



THE  
**HYPNOTHERAPY  
JOURNAL**

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*moving therapy forward*

WINTER 2007



## NATIONAL COUNCIL FOR HYPNOTHERAPY

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The National Council for Hypnotherapy, established in 1973 under its former title "The Hypnotherapy Register", represents the practice of Clinical Hypnotherapy as a discrete profession in its own right. Membership is open to those practitioners able to demonstrate appropriate knowledge, evidence of training and clinical experience relevant to the field. The NCH is a member of the UK Confederation of Hypnotherapy Organisations.

# Editorial

Winter is well and truly upon us, and as the year comes to a close, I can't help but reflect a little on my first year as Editor of this illustrious Journal.

My, but doesn't time fly! I can scarcely believe where the year has gone, nor that this is my fifth journal. I remember this time last year sitting in front of a blank computer screen, wondering what I had let myself in for. Now, a year later - I know!

I would like to sincerely thank all those who have contributed this year - your interesting and varied articles have made putting the Journal together a real pleasure.

I would also like to ask you (yes, you) to please think about submitting something in 2008. As I have said before, the members make this Journal special - so if there is something that you want to read about, please write about it!

This year has seen some milestones for the NCH. We not only had our biggest and best NCH conference ever this year (thanks largely to the hard work of Su Ricks), but also staged a nationwide event in conjunction with ASDA for National Non-Smoking Day (thanks to our Marketing Director, Paul Howard).

We also increased our international profile this year. The National Guild of Hypnotists' 20th annual conven-

tion was held in Marlborough, Massachusetts in August and although I did not attend, I understand that the NCH was well represented on the speakers list. Shaun Brookhouse gave a total of six presentations, while Fiona Biddle and Ron Eslinger gave two each. Josephine Teague, Hilary Norris Evans, Stephanie Kirke and Bill Kerins all gave their first NGH presentations; a daunting thing to do, so well done to them!

I understand that we also did well at the awards evening! Ron Eslinger received the Hypnotism Achievement Award, Fiona Biddle received the International Visionary Award, this year's NCH keynoter, Patricia MacIsaac received the Rexford L North Award and next year's NCH keynoter Tom Nicoli received the Hypnotism Media Award.

Tom and Fiona were also inducted into the Order of Braid, of which Shaun Brookhouse is already a Council Member. Congratulations to all of you!

The NCH has been making an impact on the profession over here too. Thanks to the hard work of our Training Officer, John Harrington, as well as all those of you who have now taken the Hypnotherapy Practitioner Diploma (HPD), the NCH now has the leading independently and externally verified hypnotherapy qualification in the UK.

In fact, according to the latest figures,

over 1600 people have registered for the HPD, and we are fast approaching 900 people who now have the qualification.

Even assuming the GHR/WGHR estimate of 4000 Hypnotherapists in the UK (which many view as heavily overstated due to duplications / retirements) is correct, this still means over 20% of Hypnotherapists in the UK have the HPD, and over 40% have registered to do it!

To my knowledge, no other hypnotherapy organisation in the UK has even come close to this level of achievement, which I think goes to show (unsurprisingly) that when we pool together our resources in a not-for-profit way, we can achieve far more than those hypnotherapy organisations whose membership fees go towards paying their shareholders mortgages.

The NCH is living proof that when we work together as professionals, we create something much greater than ourselves. I'm not just talking about the committee here, but each and every member of the NCH who has contributed and supported the NCH over the year - whether you ran a CPD event, submitted something to the Journal (hint hint) or voted at the AGM!

On that note, and before I pull you all in for a group hug, I'd better wrap up this editorial by wishing you all a very Happy Christmas, and a very bright and prosperous New Year.

Enjoy the read.

Rob Woodgate



# Committee News

## View from the Chair



As you may know, one of the Prince's Foundation for Integrated Health's requirements for the process of Voluntary Self Regulation is to produce a National Register. To meet this requirement, UKCHO will be launching a register shortly. This will be on-line and contain simply your name and town. There is no charge for this at present. The purpose of the database is to enable members of the public to ascertain whether you are registered, not to search for a therapist. If you do NOT wish to be on the register, please let Su know by 18 December.

I am sad to hear that Duncan McColl, FNCH, has passed away. I nominated him for a fellowship in 2001 having been aware of his work since I began in practice in 1993. Duncan was a wonderful therapist who worked extensively with severe issues, often at a distance. It was common for him to do a Luscher test by post and then provide personally created audio tapes for the client. This is not something that I would ordinarily recommend, but I have personal experience of how effective he was. One case in particular remains with me: a four year old daughter of a friend was diagnosed with a brain tumour and

the prognosis was about as bad as it gets. Duncan sent her a tape, and ones for her parents, all at no charge, and Laura's doctors were at a loss to explain how she survived for a year longer than their best estimate.

On a lighter note, I found that playing one of Duncan's tapes enabled me to stop procrastinating! I found this by accident and the topic as stated is completely unrelated. Even now, some 12 years later, it still works on the rare occasion when I feel I can't be bothered to get on!

Duncan will be sorely missed.

Finally, we have recently noticed that many members are not listed on Yell.com; I was really surprised! Anyone who has a business line, can have a free entry here and in Yellow Pages, so if you aren't there, give them a call and get set up!

Fiona Biddle

## Training & Accreditation News



The Hypnotherapy Practitioner Diploma (HPD) continues to go from strength to strength. As you will see from the long list of recent qualifiers in this edition of the Journal, we have increased our number of successful

candidates by another 142! This has taken the total number of people qualified with the HPD to 879.

With a massive 1641 people having registered since the start of the HPD, I think that we can safely say that the HPD is the leading qualification in Hypnotherapy, of its kind, across the UK. Even assuming the General Hypnotherapy Register (GHR) figure of 4000 UK therapists is correct, we now have 41% registered for the HPD and around 22% with the qualification. To support this, we are fortunate to have a strong and supportive working relationship with the NCFE, National Awarding Body.

At the backbone of the HPD are the National Occupational Standards (NOS) for Hypnotherapy. The NCH are committed to ensure the highest professional standards among its members and training establishments. The NCH now have 16 Accredited Training Schools across the whole of the UK; the HPD can now be accessed as a foundation diploma from most major cities in England, Scotland & Wales. The NCH are actively seeking to recruit even more training establishments over the next few years and encourage them to offer the HPD. A full list of the current NCH Accredited Training Schools can be found at [www.hypnotherapists.org.uk/training](http://www.hypnotherapists.org.uk/training).

