A Professional Guide

Terence Watts

Introduction

Please note that this publication is not intended as a scholarly paper but rather to introduce the reader to the therapeutic phenomenon that is BWRT®. Therefore, there are no scientific references in the text but those who are curious can discover the accuracy of any outright claims made via a brief search of the Internet.

It is sometimes said that all the best ideas come from sudden inspiration. And that's certainly the case with BWRT®. It was a sudden electrifying moment that occurred when I was rather lazily reading about an experiment in a science magazine at my kitchen table on a rainy Friday lunchtime in 2011.

October 2012: The first Working model of BWRT®

I had experienced something similar on two separate occasions before that, both of which resulted in highly successful therapy models and so I recognised the feeling for exactly what it was – a sudden connection of diverse neurological pathways bringing together information that was already in my brain, but with which connections had not been previously made. Either that, or as some have suggested, a 'cosmic download'…

There followed a period of intensive research that eventually lead to a working grasp of complex brain issues and the first 'working model' of BWRT®. It was just called 'BrainWorking' at that stage and in October 2012 I 'showcased' it to around 120 delegates at the annual APHP conference in London, UK.

October 2013: The first Training of BWRT®

I followed that with outlining my idea for this radical new approach to therapy on a couple of Internet forums and in my advanced classes at my Hypnotherapy school. The result varied between incredulous disbelief, outright ridicule, and evident hostility for an idea that would turn the world of psychotherapy on its head. This was nothing more or less than I had expected, having seen similar responses to my **Warriors, Settlers and Nomads** concept in 1997 and later to EFT when it first started airing in the UK.

I was, therefore, undeterred and so it was that BWRT Mark 1 (it wasn't trademarked at this stage) was taught for the first time in October 2013. It was a brief course, just six

lessons of seventy-five minutes duration each. I believed it would be used mainly, perhaps exclusively, as a new therapy model for anxiety, which I had proved to my satisfaction could often be totally despatched in a single session.

Within just a few days of teaching that first course, I was getting excited confirmation that this strange new therapy was getting exactly the results I had forecast. Not just for 'straight' anxiety, though, but for panic attacks, phobias, specific fears and even some addictions. Then I had an email from one of the students on that first class requesting a Skype conversation – I recognised the name, Rafiq Lockhat, as that of a therapist from South Africa who had bought several of my books in the past.

"Terence – this time I think you've lost your marbles."

The Skype conversation was interesting. *"Terence,"* Rafiq said in serious tones, *"I've bought so many of your books and have always had a high regard for your work but this time I have to say I think you've lost your marbles."* At the time, I was not aware that Rafiq was an eminent clinical psychologist and so I argued that this was most definitely not the case and suggested that there was a key part of the process that he had not understood.

I knew from experience that there was one element in particular that didn't 'fit' with an experienced therapist's pre-existing concepts and so I carefully described this same section of the training again. Rafiq regarded me with a serious expression on his face. *"Terence,"* he said quietly after some time had passed, *"If what you're saying is so, then you're about to stand the world of psychology on its head."*

It wasn't long before a rapid series of events foreshadowed the emergence of what is arguably one of the most effective therapies in the world today. I extended the course to ten lessons after more testing and discovering it could do far more than I had at first thought; Rafiq became my research partner as well as 'Mr BWRT South Africa'; and the early takers of this new style of working started to get results that far outstripped what they had done with 'ordinary' therapies.

'Mr BWRT South Africa'

And then in September 2014, Rafiq came to the UK so that he and I could work on producing a training manual that would stand up to the professional scrutiny of the clinical psychologists that he planned to start training in South Africa. And so we were

truly on our way. 'BrainWorking' was now 'BrainWorking Recursive Therapy' and BWRT for short. Worldwide trademarks followed, and shortly after that, the UK Government gave permission to form the Institute of BrainWorking Recursive Therapy®. BWRT® has now helped many thousands of people all over the world and has, I am certain, a lot more exciting development in its future.

What follows is an account of why BWRT® was created, where it came from, how the hypothesis was developed and tested, and what makes it so different from all other therapies. Enjoy the read.

Chapter One

The beginning

BWRT® – BrainWorking Recursive Therapy® – is a new model (at the time of writing) of psychology and psychopathology that fits with current thinking on neuroscience. It is solution-focused and evidence-based, thus fulfils the requirements of modern therapies. It is not a reworking of other modalities or 'just another therapy product' but an entirely unique therapeutic intervention that embraces something infinitely deeper and yet more easily understandable than 'subconscious'. ***Note that to train to be a Practitioner in BWRT® you must already have professional experience in psychological therapy.***

Background

Two controversial ideas underpin the processes of BWRT®. The first idea is that what we have always referred to as 'the subconscious' does not actually try to keep us safe, as is usually taught, but instead simply reacts to recognised stimuli with responses that have been employed before under similar circumstances. The second idea is that we don't actually have free will *in the way we usually think of it.*

Free will does not exist in the way we usually think of it.

