otherwise not go through.

**Kathy:** Well, I remember when I was in high school too. I don't think there was bulimia to this degree, but there were the girls who would smoke and they were kind of like hanging out with the wild guys and this sort of thing. Then there were always those other ones too that everyone was kind of respectful of in a some ways. The ones that would maybe cut themselves, cut their arms.

There are all kinds of different views of this when we get into psychology looking at why a person chooses to hurt themselves at that level, but it gets them a little bit of notice in their environment.

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The teachers have a different view of it if somebody attempts or comes into class and they've got lots of cuts on their arms or tattoos is another thing, holes blown through the body in all kinds of different places. If you look at the Joseph Campbell studies on it, it's that ritual stuff that goes on during these year's. It does give the person in its little society there, which is what high school really is about, they're in their own society and it gives them position.

**Igor:** Right. It helps them shape a unique identity, which is in a world where we've become relatively bland in terms of what are our identities, are we the sports people? Are we the nerds? Are we whatever? There's not that many identities you can jump into. It becomes a kind of a fringe thing where you can say, I'm different. I'm going to reject all these things. I want to be this instead.

**Kathy:** Exactly. So what I've seen from the patterns that these girls are going through, there's a tremendous influence on them in the teen years to do this. I had one girl who came in with I think it was her cousin who was doing bulimia and the cousin drove her to the session with me. So she came in for a few minutes and we sat down and talked. She was there with her cousin and they were both about the same age.

The cousin who brought her, of course, was a nice little rounded 17-year old. Obviously, she was very sporty, she did a lot of exercise and this kind of thing. But she was really well balanced and kind of grounded. She really cared a lot about her cousin that was going through this problem with bulimia.

I remember her saying to me, I just can't imagine throwing up. It's disgusting. I hate throwing up. I hate it when I get the flu and have to throw up. I'd rather do anything else than throw up. This kind of gives the person that is kind of grounded, well balanced and outgoing and this sort of thing an odd relationship with the ones that are doing bulimia because it is such a weird disorder.

**Igor:** I guess it also gets a lot of leverage in reverse for you because you have, it appears – this other girl clearly admires who is very balanced and very healthy and really has their life together. That gives them more leverage saying look, do you want to be going down the path that you're going down now or do you want to be more like your cousin and be the popular person, be the successful person and make life give you what you want?

There's such a, shall we say, close eye, in terms of the experiences because they hang out with the cousin and they're close in ages so they could be like their cousin. I imagine that could give it a lot more leverage then if they had no contact with a teenager or someone in their age group that's relatively healthy, right.

**Kathy:** It does provide a little bit it's a bit of one that I can try on, but I'll tell you this, the problem still is there. Where can I find leverage? Even that scenario that we're talking about, sometimes I can get a little bit of leverage there, but just as often

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I'll get no leverage from it because the girl that's bulimic sees herself as defined and actually doing something that the cousin would never even dream of doing.

**Igor:** Right. It's the one point she can excel in.

**Kathy:** Exactly and it seems like it's a negative thing to be excelling in, but she's still unique, she's defining herself in this way and there is a little bit of a status associated with it. So these things all have to come into play. I have to check every one of these areas with the younger women to see where they are.

There's another thing that's going on here in their teen years too. I know any therapist that's working with teens is going to come across this. What's going on in these teen years is they're really playing with the idea of their mortality. I don't know if you can remember back to being in your teen years, but I remember thinking there's no way I'm going to reach 20. I'll be gone before I'm 20. Then you're passing 30 and you're going, wow, I made it.

**Igor:** Well, even then, 30 seemed like so old. Mid-20s is like, when I get to 25, that's it. I'll be on easy street, life will be easy and all the rest of it, but it's not that way at all.

**Kathy:** Yeah and there's a lot of support for this in Hollywood and the TV sitcoms. There's a wonderful book out right now called, *Reviving Ophelia*. It's a therapist, Mary Phifer and she doing a lot of work with young teen women. She looks at the dynamics that are pressuring young women today.

I only could make it halfway through that book. It was so devastating as I was reading it because, of course, she's talking about all the cases she's had that are deep in trouble. Ophelia, of course, is the young woman who commits suicide in ancient Greek literature. It's really devastating to look at what these girls are going through.

The ones that are 14 and feel positive and say no, I'm going to have no problems. The parents aren't worried about them and then two years later, they're on drugs, running with an older crowd, skipping school and their grades are falling. It's hard for parents today to understand what to do because you can't really put cotton batting around these girls. They've got to cut their way through this time in history when it's very difficult to grow up at this particular time.

**Igor:** Right. I imagine that, in fact, trying to wrap them up in cotton would actually have the opposite effect. It would push them further into the pattern because, again, it's about creating their own identity in some respects and living a different life and then all these forces pushing on you one way or another. So I can see it being very complex.

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Now I don't want to spend too much time looking at it in terms of – we appreciate that there's a strong dynamic, especially when we're looking at teenage years. Anyone who wants to focus on work with bulimics in that age group should go out and maybe read things like *Reviving Ophelia* and look at more ideas around how teens think and feel and the pressure on them so they understand that element of the dynamic.

But in terms of the actual general pattern of bulimia, I think we've got a good handle on it now. We know roughly where it comes from in terms of the forces that build up and we have a sense of how it builds up and how the onset of puberty can really trigger it off because it escalates the underlying conditions in a big way.

Now, I think what would be useful to look at a little bit is, in terms of just the mechanics of the pattern, are some of the things we should know and understand. If we're going to start working with this, and if nothing else, to be able to create a good amount of rapport with these people by understanding where they're coming from.

So, for example, you mentioned in the previous interview the idea of bingeing and then purging – the overeating and vomiting cycle – releases a rush, which is comparable to taking a hit of cocaine. I can see that being a huge attraction, especially for someone who feels sort of controlled and so overwhelmed with negative emotions to have that respite and the actual euphoria for a moment. I could see that being a very strong push-pull cycle.

- ◆ **Could you talk us through that cycle a little bit more in terms of how it works and what is actually going on there so we can understand the dynamic and, hopefully, be able to prepare people to not need it anymore?**

**Kathy:** Well, what's happening in the bingeing cycle – and we work with pure binge eating as well – when they're binge eaters, of course, they're putting on weight, they're not purging it. Therefore, it ends up that way as well – but with the bingeing cycle, what's happening is they're using food to deal with their emotions, rather than allow themselves to feel them or even having the tools and skills to be able to get some of those emotions under control.

So what we're doing here in the program I work with is I've really integrated a lot of the techniques out of NLP to help them put some of these sorts of negative states – to get not just control of them, but to know that these negative states do not have to dominate them.

They can step back from them and they can learn how to disassociate. They can learn rapport skills, meaning to go into rapport with people and be able to move out of rapport with people that are dumping negative stuff on them and how to move out of rapport in a graceful way with your mother who's behaving badly.

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How to move out of rapport with somebody who is not allowing you to have your privacy, how to reward with establishing rapport when somebody is supporting you in a positive way. These girls have never had this kind of coaching at all. They've never had any of this kind of instruction. They've only ever been coping as best as they can with all the negativity that's been going on around them.

So really what I'm doing is teaching them how to be in the world in a very safe way.

**Igor:** So, part of what you're saying then is that the coping, the self-medication element is the idea of they're getting this rush emotion, which masks all the negative emotions temporarily, which is why they keep having to do it because they keep having to mask it. So two things we need to address in that case are—

### **1. How do you deal with emotions that are present already?**

- ◆ How do you relieve them and relieve the pressure in a healthier safe way?

### **2. How do you deal with the environment to prevent yourself from taking on these emotions in the first place so you don't have to keep building up these intense negative states?**

You can actually just navigate the ones that are something you can cope with and then the rest you can just say, that's on you, buddy, you can take that one right back to the bank because it has nothing to do with me.

**Kathy:** Exactly and that's a really tough thing to do to the person that you're supposed to be getting nurtured by.

**Igor:** Absolutely.

**Kathy:** When it's your mom, I mean seriously, it's a very difficult challenge for a young woman. She needs her mother to nurture her for many, many years still and that's a difficulty. That's a challenge. Very often I find the girls who come to me with bulimia don't want to put any blame on their mother. They still hold their mother as being infallible and they're the bad ones, not their mother.

What we need to do is bring this into a little more balance for them. That's often where therapy is good, but the reality of the therapy is if the therapy is going to spend too much time looking at the eating disorder, then they're missing this piece, which is really to bring that mother/daughter relationship into better balance.

**Igor:** This is something that was already kind of indicated by understanding the nature of the core dynamic which is, it's a whole family issue. So if you're not

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looking relationship strategies in general, then you're basically missing one of the biggest pieces of the whole puzzle.

**Kathy:** Totally, because you're looking at the girl and saying, there's some reason that she's behaving this way so we've got to dig it out of her. The reality of it is its a coping mechanism that she started to help her deal with these negative internal images, voices and the environment at home.

The motivator is here too. It's important, Igor, to realize that these girls are running on a very low level and sometimes high level depression. Depression is a very big part of this cycle and it's evident when you look at what's going on. As you were asking me earlier, what is actually happening in the person, it's that they're going through an up and down cycle.

They're forcing their body through the deepest depressions and the highest highs just simply by moving the chemistry and they motivate it through the eating of food to the degree that they do.

They binge on all these carbohydrates and sugars, take it and flood it through their system and it starts to release endorphins, serotonin, tryptophan and dopamine. Dopamine is a big release out of chocolate. It's euphoria.

So you're getting all these fantastic chemicals running through your body in the moment that you're binging and they literally have been starving themselves beforehand, so the body just goes, ah, I want food. In it goes. All of it goes in and even as they're forcing all this food in, they're telling themselves its okay because I'm going to throw it all up anyway.

So now they go right after to the bathroom and throw it up and every one of them as a unique way that they throw it up, that's easiest for them. Some use lots of liquid because that makes it throw up easier. They've said to me it's terrible to use Pepsi or pop because it burns your throat coming back up. They have all these little techniques that they use.

When you actually hear them, you're like oh, my gosh, one girl always turns on the bathtub so she doesn't hear herself throwing up. She turns on the shower or the faucet. They've made it as comfortable for themselves as they possibly can.

**Igor:** Some very sophisticated strategies.

**Kathy:** Yes very. I always look at strategies and I'm always looking for the strategy that gets them into this. We need to interrupt those strategies, so that's the first thing we do. It's like we move the favorite ash tray out into the garage or we break it and get rid of it.

**Igor:** So this is actually a very interesting point you're coming up with here again. We've got another little insight here, which is even though there is this tremendous pressure on them probably to some extent to do this behavior for

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the highs and lows and so on there is also a whole bunch of strategies that are enablers, without which they couldn't even happen.

So that almost magically suggests to us the unique set of tasking, the sort of things we can do with people to interrupt those patterns very simply just by, for example, saying okay, you can binge as much as you want, but you have to do it in the downstairs loo where there's no running water.

So they have to listen to themselves, which already is interrupting the cycle because they can't do it the same way anymore. That's already put a big wedge in the pattern and that begins to introduce consciousness and then once you do that, of course, you're opening the doorway towards change.

**Kathy:** That's it. We're interrupting all the patterns they have in place that have created the process. Every one of them has really strange things they do. What do I mean by strange? Well, one girl saves the vomit in bags and then doesn't throw it out at the time. She'll throw out the bags of vomit two or three days at a time. She'll save it for two or three days and then throw it all out at the same time.

She puts it in a great big garbage bag and drives around until she finds an empty bin and she throws it into the bin, just strange stuff like this. That gives you an idea of how distorted the thinking has become in the girl's own inner world. She's living in a world of her own and has absolutely gone into a place of very unusual behavior.

So these strategies are important. I think that's maybe why I've uncovered so much information on bulimia. It's because I'm interested in the strategies. How do you do it? Give me the process. A lot of them don't even want to use the word binge or purge. They'll have a little nickname for it. They won't call it bulimia; they'll call it their friend. Or they'll have it in a pattern the associate for them that helps keep it comfortable.

I very much right away say, no, that's gone. We're calling it what it is. You're throwing up. You're vomiting. I make the word strong so we take away the gentling of this whole disorder. In that way, we're sort of ripping off the little veils she's put on everything to make it feel okay.

**Igor:** Now I know we'll be looking at the actual content of your session much more fully in the next interview. Before we do that, kind of as a preparation, what I find sometimes useful is the contrast between what is working and what isn't working.

I think since we're coming close to the end of today's interview, could you run us through a little bit of what, in your opinion, is not working with traditional programs. Where are they failing and, in particular, sometimes they may even be enhancing the pattern by doing things that are not they're not even realizing they're doing?

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**Kathy:** Yeah and it's absolutely the truth, I think, primarily because they're coming at it looking for the boogiemán that starts it. Keep in mind, Igor, this disorder is 3% diagnosed. It's the iceberg of eating disorders. We only see the sickest women.

