**The Consultation (THE WALL**)

**The Wall** is a complete set of protocols and procedures in how to conduct an *Initial Consultation* and not a teaching of any particular method. However it is Bob Burns’ preferred *go to* method.  
It is based on the belief that:   
Many times when a client enters a therapy room there is indeed a *kind of* A Wall between them and the therapist (and very often felt by both) which needs to be removed in order for therapy to take place.  
*‘We become better chefs than most by knowing HOW and WHEN to sprinkle and HOW MUCH’.*  
The method that gets used and fixes everyone has not yet been created. So when something *doesn’t* work experienced therapists do something else, based on their experience and skills.  
However **The Wall** will indeed be guaranteed to get you that experience and skills and how to develop them in order to turn you into a much better therapist.

**STANDARD OPERATIONAL PROCEDURES (SOPS)**   
Every commercial pilot in the world carries a book of ‘Standard Opertional Procedures’ (SOPS)  
Spanish, French and American pilots might all be in the cockpit together but each one (in their own language) will carry their own SOPS. An they will be identical, in order to ensure the plane takes off, flies and lands perfectly, in the right place and at the right time.

You might even call it a kinda’….. script? ;)

1) CHAT (WHY they are here)  
2) THE SWAN  
3) IMAGINATION  
4) CHEVREUL’S PENDULUUM  
5) THE WALTZ  
6) THE 3 ELEMENTS  
7) RESPONSE TESTS  
8) HYPNOTISE  
9) RELAX  
10) RELEASE  
11) ADDRESS THE PROBLEM  
12) INSERT IMPREGNABLE BUBBLE  
13) BLOWAWAY TECHNIQUE  
14) CONFIRMATION (if possible)  
15) EXPLAIN SESSIONS (book now or check diary)  
16) NOTES (including hypnotic rating)

**1) The Chat**  
The client has arrived and we make polite conversation regarding why they are here.  
There are many question a therapist might ask but perhaps the very best one is:  
“So… why are you here *today*?” (possibly a catalyst has recently taken place).  
However we are aware of the *six internal questions* that every person who enters our therapy room constantly needs answering:  
a) Who is this?  
b) Do they know what they’re talking about  
c) Are they skilled?  
d) Can they help me?   
e) Should I take their advice?  
f) How difficult will it be?

And of course, we are extremely aware of the answers we need to give those internal questions:  
a) This is who I am  
b) I know exactly what I’m talking about  
c) I am highly skilled  
d) I can help you  
e) All you need to do, is exactly what I say  
f) Much to your surprise you may find this the easiest thing you have ever done in your life!  
  
At this point in time although I do listen to them state their problem I am not that interested *in* the problem. Rather whether or not they are a good subject with regard to The Swan and/or Hypnosis. In other words I want to know a little about how they *work (operate/function).*  
After the initial chat I present to the client the fact that:  
“Well the good news is that you don’t actually have a problem. That is to say: you don’t have a *conscious* problem. If you did have a conscious problem you would simply have fixed it by now, isn’t that true?  
So rather you have a *subconscious* problem. That means it’s all inside you, yet it’s totally *outside* your control. That’s true isn’t it?” (said nodding my head).  
and they always confirm that this is the case... **ALWAYS!**  
  
Two things have now happened; *They* have confirmed that they do not have a conscious problem or they themselves would have fixed it by now.  
*They* have also confirmed that they have a subconscious problem which is totally inside them whilst being totally outside their control.  
The lesson here is something that was taught to me many years ago in sales. And as therapists we need to remember that we are forever SELLING.   
The lesson is:  
“Remember, if THEY say it then it’s TRUE!!!”  
 **IMPORTANT:** I then might suggest to the client that it is *possible* that although it may seem like the problem they have is a bad thing, it might just be a good thing (this will always get their full attention)!  
That is to say it might be possible that this challenge they have might actually be a *message* from their subconscious. A communication. A plea. But that communication sometimes comes across as a warning, a message of dread. Especially with those clients suffering from acute anxiety.  
(remember I said I *might* suggest this. There will be clients not at all ready to hear or take on board what they might consider to be such a *ridiculous* statement).  
I then ask them to excuse my bad manners because I’m going to have to ignore them for a short period and go talk to *the guy who’s in charge of the problem* (said with a smile!).  
  