As you will see, everything we do, every action and every response commences before we are aware of it. This is not any form of evidence that everything is pre-ordained, that our lives are mapped out for us by some higher power as some would like to believe, but the result of biology and evolution, more of which later. We *are* able to veto some actions – that is stop ourselves from doing something we have started to do or felt an urge to do… but that is really "free won't" rather than free will.

When you instinctively try to catch something… it's already happening!

Agreed, it certainly *feels* like we make decisions voluntarily… but that's because we are only aware of the processes as they happen. But when you instinctively try to catch something you've just dropped, for instance, there is no conscious awareness of the beginning of that attempt – it's already happening before you know it!

The initial response is generated in the 'pattern recognition matrix' part of the brain and is completely invisible to conscious awareness. More importantly, perhaps, there is no 'value judgement' in this part of the brain so that all input is just plain data. It's neither

good nor bad, since those constructs are experienced in the far more sophisticated part of the brain that is concerned with such things as moral codes, our sense of right and wrong, and perhaps the most difficult thing to describe, emotion. In that matrix though, it's just data with no intrinsic value whatsoever. If you doubt this, just let yourself ponder for a moment on the times when an inappropriate thought occurred to you. Perhaps when something you knew you shouldn't say popped into your mind, or when you found yourself suddenly attracted to somebody who was very definitely 'out of bounds'. It happens to everybody. There is a 'cognitive gap' between the brain responding to a stimulus and our conscious awareness of that response, so you may be able to stop yourself from acting upon those things but you simply cannot stop them arriving in consciousness in the first place.

This is exactly why any psychological symptom – a behaviour or response that is inappropriate or irrational in the circumstances under which it is experienced – cannot just be refused. You cannot decide not to have a panic attack or experience anxiety, for instance, because by the time you are aware of it, it's already been fired up as a result of the recognition of a stimulus and is self-sustaining. Symptoms occur as a result of the reptilian complex routing the response via the limbic system to create anxiety, which can occur at varying levels – it is a fact that *all* symptoms are anxiety-based. As for why, well, it's simply to ensure the organism avoids a situation that has been recognised as carrying risk. There's nothing rational or logical about this; it is a simple recognition that at some time in the past, some element of the situation at hand caused apparent risk to survival in some way. Whatever the originating cause, there was a conscious recognition of danger, disgust, vulnerability or other unwanted response that was fed back to the reptilian complex to be stored for future reference.

There have been, until now, essentially four main ways of resolving this situation (we're ignoring Reiki and other 'energy' therapies here.)

- **Coping and Avoidance:** Coping strategies and avoidance mechanisms are not conducive to a carefree life. The individual either has to avoid the troublesome situation altogether or perform some little ritual such as pinching thumb and finger together, tapping parts of their body, breathing in a certain way, saying something under their breath… or any one of countless other 'antidotes'.

- **Hypnotic Suggestion:** In basic form, not much better than coping or avoidance, with a tendency to recidivism. The client will be fine all the time they don't encounter a situation that hits the trigger 'head on' and fires them up again. In more advanced forms, of which there are several, it performs better but is still not suited to anything other than relatively minor issues.

- **Discovering the Initial Sensitising Event:** The different forms of this are usually superior to the first two styles of working though generally make for a long-winded therapy involving investigation, regression to cause or other intrusive and introspective processes. It's hard, emotional, time consuming and expensive for the client. And it's not always totally effective, either.

- **Parts Work:** This can achieve good results in the hands of a skilled practitioner but can also fail spectacularly when the individual doesn't participate as fully as they might as a result of self-consciousness. It also needs a therapist with a large amount of experience and a particular mindset that is tuned to every nuance of the interaction between the parts of personality.

The Difficulty

The biggest difficulty is that all those therapies work via the conscious mind, if only to induce hypnosis in the first place. We might try to 'talk to the subconscious' but we have no way of knowing if we're truly doing it or not, nor are we able to know what the client is consciously thinking about our particular therapeutic efforts. Resistance, agenda and gains abound and they can stop therapy in its tracks.

Resistance, agenda and gains abound

And this is where BWRT® comes in – and also where you might well raise an eyebrow at what you are about to read. But it is important to understand that even if the premise upon which BWRT® is based were faulty (it's not), even if the hypothesis were proven to be false (extremely unlikely), the inescapable fact that ***BWRT® works*** would remain! It has resolved trauma, PTSD, OCD, Alcoholism, addictions, eating disorders, even the aftermath of violence and murder – and far more quickly and consistently than any other therapy that has gone before it, including EMDR, CBT, TFT, EFT, ACT, DBT, NLP… and the rest. The only real problem it has is that it all seems to good to be true. But there are now hundreds of clinical psychologists, psychiatrists, counsellors and therapists who will tell you it is not – it does exactly what it claims. Also, at the time of writing, a Ph.D. based entirely on the efficacy of the process is almost complete in a UK university.

