

Hypnotherapy With Christian Baker

APM: I'm actually really pleased this evening that we've got a hypnotherapist, a very prominent hypnotherapist. Our hypnotherapist is based in Northamptonshire but works in Bedfordshire and in Harley Street. He has a clutch of celebrity clients to his name and he himself is Christian Baker. Christian, welcome to APM.

CB: Thanks for having me.

APM: Very much looking...I know everyone will say that you must be able to calm us down and all that sort of stuff. I'm hoping that you will because—

CB: I'll do my best.

APM: --the adrenaline's flowing at the moment, I tell you. When we put your credits up for this...you've got a lot of initials after your name but you don't have your main one which is...you are the possessor of the Blue Peter badge, are you not?

CB: And it's the most important one —

APM: You didn't bring it in with you.

CB: No, I apologize.

APM: Do you want to tell us about that? How did you get the Blue Peter badge?

CB: Probably six years ago now, I was contacted. One of the presenters was doing a challenge, typically as they do on Blue Peter and this particular presenter, Gethin Jones was set a challenge to fly with an air acrobatics team and previously had done a challenge where he'd gone up with the Red Arrows and he'd been...got motion sickness which is understandable. So they were just trying different techniques and methods to see if they can help him with this challenge. They went for all the range of different foods he could try, etcetera and then they asked me if I could help by doing some work with him before he went up to fly and I'm pleased to say it was a success and there is video evidence to prove that he did fly and he did numerous turns and twists in the air and he actually quite enjoyed it.

APM: Excellent, which helps in sort of establishing the credibility of the therapy that you use. What did he try beforehand? Had he tried the standard anti-sickness drugs as well as different food —

CB: Yeah. On the actual VT they showed in the program, they showed him trying...I think it's like cayenne and lemon in a drink and just various different things but he could eat or drink to just try and help calm, settle his nerves down but I think he tried a few things himself as well because he actually likes flying. I think from memory, I think he had his own light aircraft pilot license. So flying wasn't an issue. There was no fear of flying but there's a bit of difference from conventional flying and doing loops and flying at speed and twisting — But also, I imagine in that case, he was a passenger. It's always different being a passenger to actually controlling the aircraft —

CB: Yeah your not — your not in control are you? and somebody else is twisting you up and down and you're not quite sure what the next move's going to be so —

APM: I assume the pilot was very grateful because there's nothing worse than somebody spewing all over cockpit when you're doing barrel rolls —

CB: And even with a sick bag up there, I don't think that's going to hold much or do much good if you're upside down, so yeah.

APM: So one celebrity client. I said you got a clutch of them. A couple of other...are you able to mention any of the others?

CB: Obviously, I have strict client confidentiality but a number of my clients have either acknowledged me on social media or I've done some work with TV programs that have been out there in the public domains. So those, I can obviously reference and so Blue Peter is probably the proudest one because everyone wants a Blue Peter badge growing up. I did some work with a contestant on the X Factor a couple of years ago and worked with —

APM: Rihanna?

CB: No. Her name's...she very much alike. People compared her to the English Rihanna.

APM: Maybe that's where I got that from.

CB: Her name's Tamera Foster. That's a couple of years ago and then the year after, I did some work with some of the contestants backstage as well.

APM: And what was her problem?

CB: She was only 16 so there's a lot of pressure for somebody to go on live TV. You know, you've just had the pressures of live broadcast at 16 with not much singing experience. In the auditions and then on the live show, she kept forgetting her words and people say, "Well, if you can't remember your words then you're not much of a singer," but there's lots of established artists who have similar problems but they're not doing it live in front of 10 plus millions of people. So it's, again, her age, her experience. I think it's fairly understandable that she's going to make a few mistakes. Then it kept getting highlighted. So then that —

APM: It compounds the whole problem.

CB: Absolutely but again, pleased to say that after doing some work with her, that night, she did remember her words.

APM: Just one night?

CB: I did some work with her during week but the one night where she had to sing live, she did two songs and remembered all her lyrics so —

APM: It's astonishing. We found this not so much with guests here but on some of the other things that we do. It's astonishing the minute you stick a microphone or a camera in front of people, some of them go to pieces and if you're stuck in front of a studio audience of hundreds, knowing that your career potentially is on the line the services on that young lady must have been immense.

CB: Absolutely. It's often said that fear of public speaking is one of the biggest fears that people have. So if you imagine someone has a fear having to deliver a presentation, you know, doing it in front of a live audience or with cameras and a microphone, it just changes and intensifies that experience even more so.

APM: Well, never mind patient confidentiality because I forgot when I did my intro to tell you a little bit about Holly because Holly is well-known to all our members because she's the one who answers the phone and delivers all those cheeky emails along with cheesy jokes and so on. Holly was out at the weekend in the east of England cycling, mountain biking competition. She came second which means that Holly, who is a bare 23, almost, is now ranked 16 in the UK elite division of mountain bikers. So as far as I'm concerned, she's on track for that challenge I have set to her which is to be in the next Olympics but one. I don't know. Maybe she'll make that but one of the things that Holly suffers from is a nervousness surprising this... a nervousness about hurtling down steep hills towards very large rocks and trees and Christian, you've been seeing Holly, haven't you?

CB: Yes.

APM: You saw her today —

CB: I did, indeed not long before I came here and sports performances is an area I work with quite a lot from amateurs all the way through to sort of elite, premiership standard players in all different sports and again, you can be the best on what you do but if you suffer with

performance anxiety, lacking confidence or, you know, you've had any near misses or previous injuries then that can plant a seed of doubt or fear and any number of things that can prevent people from performing to the best of their ability.

APM: Is this a two-edged sword potentially? Because on the one hand, we want Holly to whistle down the hills as fast as she possibly can and avoid the thistle bushes and the trees but on the other hand, in doing that, is she likely to have more accidents and therefore, make more business for us physical therapists.

CB: That's one way of looking at it but —

APM: Are you just making her more susceptible to the training that she's getting rather than making her more reckless?