## HPD Individual Portfolio Route

I have already mentioned that all new students studying hypnotherapy with the NCH have to complete the HPD via an Accredited Training School; qualified and experienced hypnotherapists are able to gain the HPD via the 'Individual Portfolio Route'. The cost of completing the HPD via this route is still just £100 for the package including tutorial support, registration and administration costs and only £50 if you feel that you can go it alone without an NCH tutor.

Once registered, you will get a pack

# The James Braid Society

The society offers an open invitation to therapists to come along to one of its monthly meetings, whether members or not.

Annual subscription is £20 plus £7 attendance fee to cover the cost of the room, but visitors are welcome to come for a visit to 'try out' the club by just paying the £7 entrance fee.

Meetings are held in Central London in the Park Crescent Conference Centre, International Students House, 229 Gt Portland St, W.1 Nearest tube GT Portland St.

Talks cover a range of subjects of interest to anyone involved in clinical hypnosis. The meetings all begin at 7.15pm on Thursdays.

## Dates for 2008:

Jan 24th  
Feb 21st  
Mar 13th  
Apr 17th  
May 22nd  
Jun 19th  
Jul 24th  
Sep 18th  
Oct 16th  
Nov 20th

For further details, please contact either the Chairman, Leila Hart on 020 7402 4311, or the Secretary, Fiaz Ayub on 020 7286 4107.

[www.jamesbraidsociety.com](http://www.jamesbraidsociety.com)

containing a series of questions that link to all the 'Learning Outcomes' of the HPD and a set of short vignette case studies. On top of this you will be asked to provide a 45min recording of an initial session and complete a 'Statement of personal & professional philosophy'. You will then need to put all your work into a portfolio to be assessed by an NCH assessor.

To register for the HPD you can either visit the HPD page on the NCH website [www.hypnotherapists.org.uk](http://www.hypnotherapists.org.uk) or email me at [training@hypnotherapists.org.uk](mailto:training@hypnotherapists.org.uk)

## HPD Verification Dates

### Winter 2007

- EV date – 10/12/07
- IV date – 10/11/07

### Spring 2008

- EV date – 21/4/08
- IV date – 11/3/08

### Summer 2008

- EV date – 18/8/08
- IV date – 18/7/08

John Harrington

## Research News



I was recently asked a very good question concerning whether the code of ethics for researchers was identical to that for practitioners, or whether there were any variables. I hope that this article will help answer that question for any of you unsure where you might stand when carrying out research.

Whilst it is, of course, essential that

any NCH member undertaking any form of research adheres to the Council's Code of Ethics and Practice in every respect, there are some additional aspects that need to be taken into consideration, most particularly when carrying out primary research, which involves the participation of clients. In the case of secondary research such as, for example, the carrying out of a meta-analysis, this is less likely to be an issue, although naturally it is important to consider the social and moral implications of the study, and whether the outcome is likely to have positive benefits.

There are many forms of primary research. One of these is the use of a control group to demonstrate whether hypnosis or a specific hypnotic technique is helpful. Often such control groups are clients undertaking some other form of therapy such as counselling or CBT; however, sometimes the comparison is made between groups receiving hypnosis and those receiving no therapy whatsoever. The ethical question here is: is it ethical to withhold or delay therapy for the control group, thus denying them the help they need? My own view, and I emphasise that this is my own personal view, is that it would not. However, I would love to hear your thoughts on this, perhaps in discussion via the Members Forum.

Another potential danger area concerns the way in which the therapeutic alliance may be affected. In the normal course of things the therapist has nothing but the welfare of the client in mind. However, with research, the relationship changes subtly, as the therapist now also has a personal interest in proving or disproving a hypothesis. There is also a risk, not unheard of I regret amongst researchers, to manipulate the process or tweak the findings to produce results that conform to their hypothesis. Naturally this devalues the process and gives the researcher and/or organisation a very bad name.

It could also be very damaging to participating clients.

Some researchers may have come up with some seemingly brilliant new technique that they wish to experiment with. Innovation is to be applauded, but not if there is a risk that its use could harm the client in any way.

If you intend to apply for a research grant from the NCH the Academic Board will scrutinise your application form carefully, not only for the obvious financial reasons, but also to look at the ethical implications. If, however, you are working under the auspices of another organisation such as a hospital or University, you must ensure that you consult the appropriate ethics committee of that organisation, in addition to working closely with your tutor or supervisor. If you are carrying out research on your own initiative, please keep your supervisor in the picture and consult him or her regularly. Also, please feel free to consult me at any time if you have any questions or concerns about your research.

It goes without saying that all the normal rules of confidentiality must be adhered to at all times. Something that is an absolute necessity when carrying out research is to ensure that clients' details such as names, addresses etc. are kept totally separate from all your other research data such as case notes, recordings of sessions etc. (This is an advisable precaution in your normal practice too.) The research data itself should be given a code number, and must be stored in a secure place. On completion of the study all notes should either be offered to the client or destroyed. And naturally, when you write up your research paper, nothing should be included that might compromise your client's identity. Finally, please remember that you will be required to register with the Data Protection Agency if you have not

already done so. For more information on this organisation please visit [www.informationcommissioner.gov.uk](http://www.informationcommissioner.gov.uk) or contact their helpline on 01625 545745.

All those participating as case studies for your research must be given full details about the aims of your research, the procedures you intend to follow and, if appropriate, any risks entailed, so that they can make an informed decision as to whether or not to participate. Failure to provide information that might affect a client's willingness to participate is unethical. You must gain the informed consent of participants, and also ensure that they are aware that they can withdraw from the programme at any time. It would be advisable to ask each participant to read and sign a consent form, which should include the following:

- Name, address and telephone number of the researcher and, if appropriate, the supervisor.
- Information about the procedure.
- Details of any potential risk to the client.
- Information concerning the steps taken to ensure confidentiality.
- Information concerning how the data will be used.
- Statement about the participant's right to withdraw at any time.
- Name, address and contact number of the person or professional organisation to whom any complaints, if necessary, should be made.
- Information concerning debriefing on conclusion of the study.

All participants should be given a copy of the consent form, which should be signed by both them and you.

If your research involves children or adults with special needs, you should also, where possible, obtain the real consent of such participants. However, this does not negate the need to obtain consent from parents/legal guardians or another appropriate adult. If the nature of research precludes obtaining consent from an appropriate adult, then you must gain approval from an Ethics Committee.

I do hope that this helps to address the question regarding ethic and research, but please do get back to me if you have any questions. There are also some excellent books on research available, but one I can particularly recommend, and which I have found most helpful in preparing this article is 'Doing Counselling Research' by John McLeod (Sage Publications 1994, reprinted 1998. ISBN 0 8039 7803 0)

Jo Goss



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## Company Secretary News



This is my first real venture into being a 'Company Secretary' as such so I have been looking at how past Secretaries have filled their role. I have

also looked at specific duties and ancillary roles that many Secretaries take on.