Now I don't because the women I'm reaching out to, I'm reaching out to them through the Internet and it's very private when they come to see me. I would never treat two bulimics at the same time. They come and see me, they're secluded with me for three days and nobody knew they had bulimia before they got here, or maybe just a few.

**Igor:** And no one would ever know again because as far as they're concerned, they just went away for a spa weekend.

**Kathy:** Yes and that's it. That's how I work with it. When a girl gets into a treatment program – St. Paul's here in Vancouver has one and there's one out in Surrey – generally, what's going on is there's some group therapy and every week they do a check-in.

So they go check into the clinic, sit in the clinic in the waiting room, they'll go in and meet with the therapist, get weighed, are asked how their week has been and they'll spend maybe 20 minutes or a half hour with them just doing a bit of an intake. They monitor blood pressure and heart rate, typical medical stuff. They'll often put her on meds of some sort, Prozac or something that's going to help relax her a little bit.

Some of them get it right when they're actually using some of the medications they use to interrupt OCD patterns. This is a good approach because this is part of this pattern. It has an OCD content to it. So when they get that right, this can often help the girl quite a bit.

There are other things that help also, that are more along the lines of the complimentary medicines. Acupuncture can be very effective. It can help her with her cravings for sugar, her cravings for carbohydrates and this kind of thing. But the biggest thing that helps with all of this is to get them on the Glycemic Index eating plan.

Most of the programs out there don't even look at this. They're just monitoring, weighing and measuring and then they go home and are back into their program.

When I first started this program, Igor, I was doing a similar way. What I would do was I would set up eight sessions with the girl over a period of four or five weeks. What I found was happening was she'd have a good week and then she'd have a bad week. Then she'd have a good week and then she'd feel like it was hopeless because it was a really bad week.

What I found was the 90-minute session every other week, by the time she got back to me, she was well entrenched in it again. So this is why I decided to put the whole thing in a three-day breakthrough. They need to have this kind of



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intensity to really help them break through the patterns and we dispel all of it. We get to the very nitty-gritty of every system and every pattern. We're using anchoring we're using rep systems and all of it to get down to the bottom line.

Then we future pace it and do all kinds of hypnotic inoculations. These kinds of things come in at the very end. The bottom line is if they're just checking in to these programs for monitoring, they're just monitoring her as a bulimic. Where is the help?

**Igor:** Right. All they're doing is saying, yep, you still have bulimia. Come back next week.

**Kathy:** Yes and you're paying all this money for this. The other thing was I've had about five or six psychotherapists now. Three brought their daughters to me. One psychotherapist from Texas brought her daughter up. Another psychotherapist from the San Francisco Bay area brought her daughter and I had another psychotherapist here in Vancouver bring her child.

These were all women psychotherapists and they were confounded because they had done everything in their book to help, but they had never considered that it was an addiction.

Every psychotherapist knows that to work with a condition of addiction, you have got to get the connection back between the spiritual self – or the higher self, if you will – and the person that is in the problem.

**Igor:** For sure because an addiction is, basically, someone who is dying of thirst and trying to quench it with something, but, of course, the things they're using aren't hitting it. It's like one of those dreams where no matter how much water you drink, you're still thirsty. It's because what your body needs is real water from the fridge. It doesn't need dream water.

It's the same as an addiction. If it's gambling, if it's alcohol or, in this case, it's bulimia, it's trying to drown a thirst that the activity can't drown. It can only mask it temporarily.

**Kathy:** That's right. So this is really where, once I talked to these therapists about my approach to it, it made all the sense to them. I said to them, I'm not going to do talk-therapy with your daughter. I'm going to interrupt the patterns that are physical and that's it. When she's done with me, I highly recommend she go into therapy for probably about a year, nine months or even three months, just to have the support. This makes sense.

I had a psychotherapist here associated with the program at St. Paul's and he had a client that had been released from the hospital that she had been in for nearly a week. She nearly killed herself. She had a small cardiac problem and the electrolysis in her body was way out of balance.

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Igor:

◆ Which it would be from all the throwing up, right?

**Kathy:** Yes and so she had this incredibly depleted hydration, her brain was shutting down and her heart was a problem. All kinds of stuff was going on. So she was in the hospital for a week and they put her on IV therapy and totally controlled her diet. Of course, she's young so her body bounced right back. Then they released her to go and see a therapist and start therapy in a week's time.

So she goes to see the therapist and by the time she sees the therapist, she's back doing bulimia again.

Igor: Of course, because there's no interruption in the pattern.

◆ All they've done is bring her body back, but they haven't put her mind or her spirit back, have they?

**Kathy:** No and he could not get her to stop. So her father contacted me and he was pretty desperate because the family had been through quite a bit with the whole situation. I saw her and on the first day the bulimia was interrupted, on the second day we did the second interruptions and then the third day.

By the end of the first day, I was starting to see who she really was. Then we got into more of the intense hypnosis that I do on the second day and they're quite available to do it then. The mind is ready to do it then and by the end of that day, she said to me that she never wanted to leave me. She wanted to stay with me forever.

Igor: I can well believe it. I know in the next session you will be actually looking at those three very important days in detail. Before we finish up today though, there's something you mentioned in passing a few times just now, which I think would be very valuable for people to understand.

Bulimia is not just an addiction and has the emotional destructive force that it has, but actually there are a lot of physical dangers. There's a lot of physical damage that occurs to someone who's doing bulimia, especially if it's a long-term disorder.

◆ Can you just give us an idea of just how damaging this stuff can be and why we have to build into whatever solution we have some things that address some of that damage in the best way we can?

Otherwise, we're just guaranteeing even more failure.

**Kathy:** Oh, yeah. The physical problems in the body are substantial. A lot of times, I grab this leverage with the young ones, in that they're doing extensive damage to their physical body. I remind them that there's a really good chance they could see 70 years of age, that they won't end up being dead, as they're thinking they might be and that they might actually live that long.

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They already have damaged their bone structure. Many of them when they do a bone density test will have the bone density of a woman that is 70. It will have holes in it already.

**Igor:** That's crazy.

**Kathy:** It is really intense. You don't get those holes to fill back in. So they're giving themselves an early case of osteoporosis. That's number one. Number two is they're messing with the heart itself because they're stressing it so much. The allostatic load in the system is just constant and continual and it's perpetually being overridden; and the heart actually can start to get a little bit of a swelling around it.

This starts to affect their blood pressure. It also starts to affect things like their heart rate. It can get all kinds of rhythmic patterns going that just aren't really good either. So the heart can get damaged.

The liver is mess and your liver is such an important part of your physical body. The bowel gets all messed up because the food never goes through the system and the bowel becomes sticky and gluey and it's not working properly. So this is a perfect place for bacteria and colon cancers and this kind of thing.

The other thing that goes into complete and total remission, which to me I think is pretty significant, any practicing bulimic, as I call it, will have lost her period completely. They won't have had a period in months and months and months and for some of them, years. There are times when you think are they even going to get it back?

When I work with them, though, eventually we can do some work around that as well hypnotically to bring that system back online as well. Usually, I check back in with them in 45 to 90 days to be sure that system has come back online as well and it does. It returns. So long as they're practicing bulimia three to four times a day, generally, they've lost their periods. So they're not ovulating and their iron, of course, is so depleted as well.

So that's the physical systems in the body and I think I'm probably missing a few there anywhere. If we now leave that and go to the brain itself, what they're literally doing is giving themselves a case of Alzheimer's. Now that probably sounds like quite a statement, but the University in Texas did comparisons between the brain patterns of an Alzheimer's patient and a bulimic and they had very similar situations going on.

What is going on there is the Alzheimer's patient is losing their serotonin through their saliva glands. We carry a lot of our serotonin in the saliva glands and for whatever reason, the chemistry in the brain of the Alzheimer patient, they lose about 75% of their serotonin every day through their saliva.

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Well, these girls are throwing up four to five times a day, maybe even more in the evening. This goes on for years and years at a time, with little interruption, maybe a few days off and then they're back at it. They're vomiting and losing their saliva and out goes the serotonin.

Without serotonin and melatonin in the brain, what starts to happen is the brain starts to go on shut-down. What I'm going to talk about here is the people who inhabited Auschwitz and all of the prison camps – I think I mentioned that yesterday. They were in a state similar to this one, starvation. When the brain is in starvation, it goes into this mode of shut-down. It starts shutting down essential services. That's why we lose our periods and that's why we lose some essential function.

One of the primary things with a woman that is doing bulimia is she has short-term memory loss big time. She can't recall the last five minutes or 10 minutes. She loses things. She needs to put things in a certain place every day because she simply can't remember. Big holes in her day are gone. It's difficult for them to recall what they did three days ago.

When I'm first sitting down with the bulimic on the first session, I know it because I'm talking to somebody that isn't all there. They're just not available. When I really start pressing for detail and asking questions – like parents are sitting there saying, oh, she's vague, she's not available – but she just can't remember. So she's learned ways to mask that, to hide it from people by kind of being a bit aggressive with them or just giving pat answers.

Really what's happened is she can't remember. So this information is literally lost. I talk to them about this on the very first day about what they've done to their brain. The other thing I also bring to their attention is their body mass index has gone in the other direction. I had one bulimic that we did testing on her body mass index and she was 28% fat.

The body doesn't need the fat, but the brain does. So if we push the body into starvation like this, the brain says, okay, we're in starvation so store the fat and it instructs the body to break down, eat and consume muscle. That's why when you see the bulimic, you can see that their muscle has almost disappeared completely from their arms and their legs.

They are literally consuming their own muscle to stay alive, while the body is storing the fat because the brain needs 60% of the fat intake every day.

**Igor:** That's crazy. So, basically, the one thing that they're trying to avoid is actually happening more, which means more fat is being stored versus the healthy muscle tissue, which actually makes them have that healthy, lean body glow and actually feel quite vibrant as well. Not to mention this is serious stuff, when your brain starts shutting down and starts shutting down the rest of your body.

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This is a big deal. We're not just talking about failing at school and not having your certificates in place, so you can kiss your future good-bye. We're talking about truly hardcore future issues in terms of how you're thinking, how you're processing and how you make decisions in life. This is a big deal going on, isn't it?

**Kathy:** Oh, yeah. This is why it is associated, not completely, not exclusively, but it is associated to the OCD patterns. The reason is they are on a pattern of only being able to follow certain patterns. They have to do repeat patterns. They have to repeat them over and over again. This is also why they repeat the same internal dialogue repeatedly.

**Igor:** It's the only thing that's left to them at this point. They can't even have fresh thoughts because they don't have the mental power for it anymore.

**Kathy:** No and this is also where the depression comes in because the brain just can't do much more than just stay on this low level of skill. It just can't function. So now you get somebody coming along and saying, okay, you're 24 years old and you look like you have lots of ability and lots of drive, let's give you a promotion at work. Are you kidding me? They are going to self-sabotage big time because they can't do any more than they're doing.

It looks like they're capable, but it's only capable because they're doing it in a remote way and they're just doing the same patterns over and over. The other thing that starts to happen, is the amygdala of the brain, which runs just on the side of the temple, becomes enlarged. The amygdala gets larger in an OCD client and it gets larger in this...

**Igor:** Just for everyone who doesn't know about brain function, the amygdala is the switch, if you like, that decides whether you should be afraid or not. It decides when to fight or flee. So if it gets larger, basically, the switch gets triggered more easily, which means anxiety disorders, panic attacks and general fearful conditions. Of course, the corollary, lower self-esteem, pessimism and low expectations of the future come in. So it's a very big deal.

**Kathy:** It's right there. That's all of it right there. So this is what you're dealing with. Now the one thing that I know that I get really excited about is the fact that these girls are young, or most of them are. I've only had a few of the older ones, but most of them are still quite young. Because of their youthful self, they're body, if they give it even half a chance, is going to move towards recovery quickly.

This is why I do all the food in my program. So every day she's with me I'm feeding her six small meals a day. So at the end of the day, her brain has had a proper nutrient going through it. I'm kind of controlling the food that way. I'm making it kind of fun and I'm introducing her to different ways to eat. It's fun and they'll go ahead and try the different things, but what ends up happening is, even by the end of that day, they already feel 100% better.

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**Igor:** Of course they do because they have the building blocks back in their body for the body to start repairing itself.

**Kathy:** Exactly and this is absolutely critical that they understand the relationship of food as part of their recovery because they've been telling themselves that food is the thing that will get them fat. When I'm showing them that they're 28% fat, they're literally calling it the new skinny fat. That is the term that goes with this bulimic condition – skinny fat – because their body is 28% fat, which should be around 12-14%.

**Igor:** So, ironically, the more they eat, assuming it's the right things that they're eating, the less fat they grow.

**Kathy:** Exactly. Now think about it, when we've got a high fat content in our body's, that's not good for the heart. These are all things that are building blocks for very serious illness.

