



Work Smart Hypnosis

WITH JASON LINETT

HYPNOTIC WORKERS

HYPNOTIC VOCABULARY

Part 1 of 3

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HYPNOTIC VOCABULARY

Part 1 of 3

JASON LINETT:

Part of the hit list today is that we're gonna be jumping into more hypnotic inductions, how to work with intention rather by assumption. The other side of it too is we'll be getting into hypnotic depth. So basically that demo that I did at the end of the day yesterday is gonna gradually be unpacked today and tomorrow. And throughout all of it, it's gonna begin to transition into some of the techniques for change as well. So I give you that as an opening frame just to say we're gonna get to that. There's something else we'll do before we go there as well.

So I'd mentioned it's kind of an interesting idea just to kick off today by talking about vocabulary. But again it comes down to the mindset when we all begin using the same words, where we have a common language. You're gonna find that we're going to be able to cover a lot of information in a rapid amount of time here, and it's gonna begin to plant some seeds. So there are some things that we will intentionally gloss over just because, okay, well, there's a whole category on this coming up later, but there's also some things that by getting into the specifics of it now will give you that education in terms of just how we talk about hypnosis. How we communicate with other hypnotists, how we speak to our clients as well. That it's gonna set the stage for the next several days.

By fluke of alphabetical order, it's unfortunate that the scariest concept we can spend it on entire course is the very first word that we're gonna talk about. Yay! Let's kick off today with some wonderful energy.

So abreaction. Now, I will give you a strongly held opinion on this, which even though it is a serious conversation that we need to be having here, it's also something which is massively overblown and distorted. Because understand before we even talk about what it is, we're gonna set it apart as two categories. One abreaction is one that we as the practitioner consciously work to build. The other is the spontaneous abreaction. And we haven't even talked about what this word is, but I wanna set it apart as two different definitions first. One is the, let's call it practitioner directed, and the other is spontaneous.

And all of the scary conversations that we may be about to enter into are entirely about the spontaneous one. And as much as this is a real conversation, as much as I interact with other hypnotists and really drill it down to ask them, "How many spontaneous ones have you actually

seen?" Asking people who are rather big names in the profession who have seen upwards of 20,000 or 30,000 clients, you find numbers that can only be counted on one hand.

STUDENT:

Really?

JASON LINETT:

Not many. Now, when the one goes, "Oh, you get it all the time," no, they're talking about the practitioner-directed. Or, and hear this phrase very carefully, there's something they're doing that's bringing it about. There is a local hypnotist that for a while was warning his client ahead of time about the risk of spontaneous abreaction as part of his pre-talk. And the look on Becky's face should explain everything. It's one of those moments of, by giving the negative suggestion he was actually getting it. In my office here, it's only been maybe three or four. I've had the spontaneous abreaction, and yes, I accept the fact that I haven't told you what we're talking about yet, that's intentional. The spontaneous one in a stage show, that's only been like three or four as well, so not many. Not many. So let's talk about what this actually entails.

The abreaction is that noticeable emotional reaction to the process of hypnosis. A revived event or a triggered response. If I can give you a very unfair paraphrase, they are freaking out in some way. It's that moment where something in the process or the process itself has triggered some sort of emotional reaction. Now, the client begins to tear up because you've said something of an emotional nature. That may just be catharsis, that just may be some sort of emotional release. We're not going to immediately label that tears equals abreaction, because sometimes you may have just said the one thing that they needed to hear in that moment. And I'm not about to label that as abreaction. No, there's gonna be a clear noticeable difference that, "Wow, something different is going on in this moment."

So how do we handle this experience? Now, this is the one and only place that one of the other books in this course when I hand it out later, there's a reason I've held it back, is the moment that I will invite you all to open up the book to a certain page. I will pass around a Sharpie, and you will cross out a line of text in that book. And that is the only time I will ever say anything negative about any book that I've handed you. And I wanna make that point big and bold for that reason, because that other book says, "You should take your thumbs and begin to smooth out their forehead and say shh, everything is okay. It's okay. Shh." Because there's a principle we now understand as anchoring. Now, understand the quotation marks I'm gonna be using as I explain this.