It was at this point that I produced a great sigh of relief, as I realised that most of the work was being done by our wonderful Administrator and Executive Director, Su.

So I have taken a step backwards to get a better view of the NCH as a whole. A view of the Management structure, our vision of our present state, our future and how we may move into the Undiscovered Territory. In short I've been thinking about our 5 year strategic plan.

As I considered all of this I was reminded of our 1st Company Secretary, Rod Lacy. He had a very down to earth and business like approach. He always maintained that we also needed a business plan.

I think that he visualised the Strategic Plan as the 'Policy' Document and the Business Plan as the tactics used to implement those policies.

In the strategic plan we have a number of 'Specific Objectives' and it is from them that our business plan should be developed. These are grouped under headings of 'Sub-Projects' that bring them together on the basis of workable project groupings. Here again I was pleased to find that the vast majority of Objectives were being met or worked towards. However I did spot one that I felt was possibly falling into a shadow – "Recruitment

of non-trainee members".

I realise that we have a membership requirement of HPD (or better) qualification but I was unaware of any action to reach out to this other potential group of recruits, i.e. other practising Hypnotherapists.

So that is the area that I am hoping to put energy into, in addition to nominally supervising the official duties of a company secretary.

Martin Armstrong-Prior

## UKCHO News



Now for the part of the Journal most likely to bring about deep trance phenomena or psychic slippage at the very least, yes the continuing stormy road towards regulation.

UKCHO recently met to consider the setting up of our version of a register for the anticipated regulation of Hypnotherapy. That is the UKCHO one, as opposed to the Working Group for Hypnotherapy Regulation (WGHR) one already in existence and called the "The National Regulatory Register for Hypnotherapy". This can be viewed at [www.hypnotherapyregulation.co.uk](http://www.hypnotherapyregulation.co.uk)

Now as an NCH member reading this, I can safely presume that training standards, a robust set of professional codes for ethics, public protection and discipline are important to you. Judging by the high number of members who have subjected themselves to the rigours of the HPD process, this would certainly seem to be the case. The UKCHO register is aimed at recruiting similar minded individuals.



## Message from the Editor:

I'm really keen that this Journal continues to be a platform for NCH members to communicate their ideas, discoveries and experiences.

If you have something that would be of value to your fellow members, for example -

- A case study
- A book review
- A metaphor
- A technique
- A 'how to' article
- Research you have done
- A historical piece
- A discussion of theory
- A comment on something you read in the Journal

or anything else to with Hypnotherapy or related subject areas, just send it to me at:

[journal@hypnotherapists.org.uk](mailto:journal@hypnotherapists.org.uk)

Articles published may now contribute 2 hours towards your annual CPD requirement, so there has never been a better time to make your contribution!

As I explained in previous issues the WGHR members were part of a far bigger group known as the Hypnotherapy Working Group which included all the present UKCHO members and were all active with the Prince's Foundation for Integrated Health, [www.fih.org.uk](http://www.fih.org.uk) examining regulatory matters. I will not go over old ground here, but WGHR left and decided to go their way.

Unlike some of the organisations within the WGHR, all member organisations within UKCHO are run on a not for profit basis and therein runs the main difference: that and their reluctance to engage with PFIH.

Now rather than involve ourselves in further in-fighting within the profession, it may surprise you to learn that UKCHO remains fairly sanguine about an alternative register being in place. You see although we believe in the importance of maintaining links with PFIH to ensure the standards are ones we subscribe to and can be involved with, eventually when the great day arrives all will be well!

I say that because when the Regulatory Body is in place they will be tasked with gathering the names off any Registers that exist.

What this all means for you is that very shortly your organisation will submit a list of current NCH members. These details will be included on the UKCHO register, just your name and location, no contact details. The main purpose of this in the run up to Voluntary Self Regulation will be to allow members of the public and health professionals to check you have been trained and abide by the ethical standards required by UKCHO.

If for any reason you do not want your details on the UKCHO register please let Su our administrator know before 18th December and your name will be withdrawn from the list [admin@hypnotherapists.org.uk](mailto:admin@hypnotherapists.org.uk)

As many hypnotherapists belong to more than one professional association it may be possible for your details to be on both registers where that is the case.

The real rub is that as the NCH within UKCHO continues to evolve even more improvements on our professional standing, we would expect the WGHR to respond with like initiatives to keep pace as they seem to be doing at present, thus ultimately the winner in the end will be the profession as a whole.

Given the requirements on VSR for professional organisations to be non-profit making it would be difficult to see where their members would go when the time arrives for the National Register proper to be instigated, unless by then they had amended their constitution accordingly.

Finally, let me remind you all about the crock of gold at the end of this

particular rainbow. Professional recognition, that is to say that eventually the day will come when no-one other than a fully qualified Hypnotherapist adhering to prescribed training and ethical standards will be allowed to use the term "Hypnotherapist"

That is somewhat off and there may well be additional hurdles on the way, given the recent reforms placed on other health professionals in the wake of Shipman. These could include revalidation of professional registration and evaluation.

However that is probably enough to digest for now, more on that in the next issue.

John D. Lawrence



## Data Protection Notice

As part of the process of Voluntary Self Regulation, the Prince of Wales Foundation for Integrated Health requires the production of a National Register of Hypnotherapy practitioners.

To meet this requirement, UKCHO will shortly be launching the National Register. This will be online and will contain simply your name and town. All NCH members qualify for automatic inclusion. There is no charge at present.

In accordance with the Data Protection legislation, notice is hereby given that if you do NOT wish to be listed on the register, you are required to let Su Ricks know by 18 December 2007.

[admin@hypnotherapists.org.uk](mailto:admin@hypnotherapists.org.uk)

# Letter to the Editor

From Donald Robertson

Dear Rob,

I've just re-analysed the stats. from an important 2003 meta-analysis on the efficacy of hypnotherapy (Flammer & Bongartz). The study examined data on the efficacy of hypnotherapy across the board, though studies included mainly related to psychosomatic illness, test anxiety, smoking cessation and pain control during orthodox medical treatment. Most of the better research studies used traditional-style hypnosis, only a minority (19%) employed Ericksonian hypnosis.