**Igor:** It also points us to why a lot of the more traditional programs might fail because you have a person here whose brain is shot to pieces and you're trying to get the brain to cause change when all it can do is barely cope with running the same pattern.

So, of course, you have to figure out a way to actually stabilize the brain enough to allow new connections to form. You need to give it nutrients to make new brain connections and to allow new behaviors to emerge, new feelings and new insights and so on.

**Kathy:** Exactly. They can't even pull insights out. They can't do anything more than simply sit there in their exhausted and beaten form and just go, oh my God, help me. It's a really sad situation. It really is.

**Igor:** I've got to say, this has been a really fascinating journey through the mind of the bulimic. I'm really looking forward to exploring your three-step program because it sounds like you've got every angle covered.

- a. The relationship angle, which is how to deal with people in life in general.
- b. The emotional and spiritual angle is how to have a better relationship with yourself.
- c. The physical angle, which is the food and the nutrients your body and your brain in particular, needs to allow these changes to occur.
- d. Of course, then there's the psychological and the mental angle, which is where the deep trances occur that allow these profound changes to wire in more quickly and more naturally.

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I know both your and Harry's work is very finely focused on this idea of creating powerful, healing deep trances. This is a fundamental part of your system. I know that when people come to your website, [WaysOfTheWiseWoman.com](http://WaysOfTheWiseWoman.com), they can get in contact with you. And, if they want to learn how do your bulimic method, which I would encourage wholeheartedly, it's a great piece of work that you can do.

Aside from the financial gain, which is pretty evident, the good that you're doing for young and actually even old people, I guess, is tremendous. One of the things that people require along with the method as well is this real understanding of the healing power of deep trance states.

That's something you guys focus on as well, isn't it? So even if they're not interested in doing work with bulimics and just the idea of going on these deep trance journeys, they can find out more about that on [WaysOfTheWiseWoman.com](http://WaysOfTheWiseWoman.com) as well, can they not?

**Kathy:** Exactly! I think the other piece too is when you have a really good grounding in what's going on here, what's creating the situation, you can see that this goes way past being about somebody else. There might be mom and dad, school and the drive to be perfect or whatever, but once this disorder gets in place and it starts to mess with the brain chemistry at the level its doing and starts to destroy literally function in the physical body, you can see this gets way out of control.

This is the part that I don't think the young women of today realize when they start into it it's all very exotic. It has all this drama and appeal attached to it, but the reality of it is, I don't think they really know what they're doing to their bodies.

**Igor:** It kind of sounds a bit like the 1980s when AIDS first came on the scene and people treated it as a bit of a joke. Someone had to fumble with the wrong person and ha- ha- ha, they've got some strange little STD.

It was a killer disease and it wasn't until governments from around the world made a real concerted effort to drum into us just how serious this disease was, that people started being very afraid of it and started taking the appropriate health precautions because it was a huge risk.

It sounds like bulimia is currently more fixable than AIDS, but it still has similar intense negative consequences that people need to be aware of and, hopefully, with the skills that we have as hypnotists and the insights and knowledge that you'll be presenting to us, be able to help fix as well.

**Kathy:** Well, this is it. If you think about it, I know that when the girls recover from bulimia, they still have done some permanent damage to areas of their body. This is going to affect our overall health programs going forward when we think about all of our Medicare costs and this kind of thing. We are just a recovering

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society from the damages of smoking and people are now trying to pull out of that addiction.

In the third world countries, it's still huge. People are smoking everywhere. If you look at what's going on in North America, it's not savvy to smoke anymore because we realize that's going to have a burden on our healthcare in the future. So when you look at the damage that these girls are doing to their bodies, unknowingly really – I don't think they recognize going in.

I know I smoked when I was younger and I did not know the potential for the damage that could happen to my body when I smoked as a young woman until they started putting it on the cartons and saying, this is going to kill you. Then you see a few people with lung cancer and you start going, oh my goodness, this is not pretty.

**Igor:** It's like a big wake-up call, isn't it?

**Kathy:** It is and this is where I feel this kind of information needs to get into the school system. If we can get in front of these young girls and say to them, before you think this is really cool, this is what can happen to you. That's all we had to do with smoking. We had to get it in front of the school kids; because, it was the kids that were being targeted by the cigarette companies.

**Igor:** I could happily stay here for hours and hours talking with you about these things. Unfortunately, we have come to the end of today's interview. However, for those of listening right now, this is not the end of the whole sequence. Tomorrow in the next interview, everything we've been talking about is going to come to a point. The idea of and a sign of the dynamic is almost pointless unless you start doing something with it.

Kathy, you've developed an amazing three-step breakthrough program. You've given us little tidbits of that already in terms of preparing us for what we'll be doing in the next session.

But really it ties up all the pieces – the mental, the physical, the emotional, the spiritual and even the social, the experiences around that – and puts them into a very powerful package. It has lots of hypnosis added in for the power of healing, the power of change and the power of reaching them at the deepest level and really the only thing you can say about this is it really works. It has great results.

It's not just like you've done therapy and you kick them out and tell yourself it's worked, because you follow-up your work, don't you?

**Kathy:** Oh, totally and they still stay in touch with me too. Every Christmas, I hear from all of them. People are sending me emails. I had got one today from a girl I worked with in August and she said, still doing great, thanks for helping me.



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That's the thing, as a person in this work when you can actually give a young woman back her life, it is, I mean really that's not about money any more. When you can set these women back on their feet and let them go back into their lives and see them go ahead, it's phenomenal.

**Igor:** Well, hopefully, once we uncover the secrets that you have developed for doing that, a lot more people will be doing the force for good and, of course, they'll also be encouraged to come and seek you out to actually get the real nitty-gritty of this.

So anyone who wants to get in touch with Kathy Welter, just go to her website at [WaysOfTheWiseWoman.com](http://WaysOfTheWiseWoman.com) and you'll find a lot of interesting information there about the work that she's doing in the deep trance states journeys with Harry, as well as the bulimia work that she's doing. I do encourage you to do that now.

For the moment, we've come to the end of this interview. So, Kathy, thank you so much for taking part in this exploration with us.

**Kathy:** You're very welcome. I'm super happy to be sharing this.

**Igor:** I've been talking to Kathy Welter from [WaysOfTheWiseWoman.com](http://WaysOfTheWiseWoman.com). This is Igor Ledochowski from [StreetHypnosis.com](http://StreetHypnosis.com) signing off from another interview and I'm very excited for the third installment because this is when it's all going to come to a head. So, hopefully, we'll have all of you back with us then, so until then good-bye for now.

Kathy, I will be speaking to you again very soon.

**Kathy:** Bye for now.

## Hypnosis Master – Kathy Welter

### Seminar 2 – Part 1

**Igor:** Welcome to [StreetHypnosis.com](http://StreetHypnosis.com). I'm here with Master Hypnotist Kathy Welter from [WaysOfTheWiseWoman.com](http://WaysOfTheWiseWoman.com). This is the third and final interview, the second part of the seminar with Kathy.

Kathy is an extraordinary hypnotist who's discovered a wonderful breakthrough method for working with people with bulimia. In the previous session, of course, we looked at the dynamics that go on and feed into the whole bulimic process. Today Kathy has promised to show us how she actually runs her three-day breakthrough session, step-by-step.

So we're in for an interesting ride and some very important insights in terms of how to develop sessions for specific problems.

Kathy, welcome back.

**Kathy:** Thank you. It's great to be with you.

**Igor:** I've got to say, I'm really excited to be doing this session with you today because you are going to be taking us through a process that took you the better part of a year to work out properly and that you're constantly refining as you go on as well. It's very powerful work that you're doing, so thank you for being open enough to share that with us.

**Kathy:** I'm really happy to because I feel that the more people who come to understand this in its proper context, the better opportunities we really have to bring this to a reasonable conclusion. It's so mishandled in the medical model. Not just the medical model, but the whole area of health and wellness not only that, there's a great degree of clearly misdiagnosing it.

**Igor:** Right and that's part of it because people don't really understand what's going on so they don't even know what to look for.

**Kathy:** That's right. It's a lot easier than we believe it to be really to look at this process and it's not unlike any approach we would have bringing NLP and hypnosis to the table when we're working with addictions.

Addictions are patterns that have been established in the brain and in the person's life and these patterns just need to be interrupted.

**Igor:** Right. So I thought a simple way to start would be to give people kind of a rough overview and outline of how you work because you have a unique way of working. Rather than going into some clinical setting where people are divorced from the real world and they have to go back into it, you actually

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bring them right into the real world but under your control. You actually take them into your home to do this stuff, to really build up the experiences they need to break through this.

**Kathy:** That's correct.

**Igor:**

- ◆ **Can you give us a quick overview of what you do and just some of the hints as to why you do it?**

I know we'll be looking at some more detail as we go through the session. Just give us a sense of where we're going with this.

**Kathy:** Well, I have I guess a more unique approach and not only that, I have the ability to do it this way. I have an office in downtown Vancouver and I see my clients there regularly. It's a terrific office and I really enjoy it, but what I was finding with using the downtown office was that it wasn't as private for one thing and secondarily, I didn't have access to a kitchen.

Now why do I need a kitchen when I'm working somebody that has eating disorders? Well one of the things that has to happen is they need to come into a different type of relationship with food.

I've spent some time working with nutritionists and working with people who understand the right combinations of food in the body at right times will level out blood sugars, level out chemical actions and releases in the brain and it really allows the body to come into its own balance with blood sugars.

When the person is bingeing and purging to the degree that most of these young women are, their whole chemistry is out of whack. Now it comes back online quickly, but we really need to get them eating in this certain pattern. So the pattern that I follow is the glycemic Index eating plan, which is your basic diabetic diet.

So they're eating six small meals a day, they must eat within 30 minutes of getting up in the morning and they have a snack in the morning. Then they have lunch and then they have a snack in the afternoon, a really important keyhole to fill is that snack in the afternoon. Then they have dinner and a snack before bed.

All of their meals go to small portions and really for all of us, the size of protein that we should eat in any meal is about the size of the palm of our hand and the thickness of it. Sometimes when you get into Alberta, you get those huge big steaks that cover the whole plate. Well, this just isn't healthy. That's too much protein and too much protein is really hard on the kidneys.

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What I find is happening with the bulimic diet is it's very high in carbohydrates, sugars and processed sugars and these sugars are beginning actually to damage cell walls. This starts to create lots of problems in their physical body. One of the things that happens is we know sugar damages the cell walls of all the cells in our bodies and it also incapacitates our immune system.

When we eat a large amount of sugar, you can be sure you're depleting your immune system by about 50%. So with all the sugar and all the carbohydrates that are going into their system, all of the refined sugars and corn syrups that are added to most of these carbohydrates and highly-processed foods, their glycemic rating is just off the scales with the glycemic response, if you will.

**Igor:** Just to emphasize, even though they are purging and throwing a lot of this food back up again, the sugars are the easiest things to absorb, which is why their system has more of that than anything else in it, right?

**Kathy:** Right. So keeping in mind with these carbohydrate rushes and this glycemic, it's like a sugar high. When they purge the food out of their body, that insulin is rushing through the body anyway. It takes about an hour to re-metabolize that insulin rush and this puts them on sort of that high experience and what's going on there is that it takes about an hour for these different chemicals to re-metabolize into the physical system.

I just got a new report today from another finding and they're actually noting that high doses of sugar – and this really goes for all the kids that are getting tons of carbs and sugars in their diets daily like cokes, etc.– they're starting to notice now that this is breaking down the cell walls of their cellular form. With this breakdown, this is where we start to create all kinds of different diseases and disorders.

With the immune system depressed as much as it is with so much sugar in the body, you can start to see while illness becomes a really serious problem when somebody is utilizing this much sugar through their systems.

**Igor:** Right. So in that case, this is one of the reasons why the very first thing you do right from the get go when you first meet them – maybe even before you meet them – on Day 1, you control their food and their relationship to food. Not so they're afraid of food or eat more, but so they get a healthy relationship to food by following this glycemic Index diet.

- ◆ **Its six small easy meals that they digest throughout the day at regular intervals and so on, right?**

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**Kathy:** Yes and the first thing that I start to coach them with is whenever they look at any food, even if they're feeling like they're binging, the first food that they want to get into their body is a protein. When they take protein into their body, this stabilizes insulin. When that is stabilized, they have almost instantly reclaimed that kind of manic crazy that goes around simply because their bodies are so empty and so stark and needing food.

**Igor:** Right.

Walk us through the three days very quickly. I know we'll be looking at them in more detail, but just to give an idea of where we're going and then we'll break it down.

**Kathy:** On the first day, we start at 9:00 and finish at about 4:30 or 4:45. She's with me for the whole day and we are consistently going in and out of trance through that whole time.