CB: I mean injuries and accidents come about usually when people are doubting themselves and the self-doubt and the negative self-talk creeps in. So the fundamental aim is always...whether it be somebody who's singing on stage, somebody who's about to do a presentation or somebody who's doing some level of sport, you want them to perform to the best of their ability and that's really what it's about. It's helping them to kind of be the best that they can be, you know. If someone's not very good, you can't make them a kind of elite athlete but if they've got the ability...the mind is the one area that people often overlook in all endeavors but sport, particularly...and if you ask somebody what's the...how important is the mindset, they'll usually say 70%, 80%, 90%. And you say, "Well, how much work do you do on that area?" and it's usually very little, if any at all.

APM: yeah well with dealt with a couple of celebrities there. That's, you know, Gethin Jenkins...Jenkins?

CB: Jones.

APM: Jones, sorry, rugby player. And Holly, you just...you were, at one stage, involved with the late Jade Goody, weren't you?

CB: Yes.

APM: How are you going to be involved in...it was a boot camp —

CB: Jade, at the time...unfortunately just before she became ill and it's literally just before that, she was setting up a fitness boot camp to...there's lots of them around at that time. There was very few and it was...the idea was to get people to get on to this boot camp for a week and take them through different scenarios to give them some education on food and nutrition and then there was the military element of people taking through some personal training and some physical activity and obviously, my part was to help people, to reeducate their thinking because again, I work with weight loss a lot and most people say to me they know what they should and shouldn't be doing but putting it into practice is a completely different thing. So it's helping people to change their thinking, is to reprogram their way of thinking to make the choice and decisions ultimately that is going to help them get close to the outcome they want.

APM: You say it's a sort of military style boot camp but I always used to think that military personnel were unlikely to be susceptible to hypnotherapy because, of course, you know, they're very tough guys. People like myself have been through Royal Marines training, commando training, hard as nails and you put me out. In about three seconds, when I came to see you I think.

CB: It's the most common misconception people have, actually but from my experience, they're usually the most receptive because they're already used to following instructions. They are familiar with doing that. So there's less resistance. And also, in context of hypnotherapy, you've got to remember that nobody can do anything...nobody can make somebody do something they don't want to do. So if I was to ask them to do something that they don't want to do, it doesn't matter if they're an ex-marine or Joe Blocks off the street. They won't do it.

APM: I've often heard that said but is it not possible for you to manipulate their thinking so that they do want to do what you're telling them to do? And I'm not saying jump off a cliff.

CB: No. I think there's a grey area that if given enough time, you could build up a relationship with someone and perhaps build up that rapport then that you could kind of manipulate...I don't think that's necessarily the right word but you could potentially encourage them

to do things they perhaps wouldn't normally do. However, whoever is experiencing the level of awareness that we refer to as hypnosis, they're still aware, you know. It's not what people expect. They've got the full facilities and you always have the ability to stop, to open your eyes, to leave. As long as it's kind of going along with their core values and beliefs. If it's not, they can end it any time.

APM: I suppose this leads us quite neatly into what is probably a really important question for a therapists like osteopaths, chiropractors, physios and so on who are governed by a national general council to be governed by and act of parliament. How do we know if we are looking to find a hypnotherapist to refer our patients to? How do we know that they are kosher?

CB: That's a very good question and it's one of the areas that probably in the years I've doing it...I've been doing it for 14, 15 years, I've probably only been asked a handful of times about my credentials and my training. Obviously, it's plastered all over my website and I let people know what I've —

APM: You've got the Blue Peter badge.

CB: Yeah, ill address that, but it's an area that's self-regulated. Obviously, the government has put things into place where certain hypnotherapy bodies can belong to a national recognized body. So really, it's to do your homework and —

APM: So which is a national recognized body?

CB: There's several but I belong to the National Council of Hypnotherapists and I have to adhere to their code of conduct. So I have to have completed the relevant hours that they request to join, become a member and that allows me to get the professional indemnity insurance. So if the clients come in to see me and they're asking me the same question, I'd tell them to do the same. Just do your homework, check them out. Make sure they belong to an independent body because some training organizations have set their own. So it's not, obviously, as legitimate. They probably still have good levels of standards but go to ones that are independent to any training schools and just —

APM: But yours is an independent body, the National Council of Hypnotherapists.

CB: Yeah.

APM: And what sort of hoops do they make you jump through? Obviously, they make sure you're trained by particularly where you trained and how many hours you did. What bout continuing education afterwards? Do you have to do...as we're doing now, you don't deal with CPD at all?

CB: Yes and you have to show a commitment to doing that and depending on what level of...how new you are to the profession determines how many hours you have to do but to continue my membership...and I have to...similar to what your viewers are doing, have to submit my hours on an annual basis.

APM: And what about CRB check? Is it DNB checking now —

CB: I don't know. Again, it's not something that is compulsory but it's recommended and again, it's just to add to the credibility and to let...to safeguard the public. So if you can demonstrate you have that then I think it's favorable but it's not actually compulsory.

APM: No and I guess rather like you...I mean nobody's ever asked me whether I've been CRB checked or DRB checked or whatever it is.

CB: No.

APM: I've actually got a couple of questions already which one of them I might leave until later because I know we've got a video which possibly helps to illustrate that one and this is...so this is not in a derogatory way, the first question I'm going to read is can you make people do stupid things? I know you said you can't make them do things that they don't want to do but —

CB: I would put that under the same term, to be honest. Probably the easiest way to explain it is that people get confused between comedy, stage hypnosis and hypnotherapy and the comparison you can make with both is that you cannot make somebody do something they don't want to do or something stupid.

APM: So all those people who get up on a stage and...I don't know. They feel their seats or pretend they're a chicken or whatever it might be. That's all because in some way, they're happy to do that. It's —

CB: Absolutely. I mean if you ever go...I know there's not many of them around anymore but if you ever go to a live stage show, what the hypnotist will do is start by getting the whole audience to take part and he'll take them through several kind of exercises and ask them to do things and he'll say, "If you're doing this, stay standing up. If you're not, sit down, enjoy the rest of the show." So there's a process of elimination to kind of find the most recep- and responsive people on that given day.

APM: It must be quite a challenge because I mean you...obviously, they are sorting the susceptible from the non-susceptible but effectively, I mean it can blow their whole show if they have someone on stage for 10 minutes and they have not succeeded in getting a comedy act out of them.

CB: Yeah—

APM: Whereas you, of course, don't have the luxury of pre-selection, do you?