It's almost ridiculously easy to use, once learnt. In a nutshell: *We work directly within that cognitive gap changing the response to the trigger, replacing it with whatever the client decides they would prefer.* We don't even need to know what the trigger is and as long as the client can think about the problem, BWRT® can resolve it. Simple issues like specific fears, such as those of spiders or crane flies, escalators, lifts, driving and the like can usually be resolved in a single session. Even when the problem is more profound, perhaps associated with core identity, it can often be resolved in four to six sessions.

So now it's time to have a look at what inspired this new therapy…

The first recipient of the Virtual Nobel Prize in Psychology

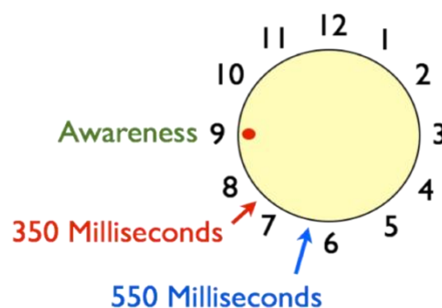
Benjamin Libet

It was an experiment carried out by Benjamin Libet (1916 – 2007) in 1983 that was the initial inspiration for BWRT®. Libet was a researcher in the physiology department of the University of California, San Francisco. In 2003, he was the first recipient of the *Virtual Nobel Prize in Psychology* awarded by the University of Klagenfurt, *"for his pioneering achievements in the experimental investigation of consciousness, initiation of action, and free will."*

His experiments confounded many people at the time and even today, the results are still debated hotly – mainly, it would seem, because they challenged the idea that we have free will and total autonomy over our actions. Even though various studies have replicated his findings, the dispute over what they actually mean still continues today. The notion that we are not fully in charge of our mental processes is as completely unpalatable to some as it is exciting to others – and it excites most therapists once it is realised how we can employ the concept to such powerful effect.

In his experiments he used an oscilloscope that had been modified to resemble a clock face with a dot circling around it at a constant speed. The participants were 'wired up' to an EEG monitor and asked to press a button within a certain time limit and were required to note which number the dot was on when they were *"first aware of the wish or urge to act"*. Pressing the button also recorded the position of the dot on the circular scale and because it was moving at a constant speed, it was easy to determine how much time had passed between the two points.

The results were, to say the least, curious. Over and over again, the researchers observed that there was activity in the brain 550 milliseconds or so *before* the participant reported their decision to press the button. First there was what came to be described as a 'readiness potential' – *something* was happening in the brain – followed by an *action potential.*



The *action potential* occurred as the brain actually prepared to move the finger that pressed the button, *but around 350 milliseconds before the individual was consciously aware of it.* The procedure of the experiment itself garnered criticism as people started to look for ways to debunk this heretic idea… but then other experiments appeared to reveal even larger time lapses before awareness, and the current status is that there is evidence of a decision being made in the prefrontal and parietal cortex up to **seven seconds** before the individual was aware of it.

There has been much written in the years since the experiments were conducted, some of it quite vehemently opposing the idea with claims that the results are illusory and based on errors in timing, that the procedure was flawed, that the whole concept was so bizarre as to be a laughable impossibility. There have even been concerted attempts to make those who believe the concept look foolish or gullible and there is little doubt that this would have hindered many from seeking a constructive way to make some use of this cognitive gap. Most of the objections lack any form of scientific evidence, though, and appear to be based on the supposition that because it flies in the face of the idea that that we are fully in control of everything we do, it must be erroneous in some way.

You can stop an action… but you can't stop the stimulus

But there is ample evidence that some part of the brain reacts to stimuli before we are aware of it: for instance, if somebody throws something at you without warning, you instinctively try to catch it or avoid it – you don't think about it first. You can stop the action, which would be the "free won't" referred to earlier but you cannot stop it from occurring in the first place. And even if you know in advance that it is going to happen and the response didn't 'kick in' you would still be aware of a psychological stimulus.

Of course, this is different from making a decision to press a button, which is itself different from the situation where you choose between two or more possible actions. Spontaneous responses, therefore, might well be rendered from a different part of the brain from considered decisions or action… but if only a *part* of our behaviour is initially instigated without conscious knowledge or thought, it still means the same thing – we do not have totally free will in the way we usually think of it.