Basically, their overall conclusion when looking at the 57 most reliable research studies identified was that hypnotherapy in general achieved at least 64% success rate compared to 37% improvement among untreated control groups, at their most conservative estimate. (Based on the figures produced by binomial effect size display or BESD.) When you focus only on treatment of anxiety, where hypnosis achieved its best results, the figure increases slightly giving 34% among untreated patients versus 66% success for hypnotherapy patients. (Untreated groups may improve because of spontaneous remission, placebo effects, or non-specific factors, but they did not receive placebo psychotherapy.)

The authors meant this as a deliberate underestimate though, their goal was to discover whether, even

under the most sceptical weighing of the evidence, hypnotherapy was still proven effective. They show conclusively that it is. In fact, when all 133 studies deemed suitable are analysed, including those without randomised design, covering over 6,000 patients the stats suggest an average improvement in 27% of untreated patients over the term of the studies compared with a 74% success rate among those receiving hypnotherapy.

Hence, the "success rate" of hypnotherapy shown by meta-analysis reduced down from the original 444 research studies considered for inclusion is probably at least 64-74%. (The mid-point between the figures from strict and generous computations would be 69%, if you want to look at it that way.)

For those unfamiliar with psychotherapy research, this is moderately high for brief therapy. (As a rough comparison, a recent Cochrane Review of CBT for adolescent anxiety put its success rate at 56%.) Because the figures includes outcomes for addictions and medical conditions (which are usually lower) they will show on average lower success than would be expected in the treatment of anxiety alone.

This is (probably) utterly conclusive evidence that hypnotherapy is an effective therapy.

Of course, these are averages. There is usually a high standard devia-

tion from the mean in hypnotherapy outcome research. In other words, results are often either considerably better or worse than average, probably more so than with other therapies. That means the averages go up for the better therapists, and possibly, over time, for those imitating evidence-based best practice.

It would be reasonable to speculate that a skilled and experienced hypnotherapist using the right evidence-based techniques with properly assessed and selected clients should be able to improve considerably beyond the 64-74% mean success rate. In private practice, the success rate might also be modified by factors such as payment of a fee, client self-selection, expectation, etc.

*Editors Note: Thanks for this Donald - and for all your contributions this year!*

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# 8th Annual Conference

Infinite Possibilities...



## More than a weekend away

### Friday

9-10.20	Registration
10.20-10.30	Introduction
10.30-11.30	Josephine Teague - Guided Affective Imagery
11.30-11.45	Coffee
11.45-12.45	Su Ricks - Reinforcing Your Bubble, Self Protection for the Therapist
12.45-2	Lunch
2-3	Tom Nicoli - Weight loss
3-3.15	Coffee
3.15-4.15	Tom Nicoli - Weight loss Continued
4.15-4.30	Coffee
4.30-5.30	John Lawrence - Past & Present
Evening	Barbeque and Themed Party - "Ancient & Modern"



### Saturday

9-10	Tom Nicoli - Inductions
10-10.15	Coffee
10.15-11.15	John Lawrence - Past & Present Continued
11.15-11.30	Coffee
11.30-12.30	John Lawrence - Past & Present Continued
12.30-1.45	Lunch
1.45-2.45	Ron Eslinger - tba
2.45-3.15	Coffee
3.15-4.15	Jane Elliot - tba
4.15-4.30	Coffee
4.30-5.30	AGM followed by prize draw
Evening	Dinner and awards

### Sunday

9-10	Round table: Specialist Advisors
10-10.15	Coffee
10.15-11.15	David Collingwood Bell - Tinnitus
11.15-11.30	Coffee
11.30-12.30	Charles Montagu - Childbirth
12.30-1.45	Lunch
1.45-2.45	Charles Montagu - Childbirth Continued
2.45-3	Coffee
3-4	Charles Montagu - Childbirth Continued
4	Departure



Monthly installments available. E  
Contact Su Ricks on 0800 952 054

# 20th-22nd June 2008

## More than an opportunity to learn

We are delighted to be returning to Staverton Park in Daventry, Northamptonshire. The conference itself will be held in the self contained County Suite where there will be ample opportunity to mingle and visit the CPD exhibition, as well as meeting friends, old and new.

Staverton Park offers a mature and championship standard 18 hole golf course set in 140 acres of beautiful Northamptonshire countryside. With 4 small lakes and 64 American-style sand traps, Staverton Park offers a challenge to players of all abilities.

In addition to the exceptional golfing facilities at Staverton Park, the venue offers a health and fitness club with indoor swimming pool, gymnasium, whirlpool spa, sauna and steam room. There is also a Health & Beauty salon offering a range of treatments.

### Facilities include:

- Health and fitness club
- Indoor swimming pool
- Gymnasium
- Whirlpool spa
- Sauna
- Steam room
- St Tropez tan
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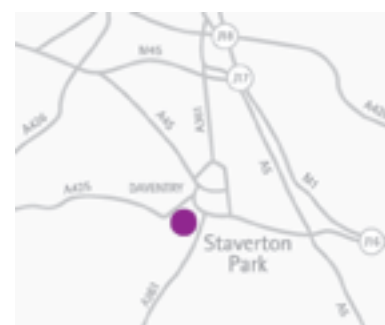
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# 8

# Effective Weight Loss

## Therapy

By Deborah Bromley

This is the first of a series of three articles exploring hypnotherapy and Energy Therapy (EFT, BSFF etc) as effective treatments for weight loss and by implication the more serious weight related issues of obesity and eating disorders.

I have worked extensively with clients for weight loss and made this subject my area of special interest. I believe that hypnotherapy and energy therapies, when delivered in a structured and consistent way, are the most effective remedies for excess weight and disordered eating. My intention in writing these articles is to investigate the challenges of working with the overweight client, explore some of the important conclusions reached during the course of this work and propose effective protocols which, when delivered, will help to ensure success.

### The statistics

Overweight and obesity in adults and children is one of the major challenges for government and the health professions. It's not possible to open a newspaper without reading dramatic and worrying statistics that demonstrate that we, as a nation, are becoming heavier and unhealthier. In contrast, we also seem to be obsessed with slimming, body image, what to eat and what not to eat, going to the

gym and what to put in children's lunchboxes so they don't become obese in later life. What is clear, however, is that all this time, energy and effort dedicated to the subject of healthy eating and weight control isn't contributing much towards making anybody slim.

Slimming is a huge and lucrative industry in the UK and, viewed cynically, an industry which has a vested interest in maintaining the population in an overweight state. For example:

- 700 new books on diet are published every year.
- Woman's magazines always have a diet feature on the cover as it's known to sell extra copies.
- Television programmes such as 'You are what you eat' and 'Cook yourself slim' are watched by millions and spawn bestselling books.
- Slimming clubs such as Weight Watchers are successful multinationals with million pound profits.
- Diet drugs such as Xenical, Accomplia and Reductil guarantee huge earnings for the drug companies.
- Weight loss surgery such as gastric banding is growing in popularity and is now available on the NHS.