CB: No but there's an element of that because if somebody is motivated and generally wants to make a change, they've gone out of the way to research me and find me. We usually have an exchange of conversation whether that'd be on the phone or by email before they come along. The first session is probably similar to yourselves where you have an opportunity to have a good chat to establish where they're coming from and what they would like to achieve but, you know, similar to the stage, those people have volunteered to be on the stage and then that person volunteered to be in front of me to get some help and if it's not the right time for them or they're not ready then there's only so much I can do to help them and, you know, with a live stage show, you'll see people not responding and they'll say, "Well, thank you very much. Go and sit back down." So, you know, they're hoping to get...it's a numbers game. So the more people they have, the more chance they're going to get people who are receptive and responsive.

APM: Is there sort of an average percentage of people that would respond in any collection of audience?

CB: No, I wouldn't say so because again, somebody might respond one day but they might not respond another. I always say everyone has the natural ability to respond to it but equally everybody has a natural ability to reject and resist it. It's entirely up to them.

APM: There's a famous stage hypnotism act, isn't there? Where one of the volunteers is made to balance between two objects, behind the neck and behind the ankle. It's something most of us could not do if we tried.

CB: No.

APM: And I've always wondered whether that is likely to cause some damage, you know, muscle damage, joint damage or anything else like that. Is that something...I know you're not a stage —

CB: No.

APM: And you wouldn't have people doing that but you must be aware of what the others are up to. Is that something which is a concern in the wider therapy world?

CB: I guess it could be unless osteopaths, it could be a great way of eciller-

APM: Hahaha, yeah.

CB: No, it's not allowed or it's not supposed to happen now but I have seen it done and —

APM: So it's banned in stage hypnotism —

CB: No but...well, in this country it is in this country but in America still do it around the world but in this country, I believe. I don't keep up with stage hypnosis and what they're allowed and not allowed to do but I understand —

APM: But a lot of your clients must come to you and say have you seen Derren Brown or whoever it is

— come in with a problem or wanting to achieve something and then see them transform whether it be over a period of time or instantly, it's very rewarding. So, you know, that's why I'm still doing it and I still enjoy it to this day.

APM: Does it get quite repetitive though?

CB: Yes and no.

APM: Are you having to repeat the same things over and over again?

CB: Of course but then I guess that's...again, without speaking out of term. I guess that's the same as you guys using similar techniques.

APM: Possibly.

CB: It's the same —

APM: I imagine that yours are more frequent within a session whereas we might use a technique in this session and in the next session but unlikely to use it more than once or twice.

CB: I guess so but even if I'm seeing 2 people, 3 people who are coming in on the same day with the same problem, they're a different person. They're bringing different things to the table and my sessions are not scripted, you know. Some people use a script and it's very...they have a kind of step by step process they go through. So mine's a lot more kind of dynamic and free flowing and, you know, it's brilliant to be able to work with such a diverse range of clients.

APM: So in a typical client then, let's take for example Holly, how much of the session is Holly in—

CB: Trance, yeah.

APM: --I guess what people would call a trance, you know? How much of the session is she in a hypnotherapeutic trance and how much of it is you just talking about what it is you're trying to achieve?

CB: Again, it varies a lot. It varies from session to session, from one client to another and obviously, over the years, my work's evolved and so I do a lot of performance coaching. So a lot of the work is done

eyes open and you have to establish the needs of the client before you do anything else. So it can vary. I mean I do have some sessions with clients where we don't do any formal eyes closed work but the other work is just as important. In a typical session, it could be half and half. It could be half hour of...15 minutes of, you know, catching up, half hour of eyes closed, another 15 minutes of recapping and talking about the experience and what's happened but —

CB: I mean it's changed so much. I remember when I first started out, it was Paul McKenna and obviously, that's where a lot of the stage hypnosis reference came from because that's what he was famous for doing on TV but then over the years, he's got a very successful name and business for himself in helping people with making change with all his books and he's made a shift from comedy to personal development. So the landscape's changed and obviously, yes, Derren Brown uses a combination of magic, illusion and stage hypnosis in the things he does but some people frown upon it but you have to look at it in a good way that it's bringing the attention to people. It's letting them know how powerful the mind is and used appropriately, they can make some really fantastic changes.

APM: Well, the second part of this question that came in is...and I think we can obviously take this two ways. What does it feel like? And I don't know whether they're talking about it from your perspective or the subject's perspective here. We can cover both I guess.

CB: For me, it's fantastic because if you can help someone make a change, to see them

APM: Do you establish goals for each session for the clients?

CB: Not specific. No. Again, it depends on what you're working with and where we are in the line of what we're looking to achieve.

APM: What's the typical pattern of your case history taking then? Because I imagine you need to exclude things which are susceptible to your therapy, as we all do.

CB: There's so many things to come back to a mindset of...one way or another. So it can...and it does sound like, you know, you can help too many things but it's because so many of it does...so much of it does fall down to a mindset or certainly, elements of it come back to mindset. So it can help with a lot of things. Usually, as I say its as long as somebody's fit, well and sane and not suffering with any sort of psychological conditions, schizophrenia, things like that, everyone else, as long as they're fit, well could benefit to it to some degree.

APM: Have you ever been concerned of people who have a medical condition which ought to be investigated, you know, by the conventional medical world or any other medical world before you do treatment?

CB: Absolutely and if somebody's coming to me with a medical related condition, whether that be headaches, migraine, IBS, fibromyalgia, I won't see them unless they've been down the traditional medical route first. I'm not trained to confirm what they think is wrong with them. So I always advise and suggest that that's the first step.

APM: And what sort of notes do you keep?

CB: Minimal. Yeah, it's not in depth notes.

APM: And of course, a lot of therapists in our world would say, "Well, we have to keep quite..." I won't say extensive but they have to be very precise notes because if ever anything does go to court, we have to be able to justify what we did on the basis of our clinical thinking which will only come out from the contemporaneous notes that we took. Has anyone in your profession, as far as you're aware of, have been taken to court by a patient who wasn't happy for whatever reason with what they did?