"In theory," your client is in the chair in the abreaction. Paraphrase, freaking out, and you place your head on their shoulder and you go, "Shh. It's okay. It's okay." "In theory," I'm using the big quotation marks because again, as much as I've heard people talk about it, I've yet to see someone actually demo it. So we're talking on paper at this point. In terms of actually doing a demo of it, I've seen people try to do a demo of it. Maybe they get a hint of it, but they don't get the full-blown effect of what the "in theory" conversation is, which is where I draw off a line.

"In theory," you place the hand on the shoulder as they're in that emotional state, and you've copied and pasted that emotional state to that gesture. And "in theory," note the fingers again, they're somewhere and someone then places their hand on the shoulder in the exact same position. And again, "in theory," is it getting [inaudible 00:06:19], that could trigger the exact emotional state, "in theory." I've yet to see someone again trigger it back to the full-blown effect of what it was before. Have I seen traces of it? Yes. I'm onboard with that. But the full 100% emotional state, absolutely. Anchoring is the concept we're referring to here. Anchoring can be visual, auditory, kinesthetic. I just simply described a lemon yesterday, and you were having a kinesthetic reaction to it. That was anchoring.

So what's the rule here? Well, the message here is hands off in that moment. So there's shh! Yeah. No, absolutely not. And I will pass that Sharpie, and you will cross that out, because it is wrong. Let's modify it. I don't wanna say it's wrong, its out-of-date information. And the language that's here in your book is the proper response. And full credit to Jerry Kein for this. The language is the scene fades and you tend to your breathing. The scene fades and you tend to your breathing. How do you deliver it? Calmly, confidently, clearly. And you just put it on repeat with a confident tone until the barking bronco fades on down. That is the first thing I will tell you in this course. You need to memorize that sentence. That is your get out of the jail free card in the monopoly game should you ever need it.

Now, we're gonna use that line intentionally because as we get to the concept of age regression, we will then be learning practitioner-induced abreaction. The premise here is very simple, and we'll come back to this phrase several times. When you create it, you have control over it. When you haven't created it, you don't have control over it. So that's why I gave you the preamble of there's two different versions of this. One is the practitioner-induced which we will be learning, and it is a viable tool inside of regression. Also there is the spontaneous one. And the phrase becomes, when we get to the section later, shouldn't we follow that emotional state and solve the issue? Well, the answer is you don't know if that emotional state has anything to do with the issue that, here this phrase carefully, you client has hired you to help them solve.

I'll give you a simple example. The most recent one I had. A woman is here in the office, we're working on weight loss, and suddenly, I mean, it is abreaction. And in her case the breathing was picking up, the tears were going. She is crying almost to a hysterical state. The scene fades and you

tend to your breathing. That's right. Allow the scene fade and just tend to your breathing. And I think I said it four, five times till it eventually calmed down.

If I was not following my personal ethics here, I would have followed that emotional state because she told me she's an emotional leader, and here she is in emotional state and there are some emotions. "Let's follow that feeling. Go to the first time you felt that way," now we're in the age regression, but no. Because after the session, without prompting, she explained to me what happened. "Well, I heard the siren driving by outside." There's a fire station nearby, and it triggered the memory of here's her husband who suddenly is clutching her chest 15 years ago and the ambulance is taking him away, and they won't let her in the ambulance with her due to whatever safety regulation. And he dies on the ambulance, and she never sees him again.

Which we could start to make some assessments and go, "Oh, that's the emotional leading." But no, she was also an emotional leader before her husband unfortunately died in the ambulance. It may have triggered it even more, but I don't know that yet. So that's the place where I would have been unfairly making assumptions possibly tracking the wrong emotional state, which brings about the Roy Hunter phrasing about, "we always start with suggestion and imagery," because we don't know yet. The moment I'm defining and assigning, I am now diagnosing, and I'm not qualified to do that.

And again, unless you create it, you don't have control over it. And in this case, I am still firmly a believer that that emotional reaction was a secondary issue. It was emotional leading and ambulance triggered that thing. Is that clear? Two potentially different things. So again, abreaction is only "A thing we need to be cautious of when it's spontaneous." When it's practitioner-induced, now we have control over it, and buckle up, that's gonna be day six. We're gonna get there later. Yes.