In February 2004 the Royal College of Physicians, the Faculty of Public

Health, and the Royal College of Paediatrics and Child Health published a comprehensive report: *'Storing Up Problems: The medical case for a slimmer nation.'* It argues that action needs to be taken at every possible level – national, local, community and as individuals, together with an understanding of the social and cultural factors that are behind the progressive increase in overweight and obesity.

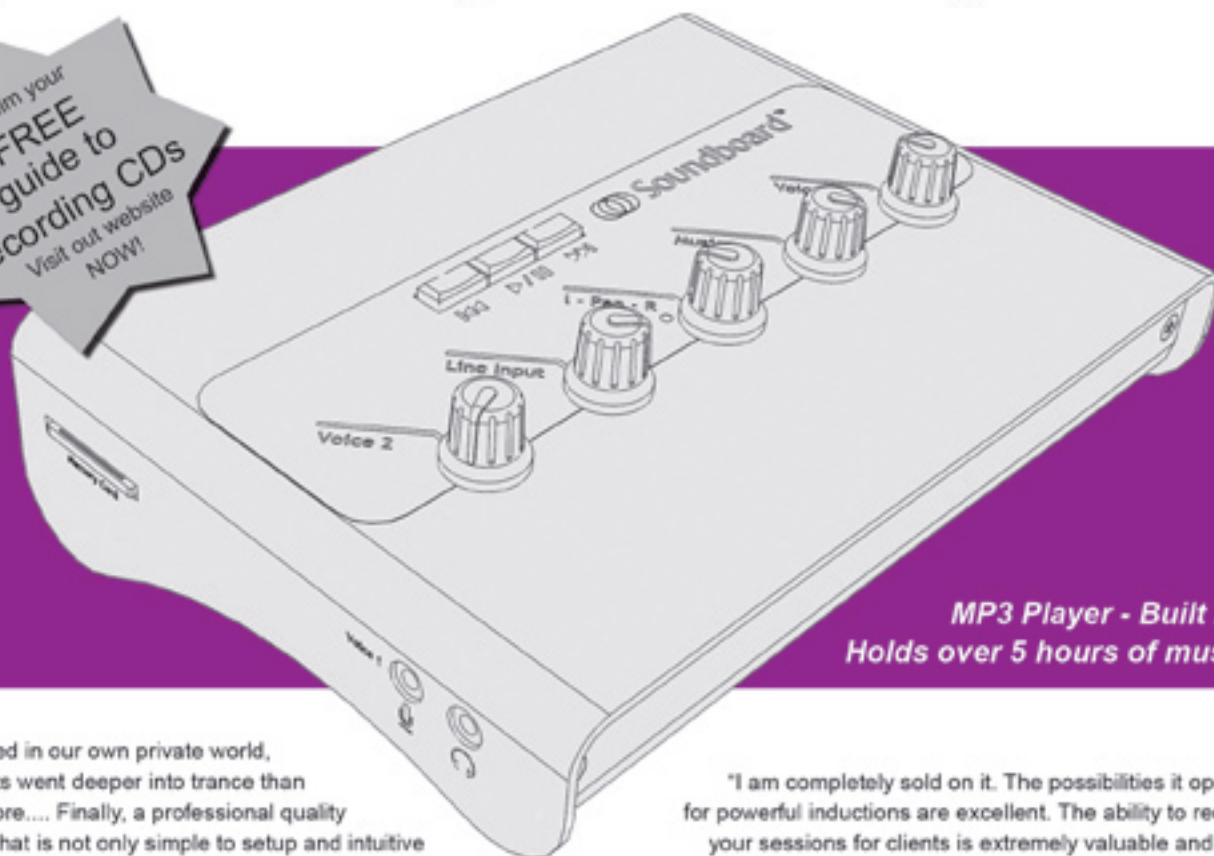
Concentrating on solutions, not problems, the report states that actions should be long-term and sustainable, recognising that behaviour change is complex, difficult and takes time. The emphasis is on environment, empowerment and encouragement – dropping the blame culture, engaging the whole community and assisting all groups to take action according to their own opportunities and responsibilities, including health professionals themselves.

Over half the UK population is either overweight or obese, in 2002 70% of men, and 63% of women. One in five adults is obese. Obesity in 2-4 year old children almost doubled from 5%-9% from 1989-1998, and in 6-15 year olds trebled from 5%-16% between 1990-2001. Overweight young people have a 50% chance of being overweight adults, and children of overweight parents have twice the risk of being overweight compared to those with healthy weight parents. If current trends continue, conservative estimates are that at least one-third of adults, one fifth of boys and one-third of girls will be obese by 2020.

Overweight and obesity result in a huge financial burden for government, the NHS and society as a whole – the National Audit Office estimates costs to the NHS of at least £0.5 billion a year, and £2 billion to the wider economy. (Excerpt from press release)

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## The challenges of the overweight client

By the time a client consults a hypnotherapist they've probably tried and failed with other traditional weight loss methods. Hypnotherapy is unlikely to be their first choice solution. Therefore, the client is likely to have considerable experience of dieting, including crash diets, pills and they may have tried diet drugs or even considered surgery. So clients come with a massive amount of expertise coupled with psychological and emotional baggage on the subject of dieting and weight loss.

Being overweight for any length of time can make even the most confident and self assured person lose vital self esteem. If you look and feel unattractive and uncomfortable it will erode your personal view of your own worth. Clients often present needing vital answers to questions about *why* they find it so hard to lose weight and feel a complete failure. They need to know why they can't stick to a diet for more than a few days, why they need to eat food for comfort or why they can't resist certain foods that make them put on weight. In many cases these feelings of failure are at odds with other areas of their lives where they are successful. It's important to explore and validate their point of view. This needs to be part of the treatment.

Treating for weight loss is very different from treating other conditions. Clients can't give up food for ever unlike smoking or a debilitating phobia. Successful weight loss therapy has to enable the client to develop a healthy and balanced relationship with food and motivate the client to lose weight over a long period of time, well after therapy has finished. In addition the therapy has to empower the client with effec-

tive tools to help them cope with the life problems and challenges that are going to happen long after you have finished seeing them. So they have to be totally secure in their self help techniques so they don't end up scurrying back to the biscuit tin.