CB: I think as in most professions, there are some unscrupulous people who have done things they shouldn't have done but not in context of being a professional —

APM: We exclude sexual misdemeanors and things like that for which anyone —

CB: No, not that I'm —

APM: In terms of actually making a client worse or —

CB: No, not that I'm aware of. Not that I'm aware of. Going back to your question about how it feels for the client, yeah —

APM: Well, I should answer this question, shouldn't I? Because I've been your client and there's a really cheesy answer to this because I went to see Christian because many of you will know, I have an absolutely appalling memory for names and faces and I thought, "Right, I need to get this fixed." And so I needed my memory fixed and of course, I can't remember a damn thing about what happened when I was under the influence. Do you actually call it a trance? It sounds a very cheesy expression —

CB: No, I don't tend to. No, it is formally a trance but it's a different level of awareness.

APM: What I would say that I can...I can't remember what you said at all, to be honest. I know I had a very relaxing sleep it was great but woke up when I was told to. I know you were talking. I know I was listening to you. I know I was taking on board what you were saying and I knew all the time that if I wanted to, I could open my eyes. Again, those of you who know me will also know that I'm very happy to keep my eyes closed for as long as I possibly can but that's all I remember from it. I mean it was a very comfortable experience.

CB: Most people do find it a relaxing experience and obviously, if someone's coming to me for, excuse me, stress management or anxiety then the side effect that it is relaxing for most people is a positive thing. However, that being said, I say to people that the level of awareness isn't even that important anyway. So the relaxing benefit of it is wonderful and as you said, it was nice but that's not going to change or help. So I say to people it's what actually happens while they're in that level of awareness that's actually more important than the level of awareness itself. So if someone's listening, watching and they say, "Well, I've tried it and it didn't work," well, it isn't it that works. It's the transformational work. It's the relationship. It's the professional you're working with that's actually making the

difference, not the level of awareness itself because at the end of the day if I asked to hypnotize you now, it wouldn't make a very exciting viewing for everyone else but —

APM: Well, actually, we did discuss this. We said, "Shall we do a live hypnotism on camera?" And we both quickly came to the view that it will be very, very boring for everybody watching. So yes, go on —

CB: that's what I was saying you know, let's go back to helping you with your memory. If I was to hypnotize you and then go and have a cup of tea and come back later, that's not going to help you with your memory. It'd be a nice, pleasant, relaxing experience but it won't have changed anything. So yeah, the byproduct is most people find it relaxing and when we're talking and referring to things like pain control, that's where it can be really helpful because as you all know, you can't be relaxed and be in pain at the same time. So if you can help someone to take some respite, to achieve an altered state of awareness that is more relaxing then it's helping to break that pain cycle, the fear, tension pain cycle which can be really helpful and effective for some people.

APM: Well, that question, I dodged a few minutes ago. What's going on in the brain in somebody who is being hypnotized for therapeutic reasons or for other reasons?

CB: I'll be completely honest with you. I don't get too involved in the scientific and the nitty gritty proof and evidence. There's lots out there and it's there to be found. Crudely, it's an altered state of awareness similar to when somebody goes into a sleep-like state, similar to when someone's in a daydream. There's different brainwave states that people who go into...and it's just one of those in the range and the reason we do it is because in that level of awareness, the subconscious naturally becomes more open, receptive and responsive. So it's not sleep, you know. As you said, you're fully aware. You're fully in control of everything that's going on but it's just a different level of awareness. Similar to what most people have experienced many times in their day. I mean how many times have you and people watching been driving a familiar journey and they perhaps lose track of the journey and they can't remember getting to a certain point? But their eyes are open. They're wide awake. They're fully aware but all

that's happened is that they've just entered a different level of awareness and that's similar to what I do. The only difference is rather than waiting for somebody to glaze over and go into that daydream-like state, my role is to guide them through a few steps to help achieve a similar level of awareness which helps them to make change.

APM: So if I were to come to you with a fear of spiders, would you be able to say to me...I'm not frightened of spiders. I'm an ex Royal Marine but if I were to come to you, would you say, "Well, it would probably take about this number of sessions to sort them out"? or can you not be that specific?

CB: No, it's the million-dollar question but obviously, somebody who's come in to invest in it would like some guidance as to how long it takes.

APM: and it's the same with us.

CB: So, you know, some fears, similar to when I was working with Gethin Jones, I only had the luxury of less than an hour before they were going up in the air. So, you know, fears can be dealt with very effectively and very quickly. Typically, because I see people for such a broad spectrum of things, it's usually between...it's usually an average of 4 to 5 sessions over a period of time. So if I'm seeing somebody for anxiety, I'll stretch the gap in between, and even weight loss and certain other things to give them more time in their day to day life to assimilate and see how things are going but then if I'm working with something like, for example, fibromyalgia or IBS, it tends to take a bit longer. Not much longer but it usually requires a few more sessions over a period of time to help make changes.

APM: And in your experience with your own patients...well, let's take Gethin Jones. How long did the effect of the hypnotherapy last? Is he still OK flying or does he need top-ups or...?

CB: As far as I'm aware, he still quotes the phrase I use, "What the mind believes, I will achieve," on social media from time to time and as far as I'm aware, I mean no, I don't think he's having to do much acrobatic flying anymore. I think that was just for the show.

APM: No of course he's probably just flying into the -.

CB: Yeah, as far as I know. It's one of those things that as long as it's for that individual's benefit, there's no reason why it would change but put it into a different context, if I'm seeing somebody to tell them to stop smoking, same as a non-smoker, could choose to start smoking at any point in their life. A non-smoker could make a decision in the future to start again. So there's no foolproof guarantee but then that's human behavior.

APM: We'll come back to that in a minute because I imagine there's all sorts of things going on there. I'd just like to clear one question out of the way which is could you help cure someone who is phobic about acupuncture needles or presumably other needles as well, injections?

CB: I tend to stay away from the word "cure" because that's a bit of a dangerous area but absolutely, I've worked with needle phobias many time before and have had somebody who did go on to have acupuncture relatively painlessly. So yeah and if the individual's motivated for the outcome and they want to achieve that then absolutely.

APM: In that case, was there fear that acupuncture would be painful which, of course, most people who've had it would say well it isn't?

CB: No, I don't think it's —

APM: Or was it that just they've got that irrational fear of the sight of the needle?

CB: It's slightly different. I think some people, maybe it's the pain but very infrequently. If I'm seeing someone for a needle phobia, aside from acupuncture, it's usually either the needle or...quite common actually, if you go into it a little bit deeper, for some people, it's actually the needle entering into them and for a common one I work with a lot is to help people who have to have blood test, you know. If someone's got hyperthyroidism, they have to have regular blood tests and my wife being one of those, you know, she got diagnosed not long after we got together and she really wasn't very good at having blood taken and it's nothing to do with the needle. It's the thought of the needle going into the vein that used to send her into tremors but

she's able to do it. She doesn't enjoy it but she's able to do it now relatively painlessly.