STUDENT:

Excuse me. I am [inaudible 00:11:15] before that you've like changed like when they're in that you break that pattern and go, "We'll close your front door," or asking [inaudible 00:11:25] we'll break the pattern. Is that...

JASON LINETT:

The statement is there's another strategy of breaking the state is basically what that is. I'm just simply asking a question to draw them out of it. I tend to want to bring it down, otherwise in theory in again I may be anchoring the criteria of the question to that. Also, I've been taught that before as well. If you're in this incredible emotional state and I suddenly go, "What did you have for breakfast this morning?" Which says something slightly I just have to say a little disrespectful about that as opposed to bringing it on down. You know, and granted that maybe an opinion because the person who I saw teaching that moment I'd say he did it rather poorly. You're in emotional state and I

suddenly go, "Oh, I like that scarf." Which is this moment of, "Don't be a jerk." So you can experiment for yourself but I'd rather bring the emotional state down, and then move on.

STUDENT:

I've [inaudible 00:12:28] which was really helpful. I loved it. The scene fades.

JASON LINETT:

Yeah, the scene fades and you tend to your breathing.

STUDENT:

I have never heard that before, and so I really like that. And then the same person speaking, I forget who it was talking about, "You don't ever solve something that your client doesn't come in for," because they'd done that and it really pissed off their client.

JASON LINETT:

Yeah, which is the exact point I already mentioned in terms of you don't know that that state of mind has anything to do with the issue they brought in.

STUDENT:

Right. And it wasn't like appropriate to solve whatever they [inaudible 00:12:57].

JASON LINETT:

Exactly. Exactly. So again, it's unfortunate that we actually oddly enough spend most of our time on abreaction and equal amount of time on all the other terms. So if you run into it though, memorize the phrase. Everybody repeat after me. The scene fades. Repeat after me in unison. And you tend to your breathing. There you go.

Which leads into the conversation, just a brief overview of age regression. It is a hypnotic phenomenon experience. So because I've now said that, it's actually a positive hallucination experience of going into a past event, revivifying as if you were there. So full age regression is revivification as if you were there in that experience. Pseudo age regression is simply remembering. Now, age regression is a very polarizing conversation which I completely shortcut by reminding you politely that age regression is a category. And you'll hear that type of phrasing several times in this course. Damian, what did you have for breakfast this morning?

STUDENT:

A smoothie.

JASON LINETT:

Smoothie? Awesome. Congratulations, we just successfully did age regression. Now, it was remembering, age regression, it wasn't now you're back in your kitchen blending something up perhaps, or going through and ordering, or however you got the smoothie. It was a form of age regression. And if I find out that here's a moment that Luke wants to change, but he could remember, "Here's a time I felt really confident," and I hear him suddenly say, "You know what? If I can feel that way in this scenario," and I bring him to that positive experience, draw out that positive emotional state as a resource, and like a computer click and paste, copy and drag that emotional state into that place where you want it now, that is age regression. But that's not this, "Oh, I'm not gonna drag my clients through the mud of their past." Well, that's only one style of age regression. Age regression is a category.

So there are some who I will say it simply here will very boldly say, "You should never do age regression," and they don't understand the technique, and you should stop listening to them, because again, it is a massive category with all these different nuances inside of it. And in this course, you're gonna learn all those individual components and how to put it together. I give you a metaphor of the "drag them through the mad style" that you will be learning here, which is putting the magnifying glass on the wrong part of the process.

It is not the magnifying glass to look backwards in time and understand the course and why you deserve to feel this way, because that's how a lot of people are thinking of it. Instead, it is the slingshot. We're only pulling back into the cause for the intention of letting go of that old story you keep telling yourself as to why you can't have this change. To then use that momentum to propel you into the changes you deserve and desire, so now you have every reason why you should be living here now, and that old story is not who you are anymore. To which the "finding the cause" component of the process is the least of my focus these days. That's the style of regression you're gonna be learning here. It's all about empowerment as opposed to having the old statement. You can have reasons or you can have results. Results are a lot more fun. So understand age regression is a polarizing conversation. You're gonna get the whole story here.