Also, in between the trance times, I'm using versions of what you do in Street Hypnosis open eye trance. We are working through the recalibration, reframing, looking at their core values, their belief systems around why they're behaving in this way and they're really with someone who understands the addictive properties here so they're not afraid to talk openly with me. Not only about what's happening in their physical body, but also those inner voices that are coaching them to continue the behavior.

The client I'm working with right now occasionally, when we get into some of the work that we're doing, a piece that we're doing, she'll say to me, I have to stop you there. I'll go, what's up and she'll say my inner voice is saying da-da-da.

It's so awesome when someone will give me that because we can stop right there and reframe it. We can give her a new opportunity to really start to challenge some of that inner dialogue.

How we challenge inner dialogue is straight out of OCD management. It really is because they have these little internal patterns of dialogue that are pat responses, it is an anchor and it triggers behavior. So they tell themselves, I'm going to gain weight. Or they tell themselves, I've started eating all this, I may as well go and finish it because I know I'm going to throw it all up anyway.

These are the little pat answers they give themselves to keep doing the same behavior, so we're trying to interrupt this behavior, let me tell you those voices get pretty loud and pretty strong.

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**Igor:** It sounds like Day 1 is pretty much you targeting the bulimic behavior directly. You're starting to give the person a healthy relationship to food so they get in the habit of that.

You're starting to interrupt the pattern of bulimia at every level, from thought to the feelings to the actual behavior itself and you're introducing healthy nutrition so that all the damage they've done, in terms of brain and biochemistry and so on, is being reversed. This gives them a chance to actually have their brain switched on enough to make changes.

**Kathy:** Exactly and really in the first day, we're not going to get too far on any of that. So on Day 1, essentially the first morning when she shows up, she's probably done more binging and purging in the previous week because she knows she's going to make an effort to stop.

So usually, that particular morning, they're pretty groggy, they're not very clear and I think what happens with other professionals in my field, when the girls show up like this, they get very discouraged really quickly and they don't understand what's really going on with the person.

That's where I know what they've done and I can see it right away. It's like they're almost sitting in front of me stoned, if you will. Like they've done too many drugs the night before, but they haven't. They've just done a lot of binging and purging. So they're groggy and their face is quite swollen, another strong indicator that someone is binging and purging is the face swelling. They get quite a moon face from it.

Sometimes they'll be bloodshot eyes. Sometimes they'll be blood vessels in the neck that have burst because of continuous vomiting and this kind of thing. Generally, most of them have a really sort of broken up voice because the trachea and the larynx has been so damaged with this continued behavior.

So that first day, I am really just working with the person. I'm getting food into her and we're doing it in proper proportions. By the end of the day, you can see the changes begin to come over her, by the time she's had a full eight hours of not binging and purging and actually eating food and not running away and throwing it up.

**Igor:**

- ◆ **So Day 1 is really about putting them back on a balance point, a sort of launch pad for all the other stuff, right?**

**Kathy:** Yeah and it's pretty exhausting. So on Day 2, we start out more of the same. On Day 2, I'm really asking them how did the night go? How were they? How was the compulsion? How did they make out with the day before? We just do

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a bit of a chunk down on that and it's not everyone that is able to not binge and purge the first night. Lots of people will come back in and say, oh, I did it once. Or, I went ahead and did it and I feel terrible about it, whatever.

The thing for the practitioner, again, is not to get too disappointed. It's only Day 1. So on Day 2, we really go into more depth. I would say that whole first day is strong rapport building, getting them comfortable with the process and just getting a little bit of food into them that helps their brain come back online. Day 2 we go into the work and that work will be wherever we need to go.

**Igor:** So basically, you're starting to uproot the dynamic that's actually going on. So then what is Day 3 about?

**Kathy:** Day three is really all about going home. Getting back into my life. What's that going to look like? How am I going to do this? What is it going to look like? What's it going to feel like? So we're establishing a lot of tools, a lot of skills for her, future pacing, lots of time-lining and building a nice solid machine for her to go home with.

**Igor:** Great. So we have a nice three-step sequence. Day 1 is kind of restoring balance and stabilizing the condition so that changes can happen. A lot of times, the girls will already be able to interrupt bulimic behavior, sometimes they'll fall afoul of it a little bit, but it's okay because already they're on the healing path and on Day 2, you have a chance of uprooting the causes, the behavior and so on.

Then finally, on Day 3, you're going to take everything and wrap it up in a blanket of saying, okay, here's what your life's going to look like from now on, here's what can go with this and how to make sure you don't fall down with the pitfalls you might face.

**Kathy:** That's right.

**Igor:** Okay.

The next question I have is, before we look at Day 1 in more detail – because I know you have a very detailed map of all the things you want to achieve and do and, that you have a very detailed timetable you take people through...

◆ **Can you first talk us through a little about what you do in terms of preparation before people come and see you?**

✓ Do you do anything to get them ready for seeing you?

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- ✓ Are there any conditions you set or anything you like to say to them to make sure that when they come to you, they'll get as much as possible and hit the ground running?

**Kathy:** Absolutely and I don't accept all clients, Igor, either. I think this is something that every practitioner needs to realize that there's a time in a person's life when they're ready to make these kind of changes. I don't want to waste their time or their money and so I'm very, very clear with my criteria for people coming into this program.

The first criteria is they need to be the ones that are phoning me. If they're not contacting me directly, then they're doing it on behalf of someone else. So if dad has called me or a boyfriend, a mother, a sister or a concerned friend, I spend a little bit of time coaching the friend or the person who's called on their behalf and I tell them they need to let that person call me directly.

A lot of times, the person doesn't call. So I really don't spend a lot of time on that kind of thing. I know it's heartbreaking for the families that are going through this or loved ones who care about the person, but the person is not ready to make these changes, if you're the one who's desperately reaching out and seeking help for them.

I have said to these individuals who call me, please feel free to book a couple of sessions with me. I will help you let go of this problem so that the person can work with it. I will gladly help you with some relaxation skills to help you manage your stress better, but nine times out of 10, they don't pick that up either.

**Igor:** Right. So, it's very important to you that the right people come and that their mind is already to start dealing with this, rather than your having to do all the work to persuade them that it's worth doing the work.

**Kathy:** I don't do much of that at all. I have to really say that they have to really convince me that they're ready to make this change. Then I send out to them by email a list of questions for eating disorders. It's really specific and it's a really good list of questions. It's not about why or how did you get into this, although I do ask that on the intake.

- ✓ What I'm really looking for is; what are her beliefs around it?
- ✓ What is it supporting?
- ✓ What stops her from making this change or from breaking free of bulimia?

I look at these kinds of things in my questionnaire and then that questionnaire needs to come back to me a good 10 days before we're meeting. Then I have



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a chance to review it and I pick through my own personal toolbox to decide what I'm going to be doing.

**Igor:** A quick question in terms of the timing.

◆ **Typically speaking, how long does it take for someone to back to you with one of these questionnaires?**

- ✓ Do you have a timing thing where if they send it too quickly, then you know they haven't done it properly or is it just really whenever it comes back is fine with you?

**Kathy:** I almost kind of like to get their first response to it, even if it seems a bit quick. I had one girl email me back – one out of the many – and said, well I have a cursory response or a quick response to every one of the questions, but I'm going to go through it in more detail.

I said to her, send me that one. Actually the questions are keyed so that the unconscious answers them. So by the time they finish those questions, the unconscious is actually starting to talk to me. I'm getting a dialogue with the unconscious about what's in the way, why it's not shifting, what patterns are needed to stay in place in order that they can continue feeling okay in their life.

I also have a couple of questions on there, to give you an example; do I ever use bulimia as a reward system? After a bad day, will I say I really deserve a binge and purge after that day? That kind of thing. I'm looking for the use of it. Is it a positive affirmation that they're using it for? Is it something they use to make themselves feel really bad? How are they using this in their life? What does it mean to them?

By the time they've worked through these, a lot of the women come in and they say they were shocked at some of the their answers as well.

**Igor:** Right. So, what you're doing to them already is you're getting them to start facing up to the reality of what they're doing, instead of the sugar-coated version that they tell themselves.

**Kathy:** Totally and everybody's got a little pet name for it, which I absolutely say to them right at the get go, no pet names. This is binging. This is cramming as much glutinous food into your body as fast as you can and then sticking something down your throat so you can vomit it up. I leave it crass, ugly and gross. Some people call it their little friend.

Some people have quite a nice little relationship going with this pattern, but we need to make it what it really is.

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**Igor:** So now you have this questionnaire back and you start picking through it to get a sense of the patterns they're running and the kinds of things they're doing and you start selecting what techniques or what approaches you're going to use to start resolving the things that they're doing.

- ◆ **Can you give us a little bit of a sense of what kinds of things you're looking out for and how that influences the choice of inductions, procedures and techniques that you are likely to get ready to use with these girls?**

**Kathy:** I always test to see what I've got in the chair, if you will. Some people that have bulimia are very what we would call more on the emotional side, if you're familiar with the clinical hypnotherapy lingo that goes with that. Then, there are others that are more physical. I need to determine what that is because that also will guide me in some of the things that I'm going to use.

I find the use of NLP and working with the anchoring of states and this kind of thing really gets me around whether or not the person's emotionally tuned or physically tuned. It reaches across the spectrum really. Do you know what I mean?

**Igor:** Yes.

**Kathy:** Then with the hypnotherapy side of it, of course I'm working more specifically with if it's an emotional person, then I'm careful to be sure I'm giving her choices and I'm allowing her to make those decisions for herself. I find a lot of the times with this type of behavior, it's because they haven't been able to make choices. So giving them choices tends to be pretty helpful.

I have had a couple of them, though, be more along the physical side of things and you have to tune into that. You have to be sure you've got your person pegged correctly. Otherwise, you're missing the mark by getting them to where they need to get to before they're finished with you in three days.

**Igor:** Of course, just for those who are not familiar with those terms, emotional versus physical, another way of looking at it is are these people more, shall we say, choice oriented – do they blossom when you give them choice and support – versus do they blossom when you give them challenge, direct commands or direct purposeful interactions.

People respond differently. All of us will respond differently given different contexts, of course, as well. It's more a tendency.

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- ◆ **So, if you're being supportive and offering at least even the illusion of choice, do they respond better to that versus do you have to be a hardliner and say, you will do this, this is how it works, this is the program?**

That just gives you a very simple distinction between different mindsets.

**Kathy:** It's also a big part of this process. It's constantly uncovering the core values and beliefs. It's just a constant uncovering. We go deeper and deeper and deeper through the three days, into those deep core values and beliefs. Sometimes they're absolutely, shocked at what some of their beliefs are and some of their values.

We really get down to sort of the very core of the essence of this person and what that structure's all about. Then we begin to rebuild back.

**Igor:** Can you give kind of walk us through a timeline of the first day just so we can kind of almost see a mental movie of you doing your work, so we get a sense of how it all pieces together. So Day 1 arrives. The day dawns, the cock crows and it's a beautiful, wonderful day in sunny Vancouver.

- ◆ **What happens next?**

**Kathy:** Well, the person arrives and the first thing we do is I endeavor to establish some rapport, of course. I have a manual that has a lot of detail and information for them that they can use through the workshop, through the whole time with me. Everything that we're going through is in that manual. Everything that's there is theirs to use when they go home.

The day essentially follows the six small meals. So we start out first thing in the morning and as soon as they arrive, there's a little bit of protein and carbs there for them in terms of fruit and a protein shake. They begin right away with taking in food.

At the mid-morning snack, again, we've got a little protein and a little fruit or a half-toasted bagel or something along this line. Then by lunchtime, we're moving into lunch. I fit all the program in and around the eating plan because these are people that are terrified of food because they can't trust themselves and they don't know how much to eat and how much not to eat. So food has got to be on the table. I believe you have to be looking at food with them.

**Igor:** What you're doing then is constantly stimulating what used to be the trigger for the problem. That's when you start doing the work because all the work now attaches to the trigger and food now becomes a trigger for all the positive stuff you've been doing, rather than all the negative stuff that they've learned.

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**Kathy:** Yes and the other thing that they've done too is they've so seriously overridden that internal trigger that we all have, we're all one with it; we know when we're full. We know when we're overfull. We know when we're uncomfortably overfull. They override it and override it and override it. They don't even register anymore whether they're full or not. It doesn't even register with them.

It's surprising to me how quickly the unconscious can kind of reregulate that kind of thing when you just blow by these internal systems, relay systems which are supposed to be helping us make good decisions.

**Igor:** So 9:00 a.m. comes, they get this protein shake they get a little bit of fruit and stuff on the side so that they have a nice small, but balanced, meal. Already they're getting some protein in their system, which is balancing out all the insulin and all that crazy sugar rush stuff they've had. Their brain is being fed some of the fats that they need to have so that they can start thinking more clearly.