**2) The Swan**  
It is a wonderful thing to be able to surprise a total stranger within minutes of meeting them. Especially when that person is a client, in a therapy room.   
And that surprise, will very often be one of total wonder, or shock. Perhaps they will laugh and indeed at times they might even become instantly quite emotional.  
All of these can be responses gained by The Swan.  
And of course when The Swan is activated it cannot be argued that it gives certain kudos to the therapist from the client’s perspective, who now has empirical evidence, indeed solid proof that something fascinating has happened. And all within minutes of meeting their therapist.  
  
**3) Imagination**  
And just when they think: ’that’s it’... it’s only just beginning.  
The 3rd step of THE WALL is when we turn to the client and casually ask:   
*“Tell me do you think you have a good imagination?”*  
Regardless of the answer the therapist then does FIVE things.  
a) They close their eyes and then tell the therapist if they can see, in their imagination a white horse.  
b) Think of a song or a piece of music and tell the therapist if in their imagination they can hear it.  
c) With their eyes still closed imagine the therapist has stepped behind them and laid his/her hands on their shoulders. Can they imagine *feeling* that hands on their shoulders?  
d) Now they have to imagine a bunch of flowers under their nose. Can they imagine smelling them?  
e) Whether they like it or not a spoonful of imaginary curry now gets placed in their mouth. Can they taste it?  
  
This tells us who and what we have sitting before us.  
Nearly all hypnotherapists would agree that the best subjects are good visualisers. Therefore it makes good sense to find out about your client early on. For example: roughly 15% of the population will never see the white horse. But it makes sense for you the therapists to know how they use this and their *other* senses within the realms of their imagination.  
Thus by asking these simple questions as you test for their imagination you get to know about your client’s skills with regard to:

seeing (clairvoyance)  
hearing (clairaudience)  
feeling (clairsentience)  
smell (olfactory)  
taste (gustatory)  
Remember, the more you know about your client... the more you know about your client ☺  
  
**4) Chevreul’s Pendulum**  
You have already used The Swan but now you want to reveal to your client the importance of another aspect with regard to who they are, how they work, and give an introduction into the world of psychosomatic illness and cure. So at this point in time we pause for a little fun and of course: *wonder!*  
The therapist says:  
*“So, now that I know you have a good imagination I want to show you something...”*The therapist then demonstrates the pendulum on themselves asking for the pendulum to go around for YES and then changing to & fro for NO (it simply *always* works).  
Then the therapist looks at the client and says:  
*“Of course, I could be cheating, so let’s see what happens when I give the pendulum to you”*  
And of course once again it works like a charm.  
This has now opened the door for the therapist to explain:  
  
*“It’s funny isn’t it but if we were sitting in a room doing this a little less than 300 years ago we’d be burned at the stake! And yet there’s nothing esoteric or spooky about this at all. Rather its founder, a French chemist called Michel Eugen Chevreul, realised what was happening. Basically it’s you. That part within your subconscious moving all the nerves and fibres of your hand and arm to move in the area it desires. Or in the state of pregnant ladies those using the pendulum normally move it in the area of which sex they THINK the baby is going to be.  
If they’re correct it’s like a miracle! But of course when they’re wrong everybody forgets all about it!  
But imagine for a moment what could happen with regard to a certain challenge a person might have if we could get their subconscious to truly believe on the positive outcome!   
Psychosomatic illness is where psycho the mind tells soma the body that it’s ill. Here we can see that it’s possible to get psycho the mind to tell soma the body that it’s well!”*  
And Voila! The client gets it! And of course the subconscious is also in the room, listening intently!

**5) The Waltz (the explanation of how we do hypnosis)**There is indeed an argument that we should hypnotise the client the way they state that they think hypnosis works. In other words their expectancy can very often be the shortest path.  
So do write down how they answer the question:  
*“Let me ask you, how do you think people actually get hypnotised?”*  
Having said that, in The Wall no matter how they answer the therapist says:  
*“A lot of people think it’s about staring or making one’s voice go deeper or waving a watch, But, although I can indeed do all of that, the hypnosis I use in the therapy room is more like teaching someone how to do a Waltz.*  
*The thing to remember about teaching anyone how to dance is to remember the student must never: fight the teacher, or try to help them.  
All the professional dancers from ‘Dancing With The Stars’ or ‘Strictly Come Dancing’ will say that all they really want in the early days is for the subject to ALLOW the professional to lead them. Not try to fight them but neither to try to help them. Rather simply ALLOW them to do their work.  
So for example, if I were wishing to teach you how to do a waltz, I would simply ask you to place your right hand in my left hand and your left hand on my shoulder, as I gently hold you by the waist.  
Then I would gently turn you here and there as we stepped slowly.   
If anyone came in the room they’d simply think we were doing a form of a waltz, it might not be a great waltz but it would get better and better, simply because you’re not trying to fight me, you’re not trying to help me. You’re simply ALLOWING me to do my work. Does that make sense?”*