The Business of Therapy

Now let us return to the business of therapy, which is all about working to help our clients start doing something they currently cannot, or stop doing something they would

much prefer not to do. Both situations have always been considered to be the result of some kind of subconscious conflict that creates neurotic anxiety so that if you can find the anxiety and defuse it, or recognise that it is simply not relevant any more, the anxiety goes away and the symptom disappears. It's slightly different where habit is concerned, when there is a compulsion to perform a certain action like lighting a cigarette or stuffing half a cream cake into the mouth. Sometimes those things are done on 'auto pilot' without conscious thought initially… driven by that 'subconscious' – and that's almost the last time that word will be used in this brief publication because we're going to start looking at things in a different light now.

We're going to look at the physical brain and gain an understanding that what we have always referred to as the subconscious is very likely to be the part of the brain that houses that pattern recognition matrix. It dates back to our most ancient ancestors, the earliest sentient animals on the planet and has several names: reptilian complex; lizard brain, hindbrain and brainstem. It was, in fact, the only brain those creatures had, and it had to do *everything*: it had to control respiration, circulation, sleep and wake cycles, immune system, aggression… everything associated with survival. It included an early cerebellum, which until recently was believed to be concerned solely with coordinating movement.

But this part of the brain, the cerebellum, while it is only around one tenth the size of the rest of the organ, has more neural pathways than the all the other parts put together. It's now believed that it's involved in a lot more than just stopping us from falling over. It has long-range connections to many parts of the 'main brain', including the areas involved in cognition, perception, language and emotional processing.

… it has long-range connections to many parts of the brain

Note that the cerebellum does not *create* emotions in the first place, it merely processes them, transforms them as necessary and sends them back to where they came from. It contains row upon row of modules based around specialised neurons called Purkinje cells. These modules predict the outcome of different actions, and are also involved with sensory information and error messages that help improve the predictions. Importantly, each module connects to a different part of the cortex, thus there is very little 'brainwork' with which the cerebellum is not involved.

We can only hypothesise as to how the Pattern Recognition Matrix learns the patterns, how it stores them, and how it 'codes' them to trigger what appear to be appropriate

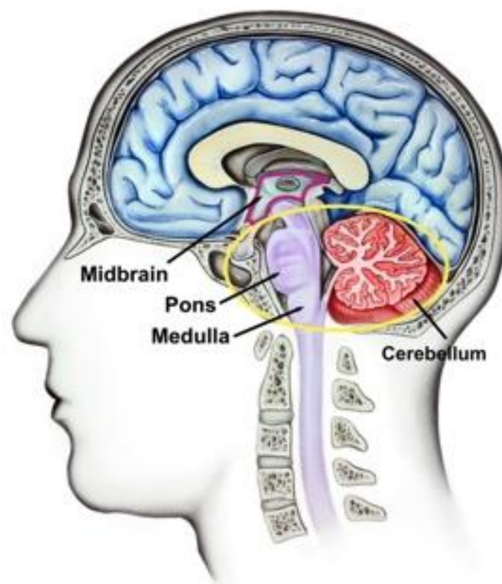
neural pathways. We're certainly not born with that knowledge… otherwise we would already know that something hot might hurt us if we touch it. So it seems likely that in the case of a decision made to take an action that subsequently is clearly likely to cause harm, a caveat is put on it. In the case in question the brain 'code' would be 'touching + hot = danger'. Perhaps we discover the hard way that things that smell bad often taste bad so the caveat might be: 'Bad smell + mouth = nausea.'

An experimental prod, or touch, or a cautious sniff…

Eventually, we learn that *anything* we don't already recognise or understand might constitute risk and so we proceed with caution until we can make an informed decision. Also, if we encounter something we don't recognise but looks vaguely like something we *do* recognise, we continue to investigate more closely to give the matrix more information. If we still don't recognise it, we will employ one of our other senses to add more information to the experience, more often than not an experimental prod, or touch, or a cautious sniff.

So this early part of the brain learns and stores the entire individual learning processes we encounter and attaches them to instinctive behavioural responses or processes of thought. There is no logic here though and with the right association, a destructive pattern will be stored just as readily as a useful one.

This might seem odd until you realise that it's all about perception. Something that creates an acute sense of embarrassment will be stored and applied to *every similar* event… So a child being laughed at for wetting him or herself in public may very well develop 'shy bladder' later, even if they've completely forgotten the wetting themselves incident. Or perhaps a sexual problem. Maybe a female would suffer extreme anxiety about menstruation. Fortunately, with BWRT® we really don't have to find that early embarrassment in order to resolve the presenting issue.



This reptilian complex (in the yellow ellipse in the illustration above) as a whole is the part of the brain that does 'stuff' before we become consciously aware of it… so from

now on it will always be 'brain' where we might have previously used 'subconscious'. 'Subconscious' is, after all, a term proposed long before the advent of neuroscience by Pierre Janet (1859 – 1947) in the early days of psychology. It was adopted for a while by Freud, though he eventually decided that 'Unconscious' was a better description for the hidden part of the psyche.