◆ **So this all happens within probably the first 20 minutes or so?**

**Kathy:** It does and then the other thing I'm really calibrating at this point is her reaction to whether or not she'll eat the food because a lot of them don't like to eat in front of other people. I'm just calibrating the heck out of where she's at. Sometimes the food will sit there and they won't touch it. They just won't even have one piece of it and that's fine. If they don't want to, that's fine.

Then the other thing I do is I go through the intake form that they've given me and what I do beforehand, like usually the night before when I'm preparing for one of these, is I'll go through everything they've sent me and I'll reframe everything. I'll take the keywords, the key phrases out of the answers they've given me and I'll feed these back to them that morning.

**Igor:** So this is the first thing you do. So now they've come in, they've taken their shake, they've eaten or not eaten as the case may be, so then you sit them down and you work through the questions.

◆ **You say this here, so what do you mean by that? So you start already that process of reframing. Is that correct?**

**Kathy:** I do and a lot of times what I'm doing is I've already kind of reframed it and this is very common and I've checked it with every one of the women I've worked with, they're really suffering from sort of low-grade depression. So they're sort of moving away from things, rather than moving towards something else.

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I sort of want to start to redirect them, so what is it that you really want instead of what is it that you don't want? You start to do that right off the bat. These are all the early stages of that first morning.

Usually right after the mid-morning break, I'll get into working with some modalities of how they view food.

Igor:

◆ **What time would be the next break?**

We have the first break is at 9:00 when they arrive.

◆ **Then you spend what, a half an hour or an hour on the questionnaire?**

Kathy: So we'll have a bit of a break about 10:30 and then get into the next phase of it, working with the foods that are their trigger foods.

Igor:

◆ **What is it you do there?**

Kathy: Well, what we're doing there is we're collapsing the anchors, we're moving some modalities around and we're shifting the foods that have become addictive for them into foods that they just would never, ever put in their mouth again. It's very effective, really quick and we do that just before lunch.

So by the time we hit lunch at 12:30 or 1:00, they've essentially left these foods kind of behind. I test it afterwards several times through the afternoon that first day because I want to be sure when they're leaving that they're not going right off and going to go ahead and go back to one of the those foods.

We don't always get all of the pieces from her in the moment, but what we end up doing is eventually getting to all of them so that these foods, these food addictions, we collapse all these anchors to them and then move into the lunchtime.

She has a very different experience with the lunch, because I'm introducing foods to her that – even some of these girls who come to me that are nutritionists and in the health food industry or are weight trainers and all this kind of thing– claim to me they're highly nutritious.

This sort of thing, but what I find out as I'm working with them is they really don't understand the basics of how the body works, what the body needs and how it utilizes it.

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So I spend quite a bit of time explaining to them how foods are used in the system and we start to actually begin to have a different relationship with food and that is that we start to see it as fuel instead of as this emotional thing has become a crutch in their life. So we spend quite a bit of time through the day looking at these new ways of looking at food.

**Igor:**

- ◆ **When you're doing this lunch section, will you talk to them about the different foods and how it effects different parts of the body as you're preparing it or is it already prepared and you're just bringing it out and having a discussion?**

**Kathy:** I usually have it prepared for them. I'll usually set up a variety of different things for them to try. I want them to experience proteins in different ways, not just animal proteins but there are a lot of different proteins available to us through beans and different grains, like Keen Wah

So, I'm getting them to try all kinds of different forms of protein so that they don't feel that they've got to eat chicken, fish or beef. It's just broadening this whole perspective around food.

**Igor:** Something that you keep coming back to and have mentioned over and over and perhaps you can enlighten us a little bit as to why it seems so important. You mentioned this idea of using proteins over and over, and you're putting a lot of weight on this.

- ◆ **Could you give us a bit more of an understanding as to why proteins are so important as part of the diet and your whole treatment plan when it comes to bulimia?**

**Kathy:** Well, in the Glycemic Eating Index Plan, which is the basic diabetic diet, the insulin imbalance is triggered primarily from an over stimulation of insulin that's releasing from the pancreas.

When we have too much sugar going through the system in any form, whether its carbohydrates, pure sugars, alcohol or anything that will turn into sugar in the bloodstream, what happens is it stimulates the insulin to release these chemicals out of the pancreas. This insulin can give the person an insulin reaction.

That insulin reaction is really where we get hypoglycemia or hypoglycemic responses. There's just too much sugar in the body and it can make you feel like you're going to pass out. Also, a person, who's diabetic and has an insulin shock reaction, will get beads of sweat on their upper lip. They'll start seeing sort of spots floating before their eyes. They'll feel like they're going to pass out. They'll feel a cold sweat in their whole body.

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When you usually do for a person that's having this kind of experience is give them some sugar right away and that will help to balance because there's too much insulin in the system. When these girls have been pushing carbs and sugars around their system the way they have been, the whole system is out of balance.

So, the best way to bring it back into balance, even for a diabetic even though it's hard for a diabetic sometimes to have to go back to eating this balanced. It sounds like it's a rigid eating plan, but it's really the healthiest eating plan that any of us could ever be on because the protein goes into the system first and it's instantly balancing that insulin release out of the pancreas.

This stops that racing up and down of the sugar releasing through the blood. If you eat your salad first and then a half of a basket full of bread, you're starting to fill up. By the time your meal gets there, you barely even pick at a little bit of what would be the protein or the vegetables that would have protein in them so that it would start to balance out this insulin reaction.

Well, about 15 or 20 minutes later, you're going to be feeling famished because you've got so much sugar running through your system. It's very typical with Chinese food and that's partly because so much of it is in the vegetables and they have a lot of sweeteners in the different sauces and things and there's very small amounts really of protein that are put in. If you look at it, there's a little bit of beef in the beef and greens and a little bit of chicken in the chicken and whatever.

**Igor:** So, the carbs kind of make people feel like they're full and satisfied. It's just they get processed more quickly and so the feelings of hunger come back more quickly, versus protein is processed more slowly so that gives us a more, shall we say, like a bridge that lasts longer over time, rather than being an instant hit and then gone again.

**Kathy:** That's right and if we can put that protein in with every meal, a little bit of protein, this is going to bring her into balance with those food cravings.

These food cravings are all sugar-driven and when we're craving something like chocolate or something that's high in carbohydrates, processed foods, when we're having those kinds of cravings, it's because our blood sugar isn't balanced. Our blood sugar is low. We haven't eaten enough, for instance.

A lot of the girls I work with, they don't eat. They don't food at all. They binge and purge and they figure the little bit that's left over from the purge is all that they're going to let their body have. So they're actually kind of starving their bodies as well as doing this binging and purging.

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**Igor:** So then, of course, it's important to have the right kind of fats and proteins. So just the brain can kind of start functioning normally again, right?

**Kathy:** The brain needs 60% of your daily intake of fat. If you're not allowing the body to have any fat, then what ends up happening is the brain starts to redirect all the fat in the body and store it because it needs it. The brain is kind of like the most sluggish organ in the whole body because it consumes so much of its resources.

It will redirect the physical body to start just consuming muscle. This is where we end up with this high body fat index and having very little muscle left on the body.

**Igor:** So we've got a bit of an idea now as to how the balance goes in terms of the proteins and the carbs and so on. Of course, anyone who's listening to this, if you want to understand more about the nutritional aspect, which is, of course, very important, they should look into the Glycemic Index guide a bit more. There's lots of information out there and they can find out about that from the Index.

**Kathy:** Absolutely and even though these girls will tell you, I know everything about nutrition, they don't. They really don't. They know about the foods and they know what they're doing to create the situation they're in, but really they don't understand what's going on with the chemistry in their own body. It's important.

**Igor:** Now you do something during the lunch break as well, which I think is very interesting, to continue this idea of educating and subtly continuing to influence them in positive ways.

### ◆ Can you tell us a little bit more about that?

**Kathy:** Well, sometimes I'll introduce a couple of videos or DVDs for them to watch while they're having lunch, although I don't really support this because I'm also teaching them how to eat. They don't really know how to eat. They know how to shovel food in their mouth with one or two bites and gulp it down.

What's happening to most of society today is we're eating in front of the computer screen, we're eating in front of the TV screen and we're eating while we're driving the car. We very rarely really sit down and eat our meal focused only on the meal in front of us.

I'm really starting to teach them how to eat properly as well, which is to look at the food and let their eyes begin to take it all in, which gets the saliva going, which is part of the digestive process.



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The other thing I'm teaching them to do is put their fork down between bites and to aim for 40 chews per bite of food. They're literally sitting there and counting 40 chews per bite. So you can imagine this takes a whole lot of time.

The longer they spend eating food in this slow way and really appreciating the food and really kind of turning that food in their mouth into a very predigested food almost, by the time it goes into their tummy, it's a liquid almost and there's very little digestion really required and it's into the system.

So, this is the process that I do through the lunchtimes, but I have added a couple of DVDs into it, because there are a couple out there that I find really effective and most of the girls have seen it– most people have– What the Bleep Do We Know. This particular video has really good insights into how addictions work. Once these people have an idea of how these addictions are working, they're really experiencing this in a much better way.

**Igor:** Okay, so we've gotten up to the lunch break now. They started the morning with their shake; you walked through their questionnaires and started already reframing a lot of their issues and negative thought patterns. Then another little break and then you have a big trance process in which you start unwiring all the triggers, the foods that send them off into binges and so on.

Then around about the end of that, you come to the lunch break. So now it's time for them to sit down and have a lunch of lots of different types of food that is much healthier for them and you're talking to them about food constantly to educate them as to what this stuff is doing to them. You may even end up watching a DVD with them to start retraining their perceptions about certain things around addictions and things like that, so the lunch break is over now.

### ◆ What happens next?

**Kathy:** Well, the afternoon, again, it's broken into two spots because there's the break in the middle and I want them to eat again. By this point in time, they're really starting to feel like they've eaten a lot of food. Some of them are getting a little uncomfortable with how much they've eaten because this is part of the process is they tell themselves, if I eat this much food every day, I'm going to get fat.

So they start to challenge some of that inner voice and we start looking for the voice, the tone of the voice. We start shifting up some of the things that are being said, some of the intensity because this voice that controls them is very intense. It's very sharp, it's very quick to point out their mistakes and the things they're doing wrong and it's really critical.

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So we start looking at voice. We start looking at some modalities there. We start moving some of those around. We start moving around some of their images. One of the things they do is see themselves as huge, but I start working this that by having them visualize – I have a rock that's about the size of my palm, but you can use anything you want to show someone, here, look at this rock.

I say, look, this is the size of it. Now close your eyes and make it look bigger inside your mind. Now make it look as big as this room. Have it fill the whole room so none of us can even be in here and they can do that. Then they start to realize that that's what they're doing with their body as well.

**Igor:** Right. So during your first trance after the lunch break, you take them nice and deep as we've talked about before, in terms of you really can zone people through the floor in a very powerful way. The first thing you go after is this critical voice. You start shifting around, shifting the qualities maybe shifting what they're saying, how they're saying it or where they're saying it from. At the same time, you're starting to shift around their self-perception as well.

So rather than seeing themselves as being these huge monsters, you're showing them that their self-perception is probably skewed using the same talent as you just mentioned with the rock. So it's a nice little metaphor for saying, look, if you can do this with a rock, you can do it with yourself and, chances are, you don't have a very accurate image of yourself.

**Kathy:** Well, this is it. A lot of times, one of the best ways to lose a few pounds quickly is to begin to visualize yourself being slimmer.

**Igor:** Right, which is ironic, isn't it, because a lot of times when you actually think of yourself as being bigger than you are, as a kind of a fear mechanism, you're actually not tricking the mind to do the right thing, in other words, to stay healthy and slim at the same time.

**Kathy:** Well, the thing is the mind doesn't judge it. Oh, you want to see yourself as fatter? Okay, let's make you bigger. You want to see yourself as slimmer? Okay, let's go that direction. The mind doesn't judge it as good or bad. It's just sitting there and going, okay, you want this now? Here we go.

So once they start to understand that they have a lot more power in their mind than they've ever given themselves credit for and, in fact, they have been creating this whole thing all along, they start to really begin to wake up to what's been going on.

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**Igor:** So now that the penny is starting to drop they're starting to realize that actually this is a bigger world and they can be a lot smaller in it. So they've come back out of the second big trance now, the post-lunchtime trance. I presume there's another snack break coming up now.

**Kathy:** Yes, usually I'll have the meeting by about 3:00 and then we'll do our last trance of the afternoon.

**Igor:** So before we into the last trance of the afternoon, what kind of things would you include in their last snack break, just to give us a contrast. We had the protein shake and the fruit in the morning. Then you talked about having some applies and some nuts at the break. You have the lunch break, which had the proteins and all the other things.