The rest of this we tend to jump through rather quickly. We're gonna compartmentalize words together because there's amnesia and there's aphasia. Two ends of the quote for getting a spectrum. Amnesia is the inability to remember or recall. It just ain't there. Aphasia is you know it's there but you're not able to express it. So that's why I said yesterday in the demo we had an aphasiac style of negative hallucination. He was able to connect with Becky in the chair, but he wasn't able to actually fully let go of that experience.

When we get to forgetting a number which we'll demo later on, one, two, three, f...And the person can't express the number four. That's aphasia. For the amnesia, one, two, three, five, six...something used to be here. It's as if it's not there. So when our goal is amnesia, this is gonna be a big thing later today. When our goal is amnesia, we want amnesia as opposed to aphasia. And we'll hit that detail a little bit later.

On a similar spectrum, there's analgesia and there's anesthesia. And now we're into the categories of removal of physical sensation. So anesthesia is that we don't feel the sensation at all. Analgesia is that you feel the pressure, but there is no pain, which now we can point back to the demo because Damon reported only feeling the tingling. We had full anesthesia in that moment as opposed to, "Well, I felt you pinching my hem[SP] but it didn't bother me." That would be analgesia. So two ends of the spectrum in terms of removal of physical symptom. Analgesia, pressure but no discomfort, anesthesia, "I just don't feel it at all." Clear? This will come into play at hypnotic depth.

And look at that, we're already ahead of ourselves. We've already addressed anchoring. Hypnotic conditioning towards a sensory verifiable experience. Notice that that doesn't say touch, taste, smell, sight, hearing. No. Instead it simply says sensory verifiable experience, because you listen to the radio and a song comes on, you haven't heard in quite some time and it triggers all the memories associated with that song. Everybody watch up here, this is fun. Whew! I wish I could whistle more consistently. Whew! Yeah, that's me trying to whistle. Whew! A little bit better. Whew! Okay? Who heard it the last time?

STUDENT:

I've heard.

JASON LINETT:

Exactly. So anchoring, sensory verifiable experience linked to another sensory verifiable experience. The visual was connecting with the sound. The visual connected with the sound. The visual connected with the sound. The...Look at that, I just did it again.

Brief history. Animal magnetism, it was the term by Franz Anton Mesmer. Again what we're basically talking about here is a state of mind that ever since there were people we had. I'll look up the article. There's a really fascinating article written by an evolutionary psychologist talking about hypnosis. That here was the ancient hunter-gatherer, and what was it about their state of focus that could keep them focused and perhaps tracking an animal or tracking down what they're looking for in terms of food without mental fatigue throughout the entire day?

And he's pointing to that as the early representations of a hypnotic state, bypassing the critical factor of you know, "We haven't eaten in several days." They were very much in a feast, famine patterning in terms of their diet yet bypassing the hunger, yet meanwhile we're a culture that's been led to believe in recent years you have to eat six times a day, every several hours otherwise your body is gonna go to into starvation mode. Wait, what? Yeah. No, who's been selling you that one? Strongly held opinions coming later. By the way the snack is out there.

So animal magnetism is one of the early stages. So you have Egyptian sleep temples. You have all sorts of shamanic healing. You have all sorts of ritualistic healing practices that really don't have a name. And here comes Franz Anton Mesmer that suddenly calls it animal magnetism. Now, the brief history is that unfortunately no one could ever prove the magnetic nature of what was going on. He was referring to energy-style healing, but no one could even track the energy.

I say this in a very respectful way, but you look at the Reiki healing, and it's almost identical to the mesmeric passes. I say that not to discount Reiki, I say that to point out that Reiki practitioner should be taking classes like this to understand the clear hypnotic components of what is going on that they're not realizing are also going on as well. There are hypnotic components because it is nearly identical. Franz Anton Mesmer referred to it as natural animal magnetism. He would magnetize water, and simply by drinking the water, people would begin to heal themselves. We'll get into some of the history of that later on.

Auditory, sense of hearing simply put. Authoritative, we've already briefly covered. To link authoritative with permissive. Authoritative, to use a very simple definition, you will. You are now noticing this. This is what is happening now as opposed to permissive. You may begin to notice this, and perhaps the sensation might be growing. Might, may, perhaps, more permissive style of language.