The BWRT® hypothesis surmises that this part of the brain is, effectively, the cognitive gap that Libet discovered in 1983 and it is central to the success of this new therapy. In the next chapter, you will see why there *is* such a gap and how we exploit it for good by using ancient brain processes.

Chapter Two

Mind the gap

Although the cognitive gap mentioned in the last chapter clearly exists, we are not even remotely aware of it in the normal way – you can logically understand that it exists, but you never will be able to consciously experience it. There is nothing unusual about this, since your stream of thoughts are your stream of thoughts, though you are not fully in control of them. The reason is simple. While you are occupied with whatever conscious thought you are experiencing, that reptilian complex has already started on the next thing you will be aware of. Except under certain circumstances, the stream of input is continual and you are only aware of the end product that has been processed and put forward to awareness.

The evident existence of this gap was puzzling until it was realised exactly why it exists. It's not some intentional design as a kind of 'safety buffer' such as might be found on some television feeds so that a profanity can be excised. It's not to limit processing so that we don't overload our brain in some way. It's actually nothing more mysterious than simple biology. Evolution does not replace complex working organs with a better version, and the reptilian complex, that early brain, was special. It had evolved billions of neural pathways and it worked perfectly, keeping complex organisms safe and functional.

The Triune Brain – Paul D. Maclean

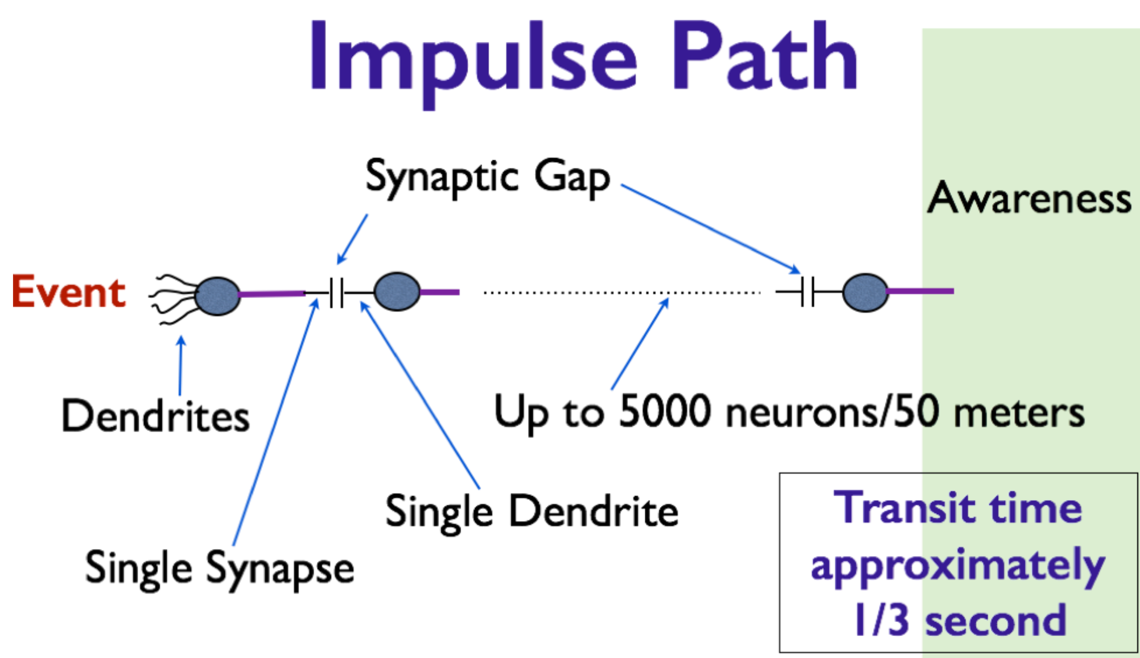
The American physiologist and neuroscientist Paul D. MacLean proposed the notion of the **Triune Brain** in the 1960s to represent the stages of evolution. He proposed the idea that after the dinosaurs become extinct, more complex life in the form of mammals began to appear; they needed a more complex brain in order to survive, and the **paleomammalian complex** evolved. This was essentially an extension of the reptilian complex, capable of more sophisticated processes.

Then, relatively recently, with the advent of the first humans some two-and-a-half-million years ago, came the **neomammalian complex**. This is the outer part of the brain, the wrinkly and crinkly part, and it's here that awareness of self resides. Many disagree with MacLean's model, claiming it's too simplistic, and it is indeed unlikely that the brain developed any layers in the way he hypothesised… but the Triune Brain concept was

created for psychiatry and was not intended for biology and for that reason, it works well for us. Maybe there were not layers as such, but it's almost certain that the evolution of the brain followed MacLean's hypothesis.