◆ **What would you have at this particular break?**

**Kathy:** Well, it's once again, you have to look at every snack in building some protein, so applies and nuts are not proteins. All nuts are considered first a fat, even almonds. Even though they're good for you, they're still considered a fat first. That's where the glycemic Index program puts all nuts – into the fat category.

A lot of people think, oh, well, I'm eating a handful of nuts, that's a protein. They have a little bit of protein, yes they do, but not enough to eat seven almonds with an apple to offset the sugar, the fructose that's going to come into their system from that apple, or an orange or a banana.

So if you're going to have an apple, then you need more than a bit of nut butter or a few nuts to go with it. What else can you put with it? Well, if you're going to go to cheese, cottage cheese or anything like that, you're really adding more fat because all cheeses are first categorized as a fat.

So this starts to take out dairy and nuts as two of your options for where am I going to get another protein. So what I do is I have several recipes included in my manual for them to use. One of them is a roll-up. It's almost like a sushi roll, only what I'm doing is I'm using the leaf of lettuce and inside the leaf of lettuce, I place tuna, chicken or salad and they roll it up and they slice it.

They can make these up the night before. They're actually better if you let them sit overnight. They get kind more firm. It's the opposite of sushi. If you leave that overnight it's no good.

**Igor:** That's right.

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**Kathy:** So these are really great and they've got a little bit of crunch. They can put some chopped celery into it. I make the part that would stick it together, where you would usually use mayonnaise or something like that, I use a bit of yogurt. I add some cayenne pepper and make it spicy and savory.

I'll put a little dab of hot pepper or mustard in it and just the smallest amount, less than a quarter of a teaspoon, of mayonnaise just to sort of bind it all together. So that makes a wonderful protein-rich snack.

**Igor:** Okay. So now we have a good idea of the different snacks and the importance of balancing carbohydrates, like the sugar in apples and fruit, with some more, shall we say meatier proteins, so now we have the final big trance of Day 1 coming up.

### ◆ What is this final trance all about?

**Kathy:** Well, really this is going to be the one that I call the addiction breaker. It's a variety of different patterns, that I've put together which helps them step back from the addictive process itself.

Now this is one of the ones that's recorded and they get two CDs from me when they take this course and these CDs go home with them. This is one of them and it's the shorter one. This one is about 34 minutes in length and that's the CD. However, when I do it in the class, it's going to be about an hour and 15 minutes that they're in the trance and it's got a lot of lead-ins and there are other pieces thrown in the middle of it.

Essentially, this is helping them to leave the addiction itself, unplug from that addiction. So it's a pretty powerful one. I find usually that gives them the ability then to leave, go home that night and go to bed. They don't touch bulimia again and they're pretty much finished with it that first day.

So in terms of the actual stuff you do in the induction, can you give us some ideas in terms the overall strategies or procedures you would take people through, just to give them a sense of how you separate someone from bulimia.

Up to this point, what we've been doing is we've reframed the negative thinking, we've given them a chance to release the triggers that get them into binging in the first place, what are the binge foods that set them off and so on. Then you've had the post-lunch session, which was all about creating that positive inner voice and a positive inner guidance system and seeing themselves in a more positive light rather than a negative one.

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So these things all make sense. Now it seems very much like all these things are coming to a head in that final trance. How do you use all the momentum you've built now to kind of switch them off into the next level of their life so that they're not stuck in that addiction pattern anymore?

**Kathy:** Well, essentially all the pieces that go on in the day are steppingstones or building blocks that are carrying them away from where they were first thing in the morning. By the end of the day, they are pretty exhausted for one thing, they are pretty tired and they're ready to go into a very deep trance and they do.

They go nice and deep for me and I find that when I'm putting them into that deep trance state, I'll often spend time directing the unconscious because the unconscious knows just where this began, just what it started to feed and just how it experienced the first times, the second times, the third times and the pattern of addiction.

So I instruct the unconscious to go ahead and begin to reframe at the deepest level where all of this early structure began because really even the client doesn't know where it began or how it structured itself, but the unconscious knows everything.

**Igor:**

◆ **So it's kind of like doing a content-free regression loop?**

**Kathy:** Exactly. They slide back through that and the unconscious does the work. Then I give the unconscious permission to continue doing that work overnight. I want the process to continue through the night, through dreaming, through sleep. I also give the unconscious at this particular trance the instructions to go very deep during sleep, so deep that the conscious mind is unaware of any of this deep processing that's underway.

It's a constant reminder that the unconscious wants this as much as the conscious does and that she's here for this reason and to allow it to happen. So, all the permissions are set up now for her to go home and have a good evening.

**Igor:** Now at the end of this big trance session, do you feed them again, or do you actually want them to go home and actually do something in terms of having their own dinner, so they're already starting to take control of their own eating habits on their own.

**Kathy:** Yes. They'll go home and sort out their own dinner. Now a lot of these people are coming from out of town. If they're staying close by, sometimes what I'll do is go with them and show them where there's some what I feel are some fairly healthy venues available close by here, help them pick out some healthy

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foods and they take those back to their hotel room, have dinner and I pick them up the next morning.

**Igor:** So, basically, by the end of Day 1, you've built up a lot of momentum, which culminates in breaking the actual addiction cycle itself. Meanwhile, you've done a lot of education, balanced out the whole biochemistry with the right kinds of foods.

You even taken them on a mini-shopping trip where they get the experience, which I think is very important, of choosing for themselves things that are healthy for them so they can continue the cycle later on, once they've left you as well.

**Kathy:** Exactly.

**Igor:** So now we come onto Day 2. They've had a deep, deep sleep. They probably have no awareness of what's gone on because of doing all this unconscious processing. You either pick them up in the morning, or they come back again.

### ◆ So typically, how does Day 2 begin now?

**Kathy:** Often this is an entirely different person showing up the second day.

1. Number one, she's shocked that it worked.
2. Number two, she's amazed with herself that she's not feeling compelled to go and binge and purge and that she didn't wake up first thing in the morning thinking these kind of thoughts.

That gives her an indication of just how feasible this adventure is for her to reclaim her life.

**Igor:** So what do you do in the case that – because you mentioned at the beginning of this interview today that from time to time, some of them don't manage to go the whole night without bingeing. They might not do it as much as they used to, but they might still have a leftover cycle and so on.

- ✓ How do you deal with people like that?
- ✓ Do they come in depressed?
- ✓ Do they come in sort of semi-hopeful?
- ✓ What happens there?

**Kathy:** Generally, they come in and they're pretty annoyed with themselves. They're down. So what I do in that particular case is remind them that, that was just the first day and we're just starting this. If you would have gotten it all done in

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one day, then so be it, but there are three days and we're just starting Day 2, so to give it another shot. Then we plow through the second day.

So I do the reframing around that because there's a nature, an essence, in these individuals and that is that they're very perfectionist oriented. So they feel if they blow even one part of it, they've blown it all.

**Igor:** Right. So it's very important to put that in perspective.

**Kathy:** We start to re-establish this new perspective on the binging and purging and they start to see that it doesn't have to be an all or nothing thing, which has really been their personality type. It's all or nothing. I'm either doing it 100%, or I'm blowing it 100%.

**Igor:** So now that you've got this groundwork set up, either they're excited because they have a sense of hope, or you've used the fact that they failed as a useful kind of recovery loop to show them that it doesn't have to be all or nothing. You can fail from time to time. You can fall off the wagon and then get right back on again.

I presume at this same time, they've got their morning snack again, that protein drink and some solids and stuff like that as well.

**Kathy:** Absolutely.

**Igor:**

- ◆ **Then are we straight back into the same format as the first day, so back into a big trance session?**

**Kathy:** Yes. The second morning we're going to do a little deeper work. We're going in and doing a form of parts, if you want to look at it from the NLP perspective. It's recovering personal history. We're going through the process in a deep trance state, a very deep state and we are having the conversations with the unconscious.

These conversations then really reveal not only to myself but also to her that there is not a deep, dark, negative part of herself. This is just parts of herself that have become confused, disoriented and need reintegration, acceptance and forgiveness. This a major piece of work we do in the morning and they are sometimes in transfer – I've had them be in there for like an hour and 45 minutes.

I give them breaks in the middle, of course and what I mean by breaks is just let them go deep and rest and then come back and we carry one. What ends up happening through this work, though – it's very tiring on the brain holding

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these different positions in a trance state and I find that kind of exhaustion also really starts to build the appetite.

**Igor:** Which is very important, right?

**Kathy:** It's perfect. So, when we come out of that, we'll do a little bit of a chunk down and then I'll bring lunch down for them. This second day, they're ready to eat a really healthy lunch.

**Igor:** Before we get into lunch, a couple of things. So we've got this long one and half hour sort of trance, where we do primarily a parts integration. Now which parts are you looking to integrate? I presume it's the part that was causing the addiction, causing the bulimia versus the rest of themselves that doesn't want to change now and so on.

### ◆ Is that correct?

**Kathy:** Sometimes. It's interesting you know, often the part that feels most culpable in any situation refuses to have any dialogue. It has nothing to say. It's the slug in the system. It's the one that's doing the behavior and all the other areas of the person's life that are just shoved and pushed around; don't have any space and no one's listening or paying any attention.

So what I find really starts to happen is more than going right in or talking to the part responsible for anything that's going on is letting the other ones have their say.

**Igor:** Okay. So, basically, you're collecting everything that has to do with this problem dynamic so the positive, the negative and the different behaviors and saying, okay, let's just check out all the parts involved here.

What do they have to say? The part of you that feels guilty, the part of you that does the behavior, the part of you that thinks about being different, the part of you that can't do X, Y and Z, because you're maybe too ashamed or guilty of it in public.

So you're really taking everything across-the-board that has to do with this condition and you're seeking to create like a harmony between those things.

**Kathy:** Yeah and ultimately, at the end of it what we do is help that part that has been responsible for the behavior take on some different duties, some different roles in the game. We're not looking to eliminate any pieces of ourselves.

Every piece has a purpose and I think that's critical when the person who has this addictive situation going on, no matter what the addiction is, is to



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understand that sometimes that is serving the greater good of the whole person.

When we can understand that, then we can relax and say, okay, I need to pay more attention here to this so that this doesn't happen anymore and that's usually the part of the reframe, which allows them to completely and totally come to peace with what's happened.

**Igor:** So essentially what you're saying is, you need to understand the difference between what the part intends to do, what it's trying to achieve, its behavior and the way it's trying to achieve it so they can find out different behaviors for achieving it.

**Kathy:** Exactly. This comes together always in beautiful ways. I always feel that the work I'm doing, I'm witness to sacred ground. It's very sacred and I know the women that work with me feel that, that part of them has been honored too. I think this is the important aspect.

This behavior, this addiction, this bulimia has served a very big part in their life and many of them are terrified, like how am I going to live my life without it? How will I cope with my emotions, my feelings? How do I live my life without my cigarette, for instance, or my glass of wine at night?

So it's not much different. We have to really be patient and supportive and really honor that part of them that is doing this really massive piece of work.

**Igor:** So really, it sounds like this whole session, as intense as it is; is not just you giving suggestions it's an interaction where you ask questions and they answer them. You send them to other places in the mind to ask further questions and it's a real exploration, which gives you probably some fascinating insights into the minds of people as well.

**Kathy:** Well, the thing that it shows me is that I definitely would not ever have the depth or scope to be able to give them the responses or the deep understanding of what this about. Not to the level that they can do it for themselves.

**Igor:** Right. I can see that being a very healing environment on that point alone.

**Kathy:** This lady I'm working with today when we finish this session, she's looked at me and said, I know now that I could never have accepted somebody else giving me this kind of information. I had to hear it from myself. That's like the piece right there. This is why I feel therapy misses the piece here because here I am coming to her. What do I have to give her? My best role for her is to facilitate her finding her own answers.

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**Igor:** So we've got this an important piece of work, which would finish around 10:30 or 11:00, depending on how long it goes. I presume at this point, we have another little break, another little excuse for getting a small mini-meal into them as well.

**Kathy:** Yes.

**Igor:**

◆ **What happens next? Another trance, I presume?**

**Kathy:** Actually, what we'll do here is just do some really serious chunking down on that.

**Igor:** Okay.

◆ **What do you mean by that?**

**Kathy:** I just give her some time to talk and reflect. We do a solid integration so everything comes back to wholeness, but I also want her to have an opportunity to share, to just know that somebody witnessed this incredible experience that she just went through and that it wasn't something that she imagined in her mind.

So I kind of encourage her to talk about the experience for herself and what that feels like. I'm also looking here, I'm also testing. I'm looking for a shift in the language. Always looking for the shift where she puts the language of bulimia into the past.

**Igor:** Right, so it's almost like a spontaneous thing she's saying.

**Kathy:** We're looking for this context change and I don't want them to go until I find it, until they're starting to talk about it as being in their past. If they're still talking about it as a present reality, we've still got more work to do.