APM: Well, I have to say to hell with the patient confidentiality tonight. We've blown at least 3 names already. I have to say Holly and I both gave our consent to be discussed this evening and I'm sure your wife's —

CB: She's more than happy. She tells everyone anyway.

APM: And I suppose Gethin was on Blue Peter.

CB: Yes.

APM: Can't really hide that. OK, there's a number of areas which you've raised already which could work in tandem with what we're doing as physical therapists and I suppose the thing which occurs to most people is how do you help in managing pain in patients. So you start and then I'll see where I can feed in as an osteopath.

CB: Again, crudely, it's through...the main source is for helping people to achieve that different level of awareness and as you said, with your experience, when you're in that level of awareness, most people find it deeply, profoundly relaxing and it's that...in its own right, usually helps people tremendously and obviously, when you're in that level of awareness then you can help people to make some changes, to reeducate or to give them some coping mechanisms to perhaps replicate that to some degree themselves, whether you call it self-hypnosis or self-relaxation. You know, having that ability can do somebody who's suffering with pain of any level, it can be a huge benefit to them.

APM: Well, we've actually...we've got a video, haven't we? From YouTube of somebody who's managing some pain quite successfully through self-hypnosis.

CB: Absolutely.

APM: So if we bring that video up. It's got sound anyway, so we'll wait until it's finished then you can talk us through any bits that you

need to see. So right, let's have a look at this first video then of pain management through self-hypnosis.

[Video playing]

APM: That's quite extraordinary. Before we came on air, I did say to you, "You're absolutely certain that this is a genuine operation carried out under just self- hypnotic anesthetic?" Then you said you're confident that it is.

CB: Absolutely. Yeah, I mean I've met Dr. John Butler numerous times which is the chap who's having the hernia op there and I've seen countless other videos. There's a famous Irish doctor, Dr. Jack Gibson and he done numerous and we're talking a long time ago now. He died a few years ago in his nineties and for many years, he did surgery using what they call hypnoanesthesia.

APM: The reason I ask you is because famously, acupuncture has been filmed for the same reason, giving it instead of a general anesthetic during abdominal surgery and of course, that was debunked some years later. Actually, the whole thing was fake and it seems to me, quite astonishing...I know he had his eyes shut. He said he was aware of what was going on, could feel people pushing around inside him and that was a significant cut in his abdomen.

CB: Absolutely.

APM: They were poking their fingers through there.

CB: I mean that's one video and so the doctor there was using pure self-hypnosis because he's obviously trained as a hypnotherapist as well. So he was doing it himself and we have got another clip, if we have time to show and that came from...a Channel 4 documentary called Hypnosurgery Live where they did the whole thing live.

APM: Well, let's have a quick look at that one because I think that...well, the bit that we've selected from it talks about, you know, how they're controlling their pain. So let's have a look at the second clip and then see where we go from there.

[Video playing]

APM: Christian, I mean that's quite compelling evidence. I know you said that the evidence base is thin for what you do or you did say there was a lot of it around. When we spoke earlier, you said that it wasn't actually the sort of quality of evidence that maybe we see in drug trials and things like that.

CB: Absolutely.

APM: Well, I picked the wrong thing but looking at an MRI which shows those pain maps is...that's quite compelling evidence that something's going on. I really would've liked to have seen an ECG on him at the same time to see what his heart rate was doing while that was happening but they did have a heart rate on the guy I think during his abdominal surgery and it hardly changed. There was the post rate, the...so it was just constant.

CB: And during that same documentary from the last clip, that it was called Hypnosurgery Live because they spoke to the chap before he had it, filmed him during it and spoke to him afterwards and obviously, they did have an anesthetist on standby if required and obviously, they're fully monitored during the operation the same way. So yeah, I guess the evidence would be there to show that everything was safe and sound.

APM: I also think that that clip ties in nicely with a concern that we would all have in our physical world, physical therapy world and one of the questions that has come in because somebody has said, "How can you improve your memory through hypnotherapy?" Would you want to answer that? Because my opinion will probably be wrong.

CB: No, you're welcome to your opinion. I think in a couple of ways, I think it's been proven over the years with lots of these kind of brain training games and things that the brain can be enhanced and improved upon and in the same way as everything else, through the power of the mind, you can...whether it be for building somebody's confidence up, whether it be giving them the suggestion that the mind is a lot better than it is because simplistically, if someone thinks they haven't got a very good memory, they're not very good at remembering names and faces, every time they say that, they're reinforcing that belief. So it's very belief driven.

APM: Where I would've gone with this is that it meant that every time I'm faced with someone or every time I see someone approaching, immediately, I start thinking, "I'm not going to remember them." I build up a level of stress in my brain which affects my memory. That's what I thought would be your answer and the reason I say...this is connected to that film is because he's been able to engineer a level of stress in the brain which is creating pain even though there is no painful stimulus and from a physical therapy point of view, we talk a lot about the biopsychosocial model whereby putting it relatively crudely I guess, if there are lots and lots of stressors and strains in a person's life, their brain will be unable to filter out what would normally be painless stimuli and they will feel pain or they won't respond to treatment as well as they might. So where I'm going with that very lengthy explanation is into the opportunity for us to work with people like you because where there is that strong biopsychosocial component, you know...you can possibly break down those barriers better than we can as physical therapists and thereby, the whole thing is...the whole process is enhanced. Is that somewhere you've operated with osteopaths, chiropractors or —

CB: Yeah. I mean firstly, I'm a huge fan of osteopathy anyway, having used it effectively and had help with it many times over the years. So I don't need to be convinced on how effective that could be but I often see clients who have physical problems whether it'd be connected to why they've come to me or otherwise and I know my limitations and it's in the client's best interest or a patient's best interest to point them in the right direction —

APM: But also, to see both in some cases —

CB: Absolutely, yeah and again, quite a lot of the things I've worked with over the years, I've worked...we've kind of cross referred to one another. So things like headaches and migraines, TMJ, even fibromyalgia, some digestive problems, those kind of things that where both kind of mindset perspective and a physical perspective. It's far, far more effective if you can have that kind of multiple —

APM: Will you talk us through the TMJ situation? I think you've worked with my partner Claire on TMJ clients, haven't you?