So, simple facts: this proto brain processed every stimulus from the outside world and has not been bypassed in our modern species. Stimuli are still received and processed initially by the reptilian complex, AKA hindbrain, before reaching the rest of the brain, and the journey takes *time*… around a third a second, in fact from the 'Action Potential', to when it finally arrives in consciousness.

This might seem slow, but it's simply because of the huge number of neurons involved in testing via the cerebellum to see if an input is recognised and if so, what happened the last time, if it is associated with other processes, if it carries risk, if it might lead to pleasure or pain, affect balance, hormones, respiration, circulation or other essential bodily functions. And if it's not recognised, is it like something else or is it unknown and therefore potentially dangerous, or does it seem benign and can be safely discarded without the organism even being aware of its presence. A lot of ground is covered and a lot of tests completed. Now, a single 'nervous impulse' travels at up to 360 kph, or approximately 200 mph. That translates to approximately 100 meters per second, so mathematics based on Benjamin Libet's experiments show that the impulse has covered more than 50 metres of neural pathways by the time we are aware of it. A neuron will be between 1 millimetre and 50 millimetres long. So the 'nervous impulse' has travelled through or along *up to* 50,000 neurons by the time it reaches awareness, each neuron being involved with a testing and recognition process.



The illustration above shows a single impulse path and there are billions, maybe trillions, in progress at any moment. Each nerve body (represented by the blue/green circles) has thousands of dendrites that can collect an impulse from a neighbouring synapse via *neurotransmitters* that bridge the synaptic gap. It is yet to be definitively established what governs how the selective information processing actually works; it looks as if serotonin might have something to do with it but that's not a direct part of the BWRT® process.

There are around 85-100 billion neurons in the brain and each of them is connected to between 1000 and 10,000 other neurons. They form a complex multi-layered physical network, each layer connecting with every one of the other layers. There are millions of neurons active at any one moment and the connections in the network are constantly changing according to whatever is being or has been experienced. Every impulse that comes in from the outside world – and there are millions of them every second – is tested to see if it is part of a recognised pattern. If it is, a response will be triggered, though the nature of that response will depend on any previous associations with whatever is being experienced. By the time we are aware of them, then, those impulses have been tested literally millions of times and we have already started to respond or we have discovered that we don't know what to do and have a need to find out – and if we can't find out quickly, then we suffer stress. It's an extraordinary journey and even more spectacular is the fact that BWRT® works amongst all that vital processing to change what needs to be changed yet leaves everything else intact.

Not really a feasible proposition

The biggest difficulty encountered in the development of BWRT® was finding the method to fully exploit that cognitive gap without unintended consequences, and for some time it appeared to be an insurmountable problem. It didn't seem to be a feasible proposition to work via conscious thought with the reptilian complex, given that its processing is completed long before (in brain time) it reaches awareness. After all, when it reaches awareness, it's a 'done deal' and the reptilian complex is now working on the next bit of information.

This actually highlights why many therapy models are slow, creating the idea of change in the conscious mind and seeking to somehow direct it to the reptilian complex, AKA 'subconscious'. It has been a concept for many years that it is necessary to somehow bypass the 'Conscious Critical Faculty' with the use of hypnosis, metaphor, semantics, repetition, introspection or some other method. Sometimes laborious, they often require extended training and an academic qualification to access. There have been

many claims made for faster and more accessible therapy models and whilst they all work *sometimes* the reliability is only average and recidivism higher than is desirable.

Neuroscience-based therapies

The surge of interest in neuroscience is producing a 'new wave' of therapies designed to access brain processing faster than the older methods. Many of them claim to work via the amygdala or limbic system, though few offer the exact means by which they do that. None of them appear to seek to work *directly* in that cognitive gap where the processing of stimuli is being carried out, and the limbic system, though earlier than any conscious awareness of response, is still 'fed' by the reptilian complex.

This is where the original concept of BWRT® differs from all other therapies; right from the first inspiration, the aim was to get inside that cognitive gap and change the responses that would otherwise lead to unnecessary emotional distress, working exclusively with what the client wanted to happen, rather than what the therapist thought should happen. That was the 'what' and the 'why' – it was the 'how' that posed the problem.

The 'What' and the 'Why' but what about the 'How'?

The answer, when it arrived, proved to be ridiculously simple, so much so that a sense of caution prevailed for some considerable time. Eventually, repeated testing showed the hypothesis to be workable and so the next stage of development began. The process itself is not covered here (it is obviously detailed fully in the training course) but suffice to say that it uses a natural physical brain response to dissolve the problem, and which is the exact same mechanism by which it was created in the first place. There are two especially important aspects to the way that BWRT® works:

- It's not necessary to discover the originating cause of the client's presenting difficulty. Put simply, if they can remember a time when their symptom was active that's all we need to know.