**Igor:** Of course. Right- okay- This goes up to the lunch break and I presume at lunchtime you have the same deal as on the first day, where you have a selection of different foods.

Especially, protein-rich foods, possibly a video if the situation is right but again, paying more attention to the process of eating and so on, so that she can climatize to a healthier relationship towards her food.

**Kathy:** Correct. During the lunch I'll often suggestion maybe if the weather's right or even if it's not, it's sometimes good for them to get some fresh air. I send them out for that. Then pretty much they're back and we begin the afternoon sessions.

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Igor:

- ◆ **What happens in these afternoon sessions? What is the next trance all about?**

Kathy:

I like to set up a trance where we're adjusting that inner mechanism of the metabolic rate. This turns on the metabolism again because a lot of the foods they've been eating have shut down the metabolism, so they easily start to put on weight. We can do that internally. We don't have to use a lot of exercise and things like that.

The brain is very powerful and we can start to get that metabolism working a little better for them. That also gives them some confidence that they don't have to be so worried about gaining weight really quickly.

Igor:

Okay, so basically, you're taking care of their concern about gaining weight, which is, of course, one of the big leverage points for why she started bulimia in the first place. At the same time, you're making sure that the metabolic rate gets kicked back into gear so that again, it's like kind of kick-starting and old car where you're just taking that wrench and winding the engine up so that it can chug away at a good rhythm.

- ◆ **What's the next trance?**

Kathy:

Following lunch and their walk, we'll go into the second trance in the afternoon, or trance number three for the day actually. What this will be I'll often put in the trance regarding starting up the metabolism and bringing that online. I'll blend that in with this trance, which is really looking at any of these outstanding items that remain.

If there are any kind of little fear packets or things coming up, worries about gaining weight, worries about the shape of their body or this kind of thing, we'll be reframing and also collapsing all these sort of negative anchors. Often times these are stimulated through voice or physical feelings in their body and I'm working with them to figure that out.

Igor:

So just to kind of get a sense of that post-lunch trance after the walk, the first thing, the big priority is get the metabolic rate kick-started again.

- ◆ **Can you tell us a little bit about why that's so important in this process? I mean is it that the metabolism isn't working property anymore? Or what's going on there?**

Kathy:

Oftentimes, the metabolism has begun to stall or it's not working quite as it should because all the systems in the body are not working the way they should. A lot of times too, the metabolism can literally be influenced by our thinking.

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So, if we start to think that the metabolism isn't working very well, we tell ourselves these kinds of stories, we repeat it often enough and sure enough the metabolism starts not working quite the way it should.

So we just go in and sort of move that around a little bit in a DHE sort of way, working in the control room of the mind and adjust that physically in their own mind and this helps this begin to work in a better way as well.

**Igor:** So, it basically, takes care of one of the biggest things that drives the bulimia pattern or one of the underlying, shall we say, roots, which is this fear of, oh my God, I'm going to get fat.

Now it's, no, you're not going to get fat because your metabolism is working fast. It will process it fast so you'll have more energy, but the food will give you more energy as well, rather than being stored in the way of fat. I guess that gives them a lot of comfort that they're doing the right thing now.

**Kathy:** Absolutely.

**Igor:** So we have this big trance in the afternoon where the metabolism gets kick-started by using this control panel of the mind. You also mentioned the idea of playing with any outstanding foods that have come up since then or if there are other triggers that might set them off.

Maybe it's a feeling inside, maybe it's tone of voice that someone uses or a look they get or a certain situation they fall into, which gets them so riled up that they have to go home and purge and do the whole binge cycle to get these happy chemicals coming flooding in again.

So you're releasing the negative power, shall we say, of all these different events over them to put them in a position where they're basically free again.

**Kathy:** That's correct. Yes.

**Igor:** Great. So, now, we have the metabolism back online. We have the last few triggers that could be sending them off into a negative spin, taking care of their main concern that they might be getting fat which has been handled through reframes by getting their body image back into proper shape. Or by them understanding that their metabolism is now healthy and can cope with this intake of food properly.

- ◆ **What happens next? I presume it's more or less time for another break and a snack again. Am I right?**

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**Kathy:** Yes. We'll do a break, a snack and then into the last trance of the day, which is just an integration of the whole process of Day 2 and really I also pick up on anything that was important from Day 1. So this trance at the end of Day 2 is very specific. I have a variety of different things that I have been working with and at this point in time, I'm utilizing everything I've got to help them really conclude Day 2 feeling like they've really secured very powerful healing advantages for themselves.

Regardless of bulimia, regardless of anything else, this is a very powerful conclusion to these two days.

**Igor:** So it's kind of like a highlight of the trailers of a movie which kind of shows them look what you've done in these last two days. Here's a reframe that really sunk in on you. Here's an idea that I noticed you responded to powerfully. Here's the first bit of work and here's another piece of work. Here are the realizations you had here. Here's what you've been doing there.

So you're basically giving them those two days of experience again in a more condensed and more impactful way so they can relive the highlights and go, yes, I've actually done a lot of work and come a long, long way in these two days with you.

**Kathy:** Yes. I'm really hitting all the anchors that I've set so that all of those are being fired off as many times as possible and every time I use the same language and word phrases so that it's just a continuous reinforcement of all the changes that they're making.

**Igor:** Perfect. It seems like a very powerful and positive experience for them. So by the time they come back, I imagine they're really glowing now and, probably quite rightfully as well, being very proud of themselves for how much they've achieved.

**Kathy:** Yes, they usually are. They're usually feeling pretty good about the process and they've made enough connections within themselves to know that the choices are theirs now. With this firmly in their own hands, they're starting to feel like they've got control back.

**Igor:** Perfect. So now we come to the end of the second day.

- ◆ **Do you go home with them again and help them to shop for food like you did the last time, or are you going to pretty leave them to their own devices to figure it out for themselves this time?**

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**Kathy:** It depends on how it's gone. If they're driving and meeting me here and they're able to get themselves to and from, then often times the second night, they're off on their own. If not, then I'll drop them back at their hotel and we'll just follow the same process as we did the night before.

**Igor:** Excellent. So now they have a great night's rest and I'm guessing they're bouncing out of bed in the morning of Day 3 and arrive at your house at 9:00 sharp, or you pick them up and take them back home. So what happens now? What's Day 3 going to be focusing on?

**Kathy:** Well, Day 3 is going to have the basic template in it of all the different eating plans and we're going to carry on with all of that. So around the food items, we're going to work on these last few areas that need attention.

That's really going to be around them coming to grips with what's gone on in the family, the closest relationships. It could be a significant other, whoever comes up in terms of healing those relationships those are the ones we're working on.

We get right into those and then I do a strong hypnotic inoculation so that they're able to go home and remain disassociated and detached from some of the chaos that their disorder has caused in the family.

**Igor:** Okay, so let's just take these one at a time so we can kind of track how the day goes through. Let's say I am the client, I arrive on the final day, I'm excited and I guess I have my morning protein shake with some fruit or something on the side to get me going again and to set that pattern once again.

**Kathy:** Yes.

**Igor:** Then we have the first trance of the day, which if I understand you correctly, focuses on healing the relationships in the family dynamic. Because, as we talked about quite extensively in the last few interviews, the relationship to their parents, the mother and the father, the weaker father maybe and the over-possessive mother has a strong skewed effect on the girl.

So I guess at this point it's her opportunity to release whatever family drama was affecting her at this point and that's what you're focusing on there.

◆ **Is that correct?**

**Kathy:** Yes and we're really also letting her release some of the guilt and the shame that she has for whatever she feels she's caused at home. Sometimes there's a lot of reframing around that.

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Sometimes these guys have taken on a lot of responsibility for dysfunction in the family that they felt somehow they should have been able to rescue or save somebody and they just couldn't, or they've become the focus of the family's negative attentions. Whatever has gone on there, going back into their lives they need to be able to go back and remain in this place where they're detached from what other people are feeling?

If you've caused a lot of problems in your family through your behavior, there sometimes is this thing that you need to go and be accountable, you need to go and let people dump all their grief and anger on you and this sort of thing.

Well, it's really not going to be beneficial for her to go through that, so even where there are brothers or sisters that are resentful or parents that lock their heads with each other over her behavior, the real critical piece here is that this kind of thing not continue. So she needs to have the tools to be able to go home and not get hooked back into all of that stuff.

**Igor:** Right, because as soon as she comes home and people start saying, you've always been like this and even if she makes a mistake, let's face it, people make mistakes.

But if those mistakes suddenly have a 10-year history attached to it, which gets reawakened, you need to make sure that she has a hypnotic seal or protection around herself so that those things don't affect her and she doesn't get sucked into the family drama and the whole cycle starts all over again.

**Kathy:** Well, that's it and the other piece too is that really teaching her about disassociation from this kind of stuff is going to give her a new tool to work with going forward in her life anyway. I really find that the problem has been so deeply entrenched in the family, no matter who's in that family, whether it's parents or a significant other or whatever, that the family just has this – like a dog with a bone.

They don't want to put it down. It's their drama. They've lived it they've suffered and shared it with their friends. Yes, a lot of them want their daughters to be well, but it has become an addiction in its own right for the dysfunction in the family.

**Igor:** You have to create some layers of protection so that these girls don't get sucked back into that. Otherwise, all your good work is undone. They go right back in the old dynamic and ultimately, the old pattern might resurface as a protection mechanism.

**Kathy:** Exactly and so it really needs to have attention for her to know that this isn't me and they're not trying to do it, but she doesn't have to become emotionally involved in it, nor does she have to take it on.

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This is where I'll often recommend that the girl find either a coach or a therapist to hook up with and continue her work going forward. She needs that support. She needs to be able to go and vent and release whatever she needs to release so that she can stay on her path, so she can stay clear of it.

A lot of times, the family needs to go and get cleaned up too, but they won't do that.

**Igor:** Right. So, in the absence of the family going to therapy so that the dynamic can change, she will need a safe venting place that's outside of the family unit where all the pressure that's building up inside her can be released. Let's face it, even with some of the best tools of reframing and so on, it's going to start wearing you down when people constantly criticize or the same dynamics keep running.

So, it's useful to have an outside confidante, a coach, counselor or someone she can go to and say, this week all these things happened.

Someone to vent to and get the emotions out rather than turning to those crazy old thought patterns that had caused bulimia in the first place, she can get some perspective again and go, yeah, you know what, I guess I'm actually all right. It's them having an issue; it's not me. I'm glad I got it off my chest. Whew. That's so much better now.

**Kathy:** To understand this, okay, at the level of where it is, think of bulimia as an alcoholic, if you will. They go back home and the conditions at home where the alcoholism was an anchor and had lots of triggers, those are removed, those are healed, those are fixed, but if you understand that the alcoholic is only one drink away from being right back into the situation they were in before, the bulimic is in the same position.

So they are really only one misstep away from being just as deeply sunk into the pattern again. So it's important that they have a real sense of going back into the world feeling like they're there, they're close, they're on it. They've left it behind.

Now if it gets reactivated, if it gets re-stimulated as people begin to remind her about what she's done, or I guess we don't have to hide all the food now, all these sort of negative stimulations can kind of rekindle it, but the other side of it's there too. What if nobody ever talks about it and nobody ever really is available to her and she's walking around on eggshells?

So the conditions that created the bulimic behavior in the first place, keep in mind from that second interview we did, yes, they're there, but the decision to use bulimia and become addicted to this behavior really lies with the person who chose to do this.



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I really want them to know when they're going home that this is their choice. They can deal with life using this addiction, or they can find another outlet and deal with their emotions and their feelings either through finding a therapist and working through their mother/daughter issues or their brother/sister issues. It doesn't matter what it is. We all have issues. There's nobody out here that's perfect and when they start to get a grasp of that, then they can make some of those decisions in a very different way.

**Igor:** So really the healing of the relationship session, the first trance is very important because it re-empowers. It takes all the stolen power that has been fed into the family system, puts it back in her court and says, now that you have all this power, what do I do with it?

- ◆ **Would you like to re-engage in that family dynamic and get sucked into it? That's your choice. Or do you want to start using this power you have to start getting yourself out of that?**

You can still live with your family and still exist with that because that's, of course, important, but now through alternative means, whether it's sports, therapy, coaching or whatever it might be, you can now express yourself in a healthy manner rather than the binge/purge cycle that bulimia was giving you before.

**Kathy:** Yes.

**Igor:** So now we go on to I guess the next break, which would be back to the break and snack pattern we've had before.

- ◆ **At this point, is there another trance before lunch?**

**Kathy:** Usually I'll see if I can get the second one in there. What we're doing is looking at strategies, looking at any of the questions that may have come up, checking and testing. I'm really wanting to be sure now that the foods are all well in place and that there's no other foods that are her trigger foods. Sometimes she'll remember something else. Oh, chocolate chip cookies are my big thing or Oreos or something like this.