It's important to engage the client fully in the process of the therapy. I've found that clients are skeptical of success; after all they come to you ready programmed for failure and full of doubts about whether or not they can be helped. Ironically they are also looking for a quick fix or an instant magical solution, because of the way the media insists on promoting magic diets that make you lose weight in unrealistic timescales. I find that laying the foundations for therapy by explaining their behaviour, habits and self defeating thoughts and beliefs, using well established models of the mind, will ensure they buy into the therapeutic process.

## Heal the life

Helping clients to lose weight is much more complex than simple habit reversal or behaviour change. It's estimated that around 90% of dieters who lose weight successfully then go back to their old ways and regain all of their excess weight. It's interesting to consider the reader success stories in diet magazines. They demonstrate how people often lose massive amounts of weight several times over their lives before (allegedly) finding the right method and getting down to goal weight. Most magazines will only run these stories once the readers have kept the weight off for a year or more to ensure they don't get adverse publicity when the weight is gained again. There doesn't seem

to be much research or interest in what happens when the slim person regains all their weight. So we don't have ready answers to explain why successful slimmers regain weight. There seems to be a huge knowledge gap that isn't being addressed. Everyone is clear about the methods or techniques of dieting and weight loss – the technical side if you like. But little evidence is available on the psychological and emotional side. The research detailed earlier states ...

*'behaviour change is complex, difficult and takes time. The emphasis is on environment, empowerment and encouragement.'*

I am convinced that we, as hypnotherapists (in the broadest sense) have the answers to the complex issues of successful weight loss. We can develop structured programmes that address the business of losing weight as well as the underlying psychological, emotional and behavioural issues so our clients can overcome their weight problems and go on to lead happy, healthy and fulfilling lives. Well established and familiar techniques, when delivered in a systematic and structured way, can heal even the most difficult case. I use the word heal deliberately here. My understanding formed over many years exploring the uncomfortable core issues of such clients, is that there is healing required at a 'life' level. I know it sounds melodramatic and to anyone reading this who thinks I'm exaggerating, I'll relate a simple story that illustrates the point.

I treated a young and very beautiful student nurse who was about five stones overweight and struggling hard to become slim. We were doing some EFT together when I asked her to repeat the words 'I deeply and completely accept myself'. She pulled

her hand away from mine and looked horrified. 'I can't say that', she said. When I asked her to explain she said 'because I hate myself!'. But that wasn't all. This, she went on to say, was the first time she had actually *understood* that she felt like this. She *did* hate herself for being overweight. It was a deep and awful feeling borne out of years of mental drip feeding with negative thinking. By bringing this toxic belief to the surface we could then address the problem effectively. So I always start with the view that there will be deep negative core beliefs with such clients and then I'm not surprised when they surface during treatment.

### Psychological reversal

According to the principals of energy therapy the morbidly obese person is psychologically reversed (PR). This

can translate into what we understand as *self sabotage*. So while the conscious mind wants desperately to lose weight, the unconscious is busy sabotaging or reversing that desire. The obese client doesn't understand why they sabotage their diets, their doctors are probably tearing their hair out and their families are desperate for answers. The PR phenomenon can be easily demonstrated using simple muscle testing. Just by getting the client to say a phrase such as 'I want to lose all my weight and have a slim healthy body' – test weak, then follow with 'I want to be fat for the rest of my life' – test strong. This revelation alone for the client, when coupled with sensitive explanation and reassurance that self sabotage can be treated, will often signal the dramatic psychological change necessary to get the energy and the therapy moving in a positive direction.

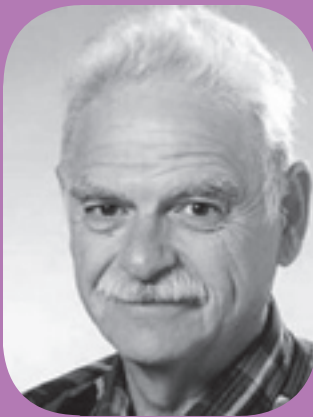
Successful weight loss therapy has to treat the client from the outside to

the inside and this is a convenient way to structure the programme of treatment and the necessary explanation to the client. This structure helps to give clients a clear plan which keeps them engaged in the process and encourages them to be motivated to do all the homework you are going to give them! I usually tell clients that the weight didn't suddenly arrive in a week or so, it has built up over many years of sustained overeating and attendant defective thinking, so why would anyone expect the treatment to be a one session wonder. It simply isn't possible.

### Designing effective treatment

Effective treatment has to address all the client issues while satisfying the client that they are actually losing weight – this is their measure

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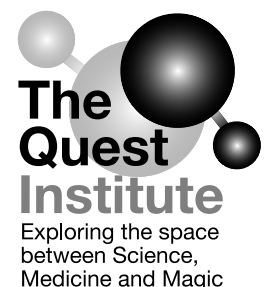
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of success - so while you may want to plunge straight in and work on traumatic memories or core issues, the client needs to start losing weight right from the beginning, so I advise that the work starts with basic habit reversal and simple direct suggestions. Deeper issues should be held back until later.

It's useful to set out exactly what the treatment needs to achieve and in what order. In simplified terms:

#### Step 1

- Habit reversal
- Behaviour change
- Increasing confidence in self and dieting skills
- Building up willpower and motivation
- Installing appropriate self control mechanisms

#### Step 2

- Addressing emotional drivers
- Deleting negative thinking (using EFT)
- Releasing blocks to success
- Identifying core personal beliefs

#### Step 3

- Installing a slim future - future pacing
- Working to change negative core beliefs
- Craving control

#### Step 4

- Regression - to work on deeper issues

- Memories and sensitizing incidents
- Past life memories
- Healing, future pacing and time-line work

#### Step 5

- Troubleshooting remaining problems
- Teaching and testing self help skills
- Installing/teaching more advanced energy therapy
- Planning future work - hypnosis and energy therapy
- Self help materials to complete process

### Structuring treatment

My experience is that a structured approach based on these steps enables both client and therapist to work effectively through all the weight loss issues over 5 sessions of about 2 hours each. Sessions planned at fortnightly intervals allow the therapy and homework to effect the changes you want to see. For example - at step 1, you want the client to work hard on behaviour change and habit reversal so by the time you see them again these changes are completed and you can move onto the next step. Testing the work as you go along is an important part of the process and clients can be involved in this by knowing what you are looking for at each stage, what demonstrates success and why sometimes more work is required on certain issues.



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## Homework

Self help techniques, applied as homework between sessions, are a vital part of the healing process. Without consistent and dedicated practice by the client, I don't believe it's possible to make the necessary changes at all the levels of the clients existence and to make the changes last. Self help includes practising with specifically designed hypnosis CDs and energy techniques (EFT etc).