CB: I can't break that client confidentiality —

APM: Im not saying tell us who they are

CB: No—

APM: Are you saying we're not allowed to mention Claire on air

CB: Didn't say a word. Yeah, its like when I work with people for child. I don't do so much for now but in the early days, I used to help people a lot with a model called hypnobirthing. So it's to help them deal with the pain of childbirth and a lot of that component was because there's an element of fear attached to it. So whether you replace the word fear, stress, worry, anxiety, fear creates more tension which then magnifies and exuberates a level of pain. So it goes back to what we've talked about already. If we can help people to first reach a more relaxing state of mind, whether that be by addressing some of their lifestyle issues or whether it be just purely to bring them down a notch or two then that probably makes it easier for a physical therapist to work with them as well, I would imagine.

APM: And is that the same process in dealing with fibromyalgia?

CB: Yeah. I mean fibromyalgia's often a more complicated one because —

APM: We can be honest here. None of us like treating fibromyalgia patients. They're difficult patients.

CB: They can be —

APM: Because they are that big mix —

CB: And there's not a clear cut diagnosis —

APM: well exactly its diagnosis of exclusion, isn't it? We cant think what the hell else to call it, let's call it fibromyalgia.

CB: And there's so many components to it. There could be other things. So it is difficult to work with. So on my own, I don't claim to be able to help with it but if they can use it in conjunction with a physical therapist, like osteopathy, then it really does make it much more effective to help them with what I can do.

APM: And you mentioned it a few times. I mean have you seen quite a few fibromyalgia patients?

CB: Over the years, yeah. It's not something I would say I specialize in or see on a regular basis but over the years, I've helped a good number of clients who have been put under the umbrella of fibromyalgia and going back to your question about TMJ, a lot of tension begins in the jaw line, you know. Often, people refer it to neck and shoulder but in my experience, a lot of tension happens in the jaw. So if you can help somebody to relax and release that tension then that can help them physically as well.

APM: What about the more transient pain? Let's say osteoarthritis where it's likely to be more exertional and things like that. Have you been able to help people in situations like that to cope with that sort of ongoing pain?

CB: Again, it's a slightly different approach and again, I think you have to make the clarity that pain is there for a reason and I wouldn't attempt to mask that unless they've been down the appropriate roots but with what I can help them do, that's not different from them taking some pain killers. So if you can help them to establish some coping mechanisms that gives them some respite from the pain and be able to reduce some of the tablets they're taking then that's where it can help.

APM: So are you saying then that having come to see you I'm pissed off because I've got, let's say, knee pain. I don't want to go for surgery but we know it's osteoarthritis. It's not going to go away but you can help me deal with the pain. Can you teach me then techniques which will help me continue to deal with that pain —

CB: Yeah. It'd be pain management rather than kind of —

APM: Is there a big difference between hypnotism and self-hypnotism?

CB: No. Crudely, you could say all hypnosis is self-hypnosis because my role is that of a glorified guide, guiding someone through the process but they've got to be willing. So they are very much involved in the process. Like the clip we showed where somebody was having

their operation, when John was teaching his client how to do it, that requires discipline and practice to do that which is why probably chemical anesthesia comes up trumps first because obviously there's a big cost involved to it that, you know...it's big money but also, there's a time element to it as well, to train somebody to get them to that point where they're receptive enough to be able to do that and achieve that result.

APM: But if we could use hypnotherapy more in anesthesia, for example, it's certainly safer way of dealing with a problem, isn't it?

CB: Yeah.

APM: I mean in that clip we saw, did they have...presumably, they have an anesthetist on hand —

CB: Absolutely, yeah.

APM: Because it'd be kind of distressing if the hypnotism didn't work.

CB: of course no and I think I've said it in the full documentary, the full medical team was there. The anesthetist was involved. The anesthetist was on standby and it was all ready to go if things didn't happen accordingly.

APM: I just want to remind people before we go on, we have made the decision that this will be a 60-minute broadcast. So if you've got questions, get them in to us quickly. I am prepared to go on a little bit but what I don't want to do is to have people who have set aside just the hour find that they're missing parts of the broadcast but we'll take feedback after this just in case people felt that an hour wasn't long enough. It certainly feels as though it's flashing by quite quickly at the moment but still, keep those questions coming because there's lots coming in at the moment, one of which is what is it that makes people anxious about stuff and what makes them stop? how do you undo it?

CB: I think there's so many different stimulus to create anxiety in people that it'd be kind of...you can't make a blanket answer to that one. There's so many different factors that generates anxiety in

people. So it's really helping people to either resolve what's creating the anxiety and/or give them some coping mechanisms to manage it.

APM: This question, I'll ask it but I think you've answered it already. It's, "Do you encourage people to do self-hypnosis to help with pain?"

CB: Yeah. If they're coming to me for pain then absolutely, I would and I do have also a range of audios that are kind of self-hypnosis but obviously, it's me doing the talking. So it's me guiding them through the process which is always easy if somebody's there doing that kind of work for you because you have to pay less attention.

APM: You produced a couple of CDs as well, haven't you? On self-hypnosis or on hypnosis.

CB: Yeah.

APM: Are those just relaxation CDs or do they go further from that?

CB: They are relaxing but they incorporate self-hypnotic techniques and suggestions to help people make change as well.

APM: And I always make the point to our viewers and our speakers that this is not a sales vehicle for their own services but there may be people who want more information. Are there things on your website which people could look at to help their understanding of hypnotherapy—

CB: Of course.

APM: --or the things that they might be able to get from you to prescribe or to give to patients?

CB: And that's why I have a website, to help the public who are interested to come and get more information and if anyone who is watching who would like more information then —

APM: The website is...?

CB: It's christianbaker.net.

APM: Christianbaker.net, OK. We'll mention that again, of course, we'll put that up on the website when we finish here as well. I wanted to ask whether...in the course of your treatment, occasionally, emotional issues emerge from your clients which perhaps are a bit scary for you I mean as a hypnotherapist rather than psychotherapist.