So then we really get rid of all those. I want to be really sure they're done on the third day and then introduce a really good solid craving for good foods and water and this sort of thing.

**Igor:** So, basically, this is where you're reversing the strategies. So we're sort of craving bad foods and then having to throw them up afterwards. You're making sure that all the triggers that used to trigger off the bad foods; the cravings for those sort of things have been abolished.

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Then you introduce other triggers so that they'll be just as, shall we say, excited about having something healthy, like one of the protein snacks or drinking plenty of water, that they used to have about the other foods that weren't healthy for them and as a result caused part of the binge cycle. Right?

**Kathy:** Exactly.

**Igor:**

- ◆ **What are some of the ways that you get them to get excited about these healthier foods?**

**Kathy:** It depends on the client and its part of the program that I'm preparing for training too, to have a variety of different ways the therapists can work with sort of eliciting this kind of information from them. How does it get them going in that direction? So yeah, it's there and I definitely have it in there.

**Igor:** So you're painting them some vivid images that get them excited about the new thing.

**Kathy:** Yeah and the new foods, helping to use their intuitive a little more for pulling them towards foods that are more healthy for them.

**Igor:** Excellent. So now we come onto the final lunch, which I presume is again, the same pattern as before. Proteins in a selection of different kinds of food and possibly another video to help them adjust their mentality in terms of what's available in the world.

- ◆ **Is there anything special that happens over this lunch break?**

**Kathy:** No. It's just going to be more of the same. Often times the third day, I want to get right into the solid work in the afternoon because we're finishing. So maybe I'll use a shorter lunch break because we've got some work to do in the afternoon.

So we'll do that, they take a quick break, maybe go for a little hike and keep the lunch break to half an hour or 45 minutes. Then we get right back to the next and last trances of the day.

**Igor:**

- ◆ **What are the final segments of the day?**

We're coming now into the afternoon, the last bits and pieces.

- ◆ **What did you do here?**

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**Kathy:** Well, I want to really close with some physical work. I want them to walk a timeline. We work the timeline quite extensively back and forth through different periods of their life to be sure that they're taking as many skills as they have acquired in the three days with me back.

Along the timeline and how they could have changed what they were doing earlier with bulimia as a choice if they would have had some of this information in the first place.

**Igor:** So, it's kind of like doing a little travel in a time machine and saying, had you had all the skills, understandings, tools, choices and empowerment you have now back.

Then, how much different would the issue have been and by doing so you create a richer map of the past so they're not doomed to repeat the failures of the past. They can look back and go actually, I can do some of these new things as well, so it cements it in more fully.

**Kathy:** Exactly and then going forward, taking all these tools. I have them review the tools they've got and all the bits and pieces in the manual. We go through them. I want to go through the manual page by page. The manual is 60 some pages and I want to be sure that they know where everything is in that manual.

That they've got access to the menus, access to the recipes, access to some of the little exercises I've put in there, taking control of their life and there's just a few little exercises in there like that.

I've put in some bits and pieces on EFT, the tapping process and why that's helpful. We actually use EFT through the three days. We'll work with it at least once and I'm sure that when they go home, they know how to do this.

The other thing I do on the last day is I'm really letting them know that I'm continuing to be there for them and continuing to support them. I do offer them a three-month coaching program at this point.

**Igor:** So if don't know where to go for what we just talked about before in terms of someone to help them relieve the tension, the stress and so on, they have a support right there.

**Kathy:** And sometimes they'll just pick it up for the first month. I'll tell them they can have three months, they can go month to month, but it is available and if they want it, then I'll set the coaching contract up with them at that time and we'll set our times and dates to do the coaching.

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I use Skype for that and the mechanism is perfect for what we're doing. They've already worked with me enough, they've got CDs to go home with, they're used to my voice and we have good success with it.

**Igor:** That's perfect and you've given them what seems like a very full and rich support package. You've got the CDs, you've got all the stuff, of course, they've learned with you in the three days, but also the manual gives them notes on the whole thing so they can carry on taking this forward.

Plus you make sure you fill in little bits like the state stuff and the EFT stuff, so they have some things that they've experienced with you so it's a way of taking that experience back home and bringing that back to life again.

I can see that being a full service or program there that supports them at every level of their change process.

**Kathy:** Exactly and then in our afternoon, I have a trance that we do right after lunch. That's really a self-esteem one. It's rebuilding self-esteem, giving them a great deal of peace with this recovery that they've done and really championing their efforts, just pulling through all of the magic that they truly are.

Every one of these women I've worked with will uncover some incredible skill or ability that they have and we just really champion that and make it a highlight of the work we've done together.

Then we'll come out of that trance and just do our sort of closing. It depends. Sometimes if we're close to the time and she's got a plane to catch or something like that, we may do a closing with each other over emails or Skype in a couple of days time.

I usually ask the girls to let me know how they're doing over the next week. Just send me an email. If something feels like it's really going scary for them or they're feeling like they're getting close to going back to something, an old behavior, to just simply give me a call. Sometimes that can sort it out quickly enough that they don't have to feel like they're captive again.

**Igor:** Right. It seems like this final trance is kind of like hypnotic pep talk, which builds them up, makes them feel powerful, strong, healthy and confident inside their own body.

It reminds them again, of the highlights of the things they've learned, the skills that came out of the stuff they were doing, the important bits of connection they've done and so on so by the end of it, they're raring to go back into the world with their new empowerment.

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To make sure they stay on track if something comes up, you always give them the option to give you a quick call. Because sometimes especially, in those first few days, having the right words at the right time and the right place just puts it all back in perspective and they go oh, I know where to take it from here again.

Of course, if they need more support there's always that coaching program, with you. But, if they want to go to someone else, of course that's their choice too, but it's something you recommend as a way of cementing the changes in over a period, so they can actually live with this constantly and have an external support that helps them to continue down that road.

**Kathy:** Totally. It's essential. I know for myself even in the programs I was doing before, the way I was doing it before. Sure you get them through in two sessions and they weren't doing bulimia and then it would be a month or six weeks later, they're back at it.

We want to have something here that is lasting, is permanent and that they're achieving a permanent change. I go for this one. I really hold this viewpoint that I'm not happy to leave any woman behind. If they really want this change, I will support them through it until they get it. I've had a couple of clients that needed more support and I ended up working with them for about three or four months in a coaching environment.

That still got them the change and I just think, give it your best shot. Go for this initial breakthrough, this interruption of a behavior, but then give yourself the support you need. Don't walk away from it and say, oh, it didn't work, when there was support, something there that could keep you in your path long enough until you really have begun to secure the changes you're looking for.

I think that goes with anything. Even hypnosis can be a fantastic interruption of patterns that aren't serving us, but if we need to do a little more work, why not?

**Igor:** I think that makes a lot of sense and this is something that a lot of therapists could learn from understanding the different dynamics in different people. They may have the same problem, but some may need more, shall we say, supporting roles afterwards. It's kind of like someone breaks their leg. Some people heal quickly and that cast will come off in days and then they walk gingerly for a while.

Others will need that cast on for a little bit longer to give the leg more support whilst it heals a bit more slowly, but then when it comes off, they'll be just as healed as the other people.

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It's just a question of finding what level of support that each person needs and whether you offer it as a hypnotherapist – as you said, you do a lot of coaching by phone, which is a great way of doing the follow-up work – or whether you have colleagues you can refer to. It doesn't really matter too much.

The point is you're now giving people the level of support they need, rather than saying it's a one-shot deal.

**Kathy:** Exactly. This is a challenging disorder. It takes all your skills. I find it takes all my skills as a hypnotherapist, as an NLP trainer. It takes everything I've got. I bring it all to the table. You can't assume that a simple formula is going to work for everybody, but you do need to have your skills at hand and that you're going to be able to pull out of that mixing pot of tools whatever is needed for that girl to get the change she needs.

**Igor:** Right. Well, Kathy, it seems like you've given us a very thorough walk through your system. I'm really enthused by this because it's a very smart system. You've got your three days. The first day where you really break down the patterns and start interrupting it at all levels.

The second day where you start re-introducing new choices into their lives constantly, of course, you're reminding them about different relationships to food.

The final day, which empowers them and gets them to look forward to the future, shields them from the negative stuff that life throws them either, from their family or criticisms, whatever it is. Then, of course, reminds them that if they need support, there are places they can go for that so that they can really have the best shot possible at letting go of this pattern and being healthy, eating normally and living a long, healthy and happy life as a result.

**Kathy:** Exactly and its working. They're getting the result they're looking for. To me, I wouldn't be in this place being able to say to people, look, I've figured this out to the degree I figured it out, if we hadn't put all the parts together to make it work. It really is giving these women hope to be able to get out of this very negative pattern.

**Igor:** The other thing I think that feeds into this is the fact that you have such powerful experiences yourself of the healing effects of the deep trance journey, going through different deep trance states yourself, healing states, creativity states, empowerment states and so on.

That experience I can totally see feeding into your own process of developing and evolving these sessions because you do something and your own

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instincts say, hey, I had something similar to this, but I went down this route. I need to take her down a different path entirely to where I thought originally.

**Kathy:** Totally. There's always a little bit of a challenge as to which route you're going to go, but generally, you're covering all these bases. You have to, to get her through the program, but ultimately, once you're into the program, you could be moving them around a little.

There are a few other pieces that I often find I'm throwing in as well if it's needed, if there are older relationships that need to be cleared, then I'm doing things like that as well. If people are coming in to do with training with me, what I want to do is be able to give them a whole manual, a trainers manual, which has a variety of options.

Different scripts that they can move around and change and also carries the value, the power of being able to go into deep trance yourself so that these women are getting a very deep, deep trance experience, which allows them to reset that inner mind back online again. In the three days – they are literally recovered easily in the second day from the deep depression they've been in.

So these things in themselves, they're going to go home feeling a lot better about themselves.

**Igor:** Of course, if anyone wants to find out more about how to do this work, they can come to you on [WaysOfTheWiseWoman.com](http://WaysOfTheWiseWoman.com), where they'll be able to find out more about being trained in your particular method for doing this and finding out some more of the nitty-gritty details. There's a huge amount of background and content and so on involved here.

Also if they're just interested in taking that deep trance voyage themselves, through the different deep trance states so they understand the hypnotic process from the inside and their intuitions are more tuned to that, much like yours have been for most of your career, which has allowed you to create programs like this.

Again, if they want to find out about your unique training, this deep trance states training that you and Harry run several times each year, then they can contact you at [WaysOfTheWiseWoman.com](http://WaysOfTheWiseWoman.com) to find out more about that.

**Kathy:** Right on. We've got our deep trance states coming up. The next one in September is now in Toronto. Then in December, we're in Peru in Machu Picchu.

**Igor:** Wow! Some exciting venues coming up...

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**Kathy:** Exactly and then we're back in Italy in Umbria for March of 2011. That's going to be a pretty powerful one too. They'll be an even larger group I think.

**Igor:** So, Kathy, I think that's pretty much us wrapping up for the day now. You've shared a lot of very interesting and important processes with us. I want to thank you first for again, taking extra time with us to run us through your process and giving so generously of your time and experience here.

**Kathy:** Oh, I'm very pleased to do it. As I say, this is such a mess right now, bulimia. There are so many different programs out there and there are a lot of them that just really aren't that helpful. So the more people that can bring this into their skill set to help others with this, I think we can really start to make some inroads on bringing this into conclusion.

**Igor:** Well, I certainly hope that works and I certainly hope you have loads of people come to you to learn this system because, as I said, I'm very impressed with it and your results, of course, speak for themselves.

If anyone's interested, please contact Kathy at [WaysOfTheWiseWoman.com](http://WaysOfTheWiseWoman.com).



## Hypnosis Master – Kathy Welter

### End of Seminar

I've been talking to Master Hypnotist Kathy Welter from [WaysOfTheWiseWoman.com](http://WaysOfTheWiseWoman.com). My name is Igor Ledochowski from [StreetHypnosis.com](http://StreetHypnosis.com). This is the end of this particular series of interviews. Of course, on the next one, we'll be interviewing another Master and I look forward to speaking to all of you at that point.

Kathy, thank you so much and everyone else, goodbye until then.

### Meet Your Host

Each month's Interview with a Master will be hosted by Igor Ledochowski, a master hypnotist of international acclaim. He is regarded as one of the world's foremost experts and trainers in conversational or covert hypnosis.

Igor created the Private Hypnosis Club, the world's first community for master hypnotists.

He was the first ever hypnotist to release a full audio course on Conversational Hypnosis, the latest version of which is 'The Power Of Conversational Hypnosis' and is the No.1 best selling hypnosis course in the world.

Igor is also the creator of over 30 other advanced hypnosis programs. All his programs are available from:

[www.StreetHypnosis.com](http://www.StreetHypnosis.com)