- The client doesn't have to tell us exactly what they are remembering. So if they have a sexual problem, for example, there is no need to tell us the intimate details of what they are recalling.

As difficult as this can be to understand for the therapist who is used to the need to encourage the client to discuss deeply intimate details of their life, it is not necessary with BWRT®. Even where there has been huge trauma or violent bereavement, the client only needs to 'be there' for a few seconds at most before we get to work. At this stage, if you are an experienced therapist, it is likely that you are rejecting much of what you are

reading as implausible or even impossible. And it would be, with 'standard' therapies that work through the conscious mind, but this is no standard therapy. It works 'at source' remember, before the emotional responses have even started

Abundant evidence of an action without conscious volition

Many highly qualified therapists have expressed scepticism, even cynicism, before training… and astonished delight when they start using it with their clients. The odd thing about such scepticism is that we have abundant evidence of the brain performing an action without conscious volition so that by the time we become aware of it, it's already happening. Sometimes we can stop it but we cannot stop the process from commencing in the first place.

And we're not talking here only about the inherent responses like 'jumping' when a balloon bursts or grimacing with disgust at some sort of unpleasant experience but about learned responses:

- One person flinches if a hand is raised near them, while another shows no reaction and yet another will grab at the raised hand.
- One person goes curiously into new situations while another is hesitant and yet another is fearful.
- One person laughs if they make a mistake while another person tries to hide it and a third might be smothered in embarrassment.
- One person is frightened of authority while another sneers at it and yet another tries to become it.

In each case, the trigger was the same, yet the responses were vastly different. There's no speculation here as to what might be the cause of each of the above situations, since, as far as BWRT® is concerned, the cause would be completely unimportant. If a client presented with any of the above as a symptom, we would need to be no more interested in the cause than in what they had eaten for breakfast. All we would need to know, in fact, is how they would like to react instead – and we don't necessarily need to know precisely what that is, either.

All 'standard' therapies work at the results of such triggers in the conscious mind, the sense of guilt (BWRT® deals with guilty secrets with ease), embarrassment, anxiety,

regret, panic… and the rest. But BWRT® works 'at source' actually creating a different response to a trigger – and remember, in that reptilian complex there is no intrinsic good or bad to 'muddy the waters'. It's all just data and carries no preference other than 'safe' or 'unsafe'… and since we're working to create the very safety the client is visualising, the biggest foe of therapy, **resistance**, is greatly minimised. And before you ponder on the idea of an unsuitable response being adopted, that eventuality is fully covered in the training course!

Chapter Three

The Training

Although relatively new, BWRT® is a highly developed therapy with three levels of training and three specialist programmes:

Level 1 – General Psychopathology: This allows you to work effectively with direct and indirect fears, phobias, generalised anxiety, relationship issues, fear of failure, success inhibition, fear of authority, sexual dysfunction, hypochondria, exam fears, most PTSD, public speaking fear and more, all of which will generally resolve in a straightforward manner, often with just one or two sessions. Level one training can be online via live lessons that are all recorded for later reviewing, or in the classroom with one of our licensed trainers.

Level 2 – Psychology of Identity and Behaviour: At this level, you can work with core identity issues such as alcoholism, addictions (drugs, porn, gambling, masturbation, etc.) OCD, self-worth issues, eating disorders, some depression, agoraphobia as well as anything the client perceives as being an intrinsic part of their being that they would prefer not to have. This level can only be studied in the classroom, so that there is the benefit of supervised practice.

Level 3 – Psychophysiology: This level provides the necessary resources to allow you to work effectively with the psychological aspect of physiological conditions such as autoimmune disorders and other physical illnesses where we can use psychology to improve the client's sense of wellbeing and sometimes make definite improvements to their physical health. (In particular, Crohn's disease, diverticulitis and ulcerative colitis have shown great improvement.) This is currently taught online and will always be so, since there is a need for assimilation between lessons.

BWRT Transformational Coaching: A hugely flexible model that allows for personal coaching for life issues, relationships, procrastination, etc., as well as a finely detailed and incisive programme for business or corporate advancement – whether it's for the individual or the company as a whole. It provides a beautifully structured programme for the client that includes access to previously redundant personal resources and includes a dedicated weight management module. This is another one that is taught only in the classroom for the same reason as Level 2.

Deep Mind Protocol: Sometimes, a client's difficulty is non-specific yet is the cause of much discomfort. Until now, various styles of regression therapy might have been the answer but the Deep Mind Protocol makes it easy to release the causal issue(s) without the need to use regression at all. It combines effective therapy with helping the client to be responsible for their own well-being… because no matter who was involved in creating their difficulty, the client is the only one who can resolve it. Taught online, this is a four-lesson course.