You have now very clearly stated intention of what you are about to do and how you wish them to behave during the procedure.  
Not fighting you, not trying to help, but simply relaxing and *allowing* you to do your work  
So, this is you, taking care of many of the problems, *before* they arise.  
(And yes, of course it could be argued that you have opened the door of suggestion)

**6) The Three Elements.... a) Conscious b)Critical Factor (The Viking) c) Subconscious**There is a saying in psychology, mentalism and hypnosis: ‘Lies To Children’.  
Basically it suggests that often we will tell a lie to the child as it suits a particular time in their growth and adjustment to the world, and then at a later date, when they are ready for a *more sophisticated truth,* we give it to them.  
In a way this can happen in therapy. For example, we don’t really know if there is such a thing as a critical factor (also known as critical faculty) since it is indeed actually a construct (arguably of course everything in the world is a construct!).  
However this part in **The Wall** opens up a door for the client and allows them to see a picture of where the therapist wishes to go:  
  
So the therapist says:  
*“You will remember that earlier we agreed (WE agreed!) that you don’t have a conscious problem, but rather it’s a subconscious problem?”*   
Client confirms:........  
*“And yet I am talking to you consciously right now. But I really want to go where the problem lies, there in the subconscious. The challenge is that in order to do that I have to pass that part in the middle that lies between the conscious and the subconscious. And we call this (nodding our head) the critical factor.”*  
  
The client will *always* nod their head also as you say this, even slightly.

The therapist continues:  
*“And isn’t it strange that even right now you’re nodding your head whilst thinking: ‘what’s a critical factor?’*   
(they will normally smile or laugh at this point)  
*That’s what it does. It critiques every single thing you become aware of. Even while getting you to nod your head to appease me whilst it thinks!*”  
(again nearly always the client will smile with the thought of this).

*“Indeed the critical factor to me is like a seven foot tall Viking who is standing before me with his arms folded high on his chest as he says to me: ‘You’re not getting in!’* (said in a Norse-like voice! ☺) *And it’s part of my job to make friends with this Viking, to tickle him perhaps or cajole him in order that he steps aside and lets me in.”.  
And the good thing is that the subconscious is begging the Viking to step aside as it wants to play. The subconscious is kinda’ like a seven-year old genius. It doesn’t know the difference between imagination or reality but doesn’t need to. As we’ve already seen here today if it can get you to imagine something then that becomes your reality!”*  
  
So what we’ve done here is to lightly educate our client as to the differences between the conscious and subconscious whilst revealing the relevance of the critical factor (which of course real or imagined is the model we wish to use at this time).

**7) Perform Response Tests**We have seen through *The Swan* how the client can open up and allow that part within the subconscious to reveal itself through the use of The Swan.  
We have also ran some small tests to see how their *Imagination* works and both how different and strong these five senses are.  
Then we touched on how psychosomatic illness can work and how it can begin to be fixed through something as simple as *Chevreul’s Pendulum*.  
We then talked about how we the therapist like to operate within our particular style of hypnosis through the analogy of *The Waltz*, *clearly* stating that we need the client to: not fight us nor try and help us, but simply *allow* us to do our work, before talking about: *The Three Elements* where we brought in the *critical factor*, explaining to the client that they have this kind of *hidden observer* which is always watching over them.  
We are now getting closer to the moment where we are about to use hypnosis. But first we want to see how the client responds to basic suggestion. How good a subject are they?  
And it’s here where we have the opportunity to introduce and perform: *Response Tests*.  
The response tests come in four areas. They are:  
a) magnetic fingers  
b) magnetic hands  
c) light hand and heavy hand  
d) the hand stick  
(although yes there are many more)

It is extremely important not to be *seen* to be failing in anything we do in the therapy room. Thus a lot of thought must go into the framing of these tests. For example they are not actual tests. Rather we are now approaching this thing called hypnosis and at this point we want to find out a little more about how they work.  
So here the therapist might say:  
*“I noticed when you arrived you weren’t carrying a manual. So I’m assuming you actually don’t have one, no?”* (the client normally gets the joke).  
*“So, since you don’t have a manual I need to know how you work, and I’m going to get a good idea about that simply by completing a short set of what we call: response tests. Although that’s actually a misnomer because they’re not tests. Rather they simply give me some feedback on how you actually work.  
So, remember The Waltz? All you need to do is simply remember not to fight me but not to try and help me either. You’ll actually enjoy this, I promise. All you have to do is ALLOW me to work, okay?”*(notice how the word ALLOW gets used throughout the entire consultation)  
  