It's not necessarily forceful is the thing to point out though, because we can permissively deliver an authoritative suggestion. And perhaps now you're beginning to notice the sensation now growing throughout your body more and more with every moment that passes, which is this balance of the two. Rather than labeling, you need this one and you need the other. We can be writing that balance between the two, but the question becomes, when do I make that transition? As we get into hypnotic depth, that really becomes just master course of hypnotic tonality, and that's a fun area. It's not just what you say, it's how you say it.

Catalepsy. This is gonna come into play today with hypnotic depth. Again, two ends of the spectrum. This is the whole word right here that defines hypnosis is not relaxation and relaxation is not hypnosis. Catalepsy is either the complete and total relaxation of a group of muscles, or the complete or total rigidity of a group of muscles. And we'll talk today about the difference between small muscle catalepsy, relaxes eyelids to the place where they just won't work. Or the other end of the spectrum, those eyelids are squeezing down so tightly shut that even if you try to open them,

they just squeeze down even stronger, even if you try. Authoritative. Just squeeze down even stronger. Or large muscle catalepsy, the arm is so stiff and rigid that [inaudible 00:23:46] try to bend it, it gets it even stronger. Or again the full body catalepsy which the simple advice on that is don't do it. It's dangerous. So we'll cover more on that later.

Pendulum. It's a method of hypnotic suggestibility. There are other modalities of work out there that put other meaning and other belief systems behind the pendulum as well. It's also gonna make you serve what's referred to as an ideomotor response, which are micro, muscular movements that are not so aware to the conscious mind. So you're ever talking to somebody and they're saying something and they're disagreeing but they're nodding, yeah. A bit of an ideomotor response to begin to track. And we'll play with that a little bit later in the course.

Client. We're gonna get into accepted terminology here. To say it respectfully, only one of us in this room is allowed to use the word "patient." Congratulations. So from our language, we will always be hypnotist and...Now, there's a geographic consideration here. I'm working with a hypnotist in France who's hired me as a consultant. And for where she is in the world, it's entirely appropriate for her to use the word "patient." And her using the word "client" in her French culture would actually be this almost negative word. Almost how in certain businesses to refer to the people who hire us as a customer is a little non-personal, a little impersonal, and client is a little bit better.

There's a trend in personal training, and I find this fascinating, to refer to their customers perhaps as clients but now in terms of students. And it brings about a better connotation of that personal training environment that, "Yeah, this is my student, we're working on improving their strength." As opposed to the customer you're just running through a workout which is an ongoing complaint inside of that profession. It's a really fascinating trend. So client is gonna be our language. Hypnotist, client is our accepted terminology here.

Onto the top of the next page, client-centered hypnosis. This is basically what this course is about. It's the process of fitting the technique to the client rather than the client to the process. Rather than, "I have this seven-phase technique which is outstanding. And if you're not using this seven-phase system, you're not going to get results." No. Instead it's gonna be all about, here is the appropriate methodology for this individual client and what they have presented to me.

To go into the session with the mindset of, "They're gonna show me what I need to see to put together the ideal process to help them out." That's what this course is about. It's not about having your favorite hits, your classic hits, your best of album and going, "Well, this is what I do really well, I'm gonna run every person through this." Because even the discovery is, the more you're involved in hypnosis...I've given you the Roy Hunter books. Roy Hunter is probably best known for teaching parts therapy, but even Roy Hunter has actually sat in this room and taught a workshop, and sat up here and said, "I only do parts therapy with like 25% of my clients, because it's just not necessary for every single person."

And there are certain protocols that people know that I have learned and I have been given permission to train. And even though I may train any of them, the person calls and says, "I want that." And I've listened to them and I'm realizing, "You know, we can do that but I think this would be a better fit, and here's why." That's the method of client-centered hypnosis. And it's just the most ethical way to work with their clients here.