CB: But it's part of the training that it can absolutely happen. So you have to be pre warned and prepared for that and that's why it's important for people to find out somebody who's fully trained and qualified because it's self-regulated. Unfortunately, there are some people who might just do an online course or read a book and call themselves a hypnotherapist and if they're not trained and ready to deal with that if it emerges, that's where the danger comes into place.

APM: Then it leads into another question. They are coming in thick and fast now. For those of us who do work with a lot of patients who may have heightened pain sensitivity, emotional issues, the question is would a short course on hypnotherapy help us as therapists to help our patients or is that like saying, "Well, you go and do a short course on osteopathy and do the stuff that we do"?

CB: I think if somebody's curiously interested, I think it would absolutely be of benefit. Obviously, perhaps not a full hypnotherapy course but to have an awareness because even things like the language people use can have a huge advantage and impact on the way people respond. So if you can go on any kind of course that helps people, you know —

APM: So is that NLP —

CB: There are NLP techniques but hypnosis and NLP are very closely linked because one of the founders...one of the people they modeled was Milton Erickson who's a very well-known and famous hypnotherapist. So there's huge crossovers between NLP and hypnotherapy but yeah, anyone who would have the time and the desire to learn more, I think absolutely, it would be helpful because you're talking to your patients all the time and, you know, you might even say you are kind of unpaid counselors to some degree with some of your clients.

APM: So have you studied NLP separately from hypnotherapy?

CB: I have. It was part of my training but I've also studied it separately as well.

APM: And very briefly because this isn't a program about NLP, talk me through the difference. What's the process of NLP? Is that the use of language to address your attitudes and beliefs?

CB: It's tools and techniques to help people to establish that. So the creators and founders of NLP basically modeled three successful talk in therapists, one of which was a hypnotherapist which is why there's a crossover between the two. The main distinction is that those techniques are done kind of consciously, eyes open, whereas for me I still find, to this day, is far, far more effective to utilize the other level of awareness that I call hypnosis and that helps to make rapid, longer lasting change.

APM: One of our viewers has asked that...or said that you mentioned helping people resolve problems that cause anxiety and they want to know how.

CB: How would you help?

APM: How do you resolve the problems that cause anxiety?

CB: Through the techniques I use as a trained hypnotherapist. Again, everyone's different. There's no, "I use this to resolve anxiety." It depends on what the triggers, what the cause is but again, effectively, crudely, you're helping people to reprogram their mind. So 9 times out of 10, it isn't because of one event. Usually, it's an accumulation of life and life experiences. I often have people who come to me who...anxiety's hit them and they've got no reason why. They say, "Life on paper is great," but when you look at their life, they're busy, they're stressed. So there's lots of other things that have gone on. They've had traumas, they've had events that have gone on but...so they're not directly linked or relevant to where they are in their life now but they haven't dealt with those things because kind of the whole kind of cauldron of emotional stuff that was there and something's just triggered to cause it to come out.

APM: And some of these are very high achieving people —

CB: Absolutely.

APM: Well, you've mentioned some high achieving celebrities and so on. There are others that you haven't mentioned here. I know you've dealt with a world champion sportsman as well who...a sports person who has these sort of issues. And I've heard separately, not one of your patients, of, you know, someone who is a...you know, what we would call a captain of industry who's struggling to cope because of the pressures there and your sort of approach much be really invaluable in getting them through the day.

CB: Absolutely. I work with people in sport, in business and in general life and, you know, just because somebody appears to have it all and seems to be able to manage it, underneath, you know...I have some people who say to me of their colleagues. If the friends of their family knew, they'll come to see me. They won't believe them because they come across as larger than life. They're very confident but the image people portray and project is often very different to what's going on inside and in that case, it's an emotional...it's a mindset which can be addressed and changed and improved. It's very much like physical fitness, you know. The mindset is something that can be developed, enhanced and strengthened in the same way.

APM: This one's intriguing. I didn't explain to you before but all the questions that come in are anonymous and it'd be really nice sometimes if people put their names to the questions because it would make it feel a bit more like a conversation but I like this question. How often do you take patients back into regression when dealing with pain management?

CB: Personally, I don't use regression an awful lot.

APM: At all? Oh Ok.

CB: No, I do. I've trained in it at length but I find that because it's not always...often, people are very well aware of their background. We don't need to go over it. So my approach is a lot more direct and

dynamic. It's about the future. It's about leaving the past behind, disconnect from it emotionally and really focusing on what they want rather than what has gone on. However, as you said earlier, spontaneously, some people can regress or bring up things that have happened in the past. We'll deal with it but my approach, and it's different from hypnotherapist to hypnotherapist, is not to go looking for something that may not resolve or have any bearing on the future.

APM: And I'm going to run over slightly because I'm very interested in this and I'm sure a lot of our audience are especially considering the volume of questions coming in. Are you ever...if you were in that situation where you're doing regression, how confident can you be that you're getting genuine memories? Because people can believe something to be absolutely true and someone else in the same...who's there at the time can believe something completely different. Would hypnotherapy iron out those differences or would they still believe it to be true and that's all you'll get from them?

CB: I think in terms of helping someone to achieve some level of transformation, it's not important. If it's helping them to get the resolution they're after —

APM: if you're after forensic evidence in a court —

CB: That's different which is why in this country, they don't use it and don't rely on it and I've worked with people to help them try and find things they've lost and some of them have been spot on and they've gone there and found it. Others have looked for it and it's not where they thought it was. So yes, you can get false memory syndrome but in terms of helping people to make change and transformation, if it's real, if it's not, if it's helping them, that's the most important thing.

APM: This viewer wants to know what you actually do during a session and they claim they've not had hypnotherapy themselves but in counseling, they often ask you to talk about bad experiences and so on. So how do hypnotherapists or how do you treat? What do you talk about to a client?

CB: That's a good question. Any of my clients will probably tell you that I say an awful lot because my approach is...as I say, it's a lot more advanced structured from many of my colleagues in respect that it's very rapid, it's very dynamic and I do talk 100 miles an hour. So I say an awful lot. I don't always remember what I've said. I'm focused on —

APM: No I don't either.

CB: It is. So I'm literally drawing from my experience. I'm focused on the person, what they've asked for, what they've brought to me and there's so many different techniques that I could use that I would not be able to explain more to you now and it'd probably be very boring to other people but there's numerous techniques that I use in that level of awareness which are all spoken.