WE then go through the responsive tests.  
After talking to many hypnotists from the world of street, stage and the therapy room I have never had one disagree with the following:  
a) magnetic fingers (eyes open) is fantastic, and although even with this alone a person *can* go into hypnosis it is mainly used to see if the subject is going to fight us.  
b) magnetic hands (eyes closed) is similar and yet it is a sign of how they react to suggestion.  
c) heavy hand light hand. (eyes closed) The heavy hand is suggestion while (*it is strongly believed that the hand that rises is indeed an excellent sign of hypnosis taking place).*d) hand clasp. it is mainly accepted that this is caused by the lactic acid building up in the fingers however it can be seen as a convincer thus that in itself has value.  
  
**Important:** Personally I never do a *hand clasp* in the therapy room one-on-one. Rather I do a loose hand by their side and the other stuck to the table or chair. For me this matches the light hand performed earlier with regard to eliciting hypnosis. However, for me I make it sound totally unimportant for it to actually work, rather I say:   
*“I simply want to know at the end of this if you notice any difference whatsoever between the right hand and the left hand. Is that okay? So don’t worry, I don’t expect anything to happen.”*  
Then if the sticking doesn’t take place I simply ask if they noticed any difference between the two hands, as I said I would, thus: no failure has taken place no matter what happen.  
Even if no phenomena takes place they nearly always say they did indeed at least feel a difference.  
I answer by telling them: *“Fine, excellent, that’s all I need to know, thankyou.”*

**8) Hypnotise***Just prior to hypnosis I do have a favourite question I like to ask:  
“So just as a matter on interest, if I had a magic wand and I could wave it in the air in order for you to know that something had happened today, that you would know a change had taken place, what would that be?”*In magic there is a saying:  
*The amateur magician knows a thousand tricks, while the professional knows seven*And so it should be with hypnosis. Whilst there exists an argument that the therapist should find out what is the best induction for the client, the skilled professional normally needs only one!  
On the therapy I use hand to head induction which works every time. Remember you have already put in place loads of hypnotic work. They are indeed ready to *run* into hypnosis by this time.

**9) RELAX**WE relax them in any standard way of walking them through the body simply shutting down as their spine turns to jelly. My favourite opening for this is:  
*“And now I simply want you to understand that although your brain cannot leave your head your mind absolutely can. And right now I want you to place your mind firmly right there, on your heels, concentrating on your heels as you simply tune into the timber of my voice. Just the vibration of my voice.  
I don’t want you to fight me but neither do I want you to help me. You simply ALLOW me to do my work as you just drift, dream and float, and the first thing we need to do is simply tell those heels to... RELAX!”*  
The therapist, in their own way now simply relaxes the client all the way down.  
Personally I go from the heels across the souls of the feet to the toes.  
Then back through the soles of the feet into the heels again before drifting up to the ankles. Then the calves, knees and through the long muscles of the thighs, into and around the hips into the small of the back.  
This is a small thing but I pay great attention to small things. I like them. I will nearly always say at one point during this ‘relaxing down’:  
*“That’s right and you simply ALLOW… there goes that word again… you simply ALLOW it to happen.”*

Then around into the tummy, then through the diaphragm, lungs breathing perfectly and the heart absolutely beating in a perfect rhythm.  
Into the shoulders and down through the upper arms. Elbows, forearms, wrist, hands and right to the tips of the fingers, where they might feel a certain beat in one particular finger.  
Then all the way back up to the shoulders, across again into the chest where they take one deep breath and as they breathe out theyALLOW... *“there’s that word again”...*their spine to turn to jelly as they just flop, right there.  
Then they ALLOW that relaxation to spread into the neck and shoulders, the back of the head, the skull, forehead, eyes and the muscles around the eyes just flattening as the relaxation spreads into their cheeks, lip, mouth and allow the way down and into their chest, then all the way down to their lower tummy where they just.. RELAX....