Coma state. When we get to the Esdaile State, it's what it's referring to, one and the same. They refer to it as the Esdaile State, as the coma state, though really we mostly credit James Esdaile, a Scottish doctor. I would say it's not that he invented it, he discovered it, though the side history as we get there is that Dave Elman perfected it. But even better, it was Dave Elman's wife, Pauline Elman who mastered it. Because Dave Elman would do these demonstrations of how to break the Esdaile State should it happen spontaneously. Ew! The theme is popping up again. If it's practitioner-induced, you control it, if it's spontaneous, you put an end to it. So these spontaneous Esdaile State was the fear of the turn of the century, 20th doctor was the absolute terror of the [inaudible 00:28:33] stage hypnotist. Dave Elman was the man who popularized how to break it, and you'll learn that method here in this course. However, it was Pauline Elman, his wife who was the one who was pointing out...

The story goes. To break the Esdaile State, he had to wait until he spontaneously got one. And then one day he tried something out and he actually got the people into Esdaile. And this will all make sense more later as we put these techniques in place. And it's the drive home, and Dave is going, "I can't figure out why I got all these people into Esdaile today." It's Pauline in the passenger seat, "I know what you did." So she is the godmother of all things Esdaile State. And we'll detail these methods a little later as well.

Compounding of hypnosis. This is the technique of layering hypnotic suggestions for maximum effect. And if anyone ever says to you direct suggestion hypnosis does not get permanent results, you are talking to a person who does not understand compounding, is what it comes down to. I throw in some of these statements because it better prepares you to better communicate with the community at a whole because the direct suggestion hypnosis is a category that's been given a bit of a bad name. Kind of like the progressive muscle relaxation which will be our next practice session this morning. The technique is only as good as the practitioner putting it into use.

So the principle of compounding is that the more I deliver the suggestion, the more it compounds and grows itself. The snowball going downhill, it's getting stronger and stronger. Now, the principles of compounding that I'll share with you are based on the idea of compounding upon different levels.

So to give you a very basic overview of what I mean by that, I can go out at it very literally. "You are now a non-smoker and you're gonna be a non-smoker the rest of your life." I can also go about it in a very non-literal way. "As you imagine a house, the windows are finely opening up and the walls of this house are covered in like a soot, a dirt, a grime. And with every piece of wind that passes

through this space clearing out that air once and for all just as right now you feel every breath passing through your lungs as that house is finally becoming." And I'm very clearly talking about you know, now you know I am smoker, but it's compounding upon different levels of thought. Some of it is very literal. Some of it is very logical. Some of it is very emotional. Some of it is metaphorical. And it's not the game of, "I'm gonna throw everything into the kitchen sink and see what works," instead it's the compounding upon different levels. And that's the principle of compounding you're gonna be learning here.

We talked yesterday about conscious mind and unconscious mind. So throwing our computer metaphor here, the RAM of a computer is limited. The computer can only have so much RAM based on the motherboard of the computer. Did I say that right? Okay, good. Because I can butcher metaphors horribly if I don't do my research.

So the computer in my back office is the beast. This is what I've nicknamed that thing. A friend of mine built that. We built it out together, and it's maxed out to be 32 gigs of RAM which you cannot buy a computer from like Best Buy or a big-box store with 32 gigs of RAM. Maybe nowadays you might be able to. You've gotta build something like that. But even as that's processing video, uploading big files, it suddenly now slows down. You know. So it's limited. However, with all the video that I produce here, I'm continuously buying more external hard drives. Someone gets stuck in Western Digital because I'm driving it up.

So what's the message here? The hard drive, that's the unconscious mind. It's unlimited. You can always add more space. But the RAM is limited. So you'd sometimes see this number of seven, plus or minus two, that the conscious mind can only process. Let's simplify. Between five and nine bits of information at a time. To roughly, roughly paraphrase that, some people can multitask better than others. To really oversimplify it, and others need to be focused on one specific thing at a time.

So even as you're sitting here listening to me right now, various thoughts have been coming and going throughout your mind To borrow the term of Sheila Granger, the mind is always a bit of a chatterbox. Even in the deepest levels of hypnosis, random thoughts are kind of popping into the mind. Somehow I just thought of this squash that's in my lunch back there. Yay! So little random thoughts pop into the mind all the time. So it's the working memory is the conscious mind and the permanent programming is the unconscious mind.