Some therapists feel that clients won't do homework and so don't set it. I know from experience that homework *must be done* for weight loss therapy if you are to get the results you want for your client so I start at the initial intake interview by stressing that homework must be done every day. I recall Gil Boyne at an NCH conference some years ago talking about this issue. He spoke about remonstrating with a lazy client who wouldn't work at self hypnosis between sessions. I précis:

You had time to eat didn't you?

You had time to sleep didn't you?

You read newspapers?

You watched TV?

Yet you say you didn't have time to work with the hypnosis tape!

The result being that Gil dismissed the client and refused to continue treatment.

Gil's presentation had a profound affect on my thinking and helped me to be more demanding of clients in my practice. I ensure clients know right up front that if I am to take them on for weight loss therapy they must agree to come to the five sessions at approximately fortnightly

intervals, they must do the hypnosis/EFT homework I prescribe and they must put effort into the process. If a client puts energy and focus into therapy - success will follow.

For a time I used to keep my young daughter's pink plastic magic wand in my therapy room. When you pressed the button it made a tinkling sound. I'd look the client in the eye and say:

'You'd like it if I just waved this and you'd get slim without having to put any effort in, wouldn't you?' (Client nods)

'But it wouldn't work - why? Because you wouldn't have learned damn all about yourself, your habits, your negative thinking and the way you sustain and nourish your weight problem. And your life would still be the same - destined to make you pile the pounds back on again. So your

potential success is directly related to the amount of effort you put in. These techniques are the fastest and most effective you'll find but they are not magic. So *commit* to do exactly what I ask and you'll be successful.'

Part 2 of this series will explore hypnotherapy treatments in detail, include possibilities for scripts/suggestions and outline effective EFT protocols.

Part 3 of this series will deal with core issues and beliefs, regression options (including past life work) and future pacing for long term success.

Deborah Bromley

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# The Bruce Lee Approach to Therapy

By Trevor Silvester

Everyone knows of Bruce Lee as a kickass martial artist. As a child I was mesmerised by his skill and dreamed of running away to the Shaolin Temple that Kwai Chang Caine waited outside in the TV series Kung Fu. Sadly my Mum wouldn't give me the bus fare.

Despite that inauspicious start I still have a deep admiration for Lee's dedication to his craft – and increasingly to the side of him that many know nothing of; his Philosophy. Bruce Lee thought extensively about the deeper aspects of his craft and, as a therapist, I see deep similarities between some of his key principles and those of Cognitive Hypnotherapy. Try these as examples:

*"Don't get set into one form, adapt it and build your own, and let it grow, be like water. "Be formless... shapeless, like water. If you put water into a cup, it becomes the cup. You put water into a bottle; it becomes the bottle. You put it into a teapot; it becomes the teapot. Water can flow, and it can crash. Be like water, my friend..."*

As we learn techniques to use on our clients it is natural some will appeal more than others. As a consequence it's very easy to fall into the Procrustean bed of therapy where we squeeze the client into the technique, rather than adapt our approach to fit the client. I often hear therapists say things like, "regression doesn't work on my clients", or "EFT seems to work

on everything". In my opinion that's the therapist creating that experience to justify their preferences. What I aim for with my students is the thorough familiarising of a great range of techniques to give them options, and then to let go of the differences there are between them and just flow from one to another in response to the client. When a client says "that didn't work", it's just information that leads me to flow in a different direction – and to keep changing direction until we find the right place to be. The minute we become stuck in our way of doing therapy we become stiff and rigid, unable to flow into the gaps the client points us towards. So be water.

*"Use only that which works, and take it from any place you can find it."*

One of the things I like about NLP is that it steals anything useful. A powerful technique called EMDR (Eye Movement Desensitisation and Reprocessing) was developed by Doctor Francine Shapiro. In essence it's quite simple, but because a Doctor developed it they put a fence around it and only doctors and health 'professionals' were allowed to be trained in it. NLP infiltrated, modelled it and now calls its version EMI (Eye Movement Integration) which I've used successfully on many occasions.

Look everywhere, not just inside your own field. And let go of anything the minute you find something better. A lot of stuff in Hypnotherapy is still

taught simply because it always has been. In that sense I agree with Mao Tse Tung. Preach permanent revolution to prevent dogma and stagnation.

*"Do not deny the classical approach simply as a reaction, or you will have created another pattern and trapped yourself there."*

At the same time, don't reject something just because it's old, or you're simply in a 'new is best' pattern that will trap you. A lot of Freud is rubbish (there I go again with the opinions), but things like the Pleasure Principle are being verified by science.

*"Jeet Kune Do: it's just a name; don't fuss over it. There's no such thing as a style if you understand the roots of combat."*

Jeet Kune Do is the name Bruce gave his approach to martial Arts, just as Cognitive Hypnotherapy is the name I've given to my approach to therapy. But, the thing is, the name isn't what it represents. Jeet Kune Do is a mental approach to combat rather than a system. So is Cognitive Hypnotherapy in respect of therapy. The absence of 'the truth', the emphasis on adaptation and flow, the pursuit and assimilation of anything that works – that's some of what the name denotes, not 'we believe in X and this is what you do when faced with Y'. During the initial phase of learning form and structure are vital in order to train intuition, but later, everything should become water.

*"Unfortunately, in boxing people are now only allowed to punch. In Judo, people are only allowed to throw. I do not despise these kinds of martial arts. What I mean is, we now find rigid forms which create differences among clans, and the world of martial art is shattered as a result."*

*"I think the high state of martial art, in application, must have no absolute form. And, to tackle pattern A with pattern B may not be absolutely correct."*

You'll be getting the point by now, I'm sure. Avoid certainty and set responses, and don't belong to any approach which says their way is the way.

*"The other weakness is, when clans are formed, the people of a clan will hold their kind of martial art as the only truth and do not dare to reform or improve it. Thus they are confined in their own tiny little world.*

*Their students become machines which imitate martial art forms."*

How true is that of the therapy world? There are so many good techniques that should be shared, when instead barriers are erected around them, and each new step forward in the journey is mistaken for its destination. Even in NLP, which by its nature should resist this temptation, succumbs whenever someone says 'this is NLP'. The minute you delineate it you restrict it. NLP is a process, from which many things emerge, but the things that emerge are not the NLP, they're the product of the attitude that births them, just like in Cognitive Hypnotherapy.