Defusing Depression: A specialist course built 'from the ground up' to provide greater levels of help for this distressing condition than any previous therapies, including even Level 2 of BWRT® itself. It includes a deeper understanding of the nature of depression and why it happens and works at the processes that drive it, rather than simply at the *results* of those processes, the emotional disturbances or lack of response – this one is six lessons, taught online.

At the time of writing, a specialist course to work effectively with Free Floating Anxiety is in the process of preparation – it is anticipated that it will be released early in 2019.

The Cornerstone

BWRT® is determinedly client-centred, working almost totally with the client's own thought processes without the need for extensive discussion or disclosure. There's no attempt at desensitisation, no need for reframes, suggestion, eye movement reprogramming, logical intercepts, rational reasoning, provocation, introspection, dissociation, virtual rewind, exceptionally deep trance, semantic assessment, or any other of the methodologies currently in use in therapy today.

No need for any extensive discussion or disclosure

And yet, as client-centred as it is, the cornerstone is that it uses a standardised delivery protocol to ensure the quality of work is constant. As with all therapy models, some practitioners will get better results than others; in the hands of a capable and experienced therapist the success rate is extraordinarily high, enough to be almost unbelievable to most. This is partly because on the odd occasion BWRT® does not produce the result we would like straight away, the protocol allows for detailed investigation that will almost always reveal the likely reason, when the therapy can then be applied again. As a result, Rafiq Lockhat, 'Mr BWRT South Africa', firmly declares his success rate to be around 99.5% - and this is working in a clinic with patients suffering profound PTSD, suicide ideation, aftermath of horrendous abuse, sudden bereavement

from shootings, profound depression as well as the more 'normal' situations such as Generalised Anxiety Disorder, phobias and panic attacks.

There is another advantage to this structured approach and that is that no matter if you learn in the classroom with one of our trainers or online with Terence Watts himself, you will be taught the same processes. In fact, the manual will always be the same version wherever you learn, since it was written by Terence Watts and Rafiq Lockhat to ensure constancy in training and quality.

Do the course and get straight to work with your clients

The Training Programme

In Level 1, you will learn the basic tenet of BWRT®, how to present it to a client, and how to recognise almost immediately if BWRT® is a completely suitable intervention (it almost always is.) You will also learn how to work with multiple disorders and/or multiple triggers. And if you completed the training in the classroom over a weekend, you could use it with your clients on the Monday morning, without the usual need to complete several practice sessions first.

If you take the online training option, you'll be able to work with the simplest form of BWRT® after the first three lessons, and after week four, you will have the complete protocol to use – although there will of course still be much to learn before you can work with different presenting situations.

The higher levels of training are not simply extensions of Level 1. They are specialist processes in their own right, though they are, as you might expect, clearly *based on* the fundamental process that Level 1 delivers. But each one is finely tuned to deliver the same speedy and reliable results within their own specialist area – for example, Level 2 targets the part of the psyche responsible for addictive behaviours, so that it is entirely possible for the alcohol-dependent individual to be 'set free' in as few as four sessions. Yes, that *is* difficult to believe… but it's happened over and again and it is even possible for some to become 'social drinkers' if they wish.

Okay, so amongst all these 'pros', you might be thinking, what are the 'cons'? Well very few actually:

- It doesn't mix well with other therapies – it needs to be kept on a separate session from any other methodologies such as NLP, Hypnotherapy, CBT and the like. The reason is simple. All other therapies work through the conscious mind

and BWRT® works with what used to be called the subconscious… so conflict might result from applying both in the same session.

- BWRT® works best when it's the first therapy that's applied – especially if other models have already 'failed', setting up a precedent in the client's psyche.

- Clients usually get better a lot faster, which can affect your income – but most practitioners discover that news of their rapid results soon spreads and they get busier than ever.

- If others have it and you don't, they will soon start getting *your* clients!

- There is a professional assessment before you get your certification – this comprises a brief written theory exam and a live assessment (usually via Skype or similar) of your practical skills.

You might still be wondering if BWRT® could possibly be anywhere nearly as good, or as different from other therapies, as is being stated here – that would be a totally natural response. But it is sufficiently different that the UK Government, through Companies House gave permission for the creation of **The Institute of BrainWorking Recursive Therapy** (contrary to popular belief, 'Institute' is considered a 'sensitive' term requiring permission to use it.) Later, mainly because it is so different from other therapy models, permission to found **The British BrainWorking Research Society** was given – and once you have your BWRT® certification, you are eligible to become a member. It's worth the recognition that being able to state 'Member of the British BrainWorking Research Society' on your CV looks pretty good!

And that brings us to the end of this brief publication. If you have any questions you can contact Terence Watts directly via email at info@bwrt.org or you can visit the website at https://www.bwrt.org if you've not already done so.

This publication has been produced by the creator of BrainWorking Recursive Therapy®, Terence Watts, and all the information within is correct as far as can be confirmed at the time of writing.

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