**10) RELEASE**After relaxation with every single client we release 3 areas  
a) anxiety  
b) worry (past present and future)  
c) guilt, shame and remorse   
  
*“...... and that anxiety leave your body now, just like smoke, spiralling away from a small campfire, getting higher and higher, through the ceiling, past any clouds, beyond the moon and the stars to the very far edges of the universe where it simply gets burned up completely.”*  
  
\*\*\* With guilt shame and remorse it is extremely important NOT to ACCUSE the client of BEING guilty of anything. Rather the wording used is:  
*“...and it’s a funny thing, but almost every human who has ever lived, at times in their lives they carry guilt, or shame, or remorse... real or imagined, known or unknown by them. That is… sometimes it’s real, and that’s okay. We put our hands up, say we are sorry and let that be the end of it. But sometimes we have nothing to actually be guilty about! And yet we somehow manage to harbour those feelings. So... what I want you to do, right now, is ALLOW, simply ALLOW... just like smoke spiralling from a small campfire...etc”*

**11) Address the problem**Remember this is a complete set of protocols in how to conduct an *initial consultation* and not a teaching of any particular method.  
However, Bob’s preferred method at this point in time is to bring up the problem the client brought with them and ask the part responsible for that problem to interact.

**12) Insert impregnable bubble**In every case once the therapist has removed all the bad stuff and inserted all the good stuff it makes sense to ensure the bad stuff cannot return, Hence:  
*“.... and now I simply build a bubble all around you. A totally impregnable bubble, ensuring that none of those things that used to bother you* (eg: anxiety, fear etc) *can get back in. Indeed if anyone were to say something, anything that used to bother you, you may very well find yourself smiling or even giggling, in the knowledge that it just doesn’t get through the impregnable bubble anymore, Rather it bounces back towards them!”*

**13) Blowaway Technique**

So we have hypnotised, relaxed, made contact, addressed the problem and built an impregnable bubble.  
Now it makes good sense to give the client a tool by which they can handle anything that is still hovering. For example the smoker might very well be stopped but they can still have a passing thought of that cigarette. Here we give them: *The Blowaway Technique* as we say:  
*“.... now I need you to remember that although you have been hypnotised today, we haven’t taken away any of your thoughts or memories. And strangely enough every so often you might feel just a hint of those old feelings swimming around...outside that bubble perhaps... but here’s the thing... you need to know that they are just echoes. Echoes of thoughts that used to be. And if that should ever happen, we simply take care of those echoes. We do that by taking a deep breath... all the way in...*(it’s not imperative, however this should be paced, in order to see if the client actually takes that deep breath in)...  
  
*and we simply blow it away* (the therapist blows) *. and guess what? We can even laugh at ourselves* (said laughingly) *for being crazy enough to do this! We simply take a deep breath in.... and we blow!”*

**14) CONFIRMATION (if possible)**As you can see, after hypnosis and/or relaxing our client, we Address the Actual Problem *before* inserting the Impregnable Bubble along with the Blowaway Technique.  
However, although we cannot be sure of an actual ***fix***, it is important that we be brave enough to ‘test our work’. By that I mean that we can at the very least ask the subconscious if it is with us.  
Remembering of course that the subconscious might very well be with us but not able to create any form of IMR or voice confirmation. But it’s important to at least *go there*, and see what happens.  
At this point in time the therapist can put the client’s arm into the shape of The Swan, or go for IMR’s in their preferred style (finger twitch or a raised arm), or go for ***Direct Voice from The Swan***, in order to get confirmation that all of this has been done and will be worked upon even more strongly over the coming week.  
  
*TRUTH MOMENT !!!!!!!!!!!!!!!*  
(Not too many trainers or fellow therapists wish to admit this, but all over the world excellent therapists will get that sign of confirmation and yet...   
a) the client will NOT be healed!  
Or   
b) no sign of confirmation will be given and yet they are fixed for life!  
  
As the saying goes, *“When the magic doesn’t work we use therapy”*  
So... welcome to the world of therapy ☺

**15) EXPLAIN SESSIONS**Explain to the client what is next expected. Book next session now or give them the opportunity to check their diary  
As you will know, many therapists see many clients in situations where they fix them in only one session, which is indeed wonderful.  
But, amazingly there are a select group of therapists who do claim that they see *all* their clients for one session only, where they fix the problem there and then! And they never see them ever again!

This takes a very special skill! These are outstanding people! We know this is true, because they tell us. All of us. Over and over again!  
The average number of sessions by Bob Burns per client at this time of writing is approximately three or four, although some need more sessions than that.   
  
**HOWEVER, remember The Bob Burns Golden Rule: never ever EVER do only one session!**“If you don’t know why, then... ask him!” ☺

**16) NOTES (including hypnotic rating)**The Consultation is over.  
The unspoken questions that every client internally asks were all answered.  
You know now your client extremely well. Well done!  
Remember that for every client whoever comes through your door you should be able to reveal in a court of law that you knew/know that client.  
Write up your notes and keep them for a period of 3 years minimum.  
(including how you rate them out of 10 as a hypnotic subject).