*"I have not invented a 'new style,' composite, modified or otherwise that is set within a distinct form as apart from 'this' method or 'that' method. On the contrary, I hope to free my followers from clinging to styles, patterns, or moulds. Remember that Jeet Kune Do is merely a name used, a mirror in which to see 'ourselves'. . . Jeet Kune Do is not an organised institution that one can be a member of. Either you understand or you don't, and*

*that is that."*

Many people use the term 'eclectic' when describing their approach to therapy. In its dictionary meaning it's a great description, meaning as it does, not following any one system, as of philosophy, medicine, etc., but selecting and using what are considered the best elements of all systems. On occasion instead I've found it to

mean they've studied a lot of different things and chuck them at clients without really knowing why they chose one over the other. True eclecticism is rare, but is worth pursuing as an ideal. Be water, drawn from every ocean, sea, stream and river, and know where

you intend to flow. Cognitive Hypnotherapy seeks for the best elements of all systems, and provides a model that gives you the most effective way of mixing them together differently for each person.

*"True refinement seeks simplicity"*

One of the most common things I hear during supervision is how complex clients are; how deep and tangled their problems. I don't buy it. I'm a great believer in Occam's Razor - the principle that states that the explanation of any phenomenon should make as few assumptions as possible. In other words, nature likes things simple. From a survival point of view our brains haven't evolved to meander through complexity in the hope of the best solution to a survival problem. I always go looking for the deep simplicity in a client's issue, and I usually find it.

Clients will appear with shopping lists of problems and give you many examples of how their life is terrible, but they're mainly reducible to a few core elements. It's like looking

down into a weed infested pond. At the surface it looks dense and impenetrable, but look below the surface and you'll usually find everything at the surface is connected to just a few roots. You can spend forever hacking at the surface tangle, but sever the roots, and everything at the surface clears. Like Alexander the Great and the Gordian knot, cleave through to the simplest solution.

*"Simplicity is the key to brilliance."*

Here's another analogy: a good burglar can take something from your house without leaving any trace that they've been there; a bad burglar leaves footprints everywhere. Some therapists need the ego stroke of having 'their idea' be the thing that helps the client, or they mistake their insight about the client's problem as being the same insight the client would have. Your insight about someone else's experience is always an 'outsight'. I know several very good therapists who would be great if they realised that true brilliance is leaving the client feeling they found their own solutions. Our job is that of a guide, using great questions to help the client shine a light on their own resources.

Therapy is probably as different from martial arts in most people's minds as you can imagine, and yet the more you think of it, the more similarities you might find. I'll leave the last words to Bruce,

*"Use no way as your way; Have no limitation as your limitation."*



# A Tribute to Duncan McColl, FNCH

by Steven Harold

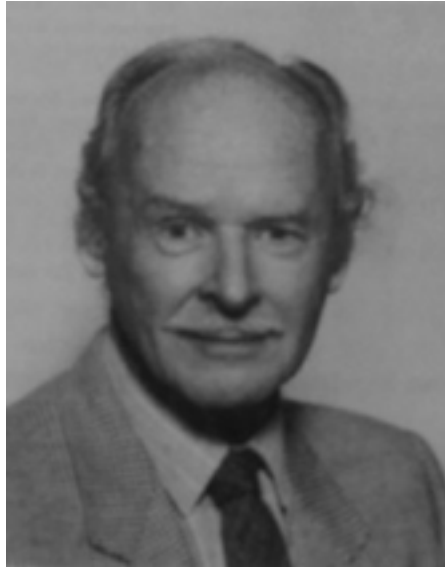
I first made contact with Duncan McColl in 1996 after buying his book "Precision Therapy". Unusually for an author, he had included his contact details at the back of the book. Whenever I had any dealings with Duncan he would always be bright, enthusiastic, immensely knowledgeable and wonderfully humorous. He was one of those people who could communicate a lot with just few words. Even his silences seemed to carry weight.

Duncan, was an RAF pilot during WW2 when he married his wife Mary within six weeks of meeting her. After the war he qualified as a chartered accountant and spent some 35 years in Spain, Mexico, USA, Australia and Canada before returning and settling in Shropshire.

He studied eastern and western philosophy and managed to bring the best of these teachings to his recordings. In his first book "The Magic of Mind Power", originally published in 1985, a glimpse through the index gives an idea of the range of works he studied and appreciated. His sense of fun is clear too.

As an effective hypnoanalyst, Duncan developed Precision Therapy. This approach aimed at getting results for clients within hours rather than weeks or months and he trained enlightened therapists in his methods.

Duncan's research convinced him that we have the potential to do and



Duncan McColl  
15th November 1921 to  
7th September 2007

achieve anything we set our minds to. As he repeated, to be human is not to be puny, fearful, self-conscious or weak, to be human is to develop inner purpose and strength, to mature, to excel, to lead, to inspire, to be the very best that there is in the vast fullness and the wonder of life.

A quote from his first book "The Magic of Mind Power" says it all ...

*"Born as an eagle, why choose to live like a parrot with clipped wings?"*

Yet it is through his self-hypnosis recordings that many people knew him. In these he passed on the lessons

of the Masters past and present, Zen, Sufism and other like disciplines coupled with 35 years experience of hypnotherapy and behavioural science. He would receive countless "thank-you" letters from his customers who were delighted by the results they enjoyed through using his tapes.

To this end, Duncan was blessed with the most soothing of voices and this, coupled with his understanding of how the mind works, led to a powerful range of tapes for virtually any issue. He informed me he had over 650 variations to his self-hypnosis catalogue.

In early 2003 I realised that Duncan was still issuing his recordings on cassette tape. I offered to transfer these to cd and this is when our business partnership started. I provided the cds and he would provide the tapes to his customers; a task that meant he was still virtually working full-time up until his passing.

Duncan was a great colleague and friend to so many therapists worldwide. He will be more than missed. However I hope he will rest in peace knowing his recordings will continue to help, heal and inspire. He leaves a great legacy.

Duncan passed away on Friday 7th September 2007 at the age of 85. Anyone who has listened to his tapes or cds will know what I mean when I say that he truly lived his life with noble purpose.

*Editors Note: As a Fellow of the NCH, I know that Duncan will have touched the lives of many of the members and committee.*

*I would therefore like to take this opportunity to pass on our collective condolences to Duncan's family. He will be sorely missed.*



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# Hypnotherapy: The Original Rational & Cognitive Therapy

By Donald Robertson

In 1906, Morton Prince, an American physician, psychotherapist and hypnotherapist founded the *Journal of Abnormal Psychology*. A prolific author, Prince made ideas derived from European psychotherapy and psychopathology popular in America, but did so in conflict and competition with the psychoanalytic community led by Freud.

Freud's ideas were more influential at that time and his followers came to dominate the field of psychotherapy. However, Prince's emphasis upon the removal of negative ideas by rational persuasion, education, and suggestion in hypnosis was a clear precursor of the "rational" and "cognitive