APM: So it's all bespoke treatment basically.

CB: Pretty much.

APM: Two questions which I want to wind up on. They're very related and these are health issues which are related to what we do because if we get obese patients in then the chances are we're going to want them to try to lose weight. We all know that the track record of people who go on diets is that they may lose a considerable amount of weight over the first few months but then they'll all have it put back on in a year or so. What's your success rate with treating obesity?

CB: I have very good results with helping people with weight management.

APM: And stayed off?

CB: Yeah. Again, it's like I said with a smoker. You can't guarantee that, you know. Somebody who's fit and well and has good eating habits might all of a sudden establish bad ones. So you can't...and I won't ever make any false claims or promises to anybody, clients or public just who are interested.

APM: But it's worth a try.

CB: Very, very effective because again, diets are all eating. It's all focused on what's going in but it doesn't cater for the fact that we have emotional responses to food. We have learned behavior. We condition ourselves to use food for other means other than physical, nutrition and fuel. So if somebody needs to improve their kind of lifestyle, their health eating habits, the behaviors around food and of course, physical activity then confidence, motivation can be a huge part in helping to make that part of someone's lifestyle.

APM: And I was going to go on to talk about smoking because, you know, I've referred a patient to you who was smoking 50 cigarettes a day and you only treat people once for smoking and he stopped instantly and hasn't gotten back on the fags and is that...that's a real health benefit, not to mention financial benefit.

CB: Of course.

APM: And again, I need to ask that question. Can you put a rough percentage on how many people successfully stay off the cigarettes for a protracted period of time?

CB: Again, I don't make any false claims and promises. My program is a one off session. I do give free backup to people for the first few months if they need it. So if they're going to —

APM: How often do they ask about that?

CB: Very infrequently which is why —

APM: Infrequently.

CB: Very infrequently but those that are committed and generally wants to stop, if they come for the backup...and sometimes, you know, it might only be another half an hour. You certainly don't have to do the whole thing again. That can be enough to get them to where they want to be. I do have colleagues who quote, you know, high percentage rates but it's human behavior. There's too many variables involved. You've got to be such a strict process to be able to answer that with absolute certainty and I don't believe you can. So my doors are open. I've been doing it for, say, 14, nearly 15 years and I'm still getting referrals from people I helped to stop smoke —

APM: From GPs?

CB: GPs don't give direct referrals. I'm assuming it's probably similar to yourselves. I do have...I've helped two GPs to stop smoking who still send me clients.

APM: But they can't pay you for it, essentially.

CB: They don't. No, absolutely. There's no finance. They don't pay for it but even just a referral...many doctors are uncomfortable doing it because understand or know enough about it but I do have relationships with a few or some that I've helped and they do say, you know, "It might be a good idea. Have you considered looking at hypnotherapy?" and point them in my direction but it's a very unofficial referral.

APM: These are the last questions, I'm afraid. Well, an hour is clearly too short for these programs because there's a lot of questions we haven't asked and lots of things I'm sure you'd like to talk about but im going to ask these million dollar question almost literally. How much, on average, does a session cost and how many sessions do we need for treating —

CB: Again, I think it's one of those things that, same as everything in life, you can...there's such a spectrum of cost and fees, from £50.00 to thousands of pounds.

APM: It's about an hour each session?

CB: Typically. Again, different people have different structure. I usually structure mine at 50 minutes with the exception of smoking which I allow up to two hours for it. Some of my colleagues do 90-minute sessions. So it's fairly flexible. On average, you'd be looking about an hour but the fee, depending on where you are in the country, in the world and how experienced the individual is, you could be looking at anything from £50.00 to...so I know a colleague of mine charges £5,000 to stop people from...to stop smoking. So the spectrum is very vast. That's why it's always good to get that personal recommendation so you know and trust who you're going to see.

APM: I'm sure the celebrity endorsement helps for that as well.

CB: It's always good for business.

APM: I suppose I...we're going to stop the broadcast here because we said we would stop after an hour. We've already gone on five minutes longer than we should, we said we would. There's clearly scope for the physical therapist to work hand in glove with a hypnotherapist. There's probably scope and we haven't asked this question for practical physical therapists themselves to be treated so that they can improve their own confidence, their own handling of patients and perhaps even...how long would a course be that someone could reasonably go on if they wanted to get a feel for hypnotherapy themselves?

CB: You can...it's been a while —

APM: A respectable course.

CB: Respectable, you could probably do...if you're just trying to get foundation understanding, you could probably do any from a weekend to a seven-day foundation course. Maybe look into training as a hypnotherapist.

APM: Anything a bit longer?.

CB: From 120 to 450 hours —

APM: Well, Christian and I will talk after the broadcast ends about that and I'll get some details which we'll put up on the website. So if you are interested, we can point you in some of the directions which are open to you. It's been a fascinating broadcast. I suspect that we won't go for the one-hour slots in the future because we have run out of time on this one. Christian, you work closely with us in our clinic and I'm looking forward to carrying on doing that for many years to come, I would hope but thank you for your time this evening.

CB: You're welcome. Thanks for having me.

APM: Very helpful. Looking forward...looking ahead from our perspective, our next broadcast is the first Wednesday of next month. We're looking at cryotherapy, another area where evidence I feel is mixed but it's one of those areas where we like to recommend for our

patients, you know, whether they should use heat, whether they should use cold and it would be nice to talk to somebody who has got the evidence in his fingertips, somebody we can employ immediately in clinic. So do tune in for that. It's on May 4th and we start as normal at 7:30 and we will be broadcasting on that occasion for 90 minutes. Other things on the website, there is a dissection coming up next month. We still have places available on it. That is in Bedfordshire. If you're interested in that, it's well worth looking into because although it's a horse we're dissecting, the ligaments, the joints, the muscles are all directly related to what goes on in the human body but because it's fresh material, you're going to see how the fascia invests in all those structures and it is a beautiful structure to behold, as I'm sure you know but it's completely different from the sort of prosection stuff that we get in college. There is a Laurie Hartman course in October. There is an Eyal Lederman course in September, all on the website. Have a look there. If you are interested, get your name down quickly. Don't miss out. That's it for this evening. It's been a great pleasure talking to Christian Baker and I look forward to seeing all of you at the next broadcast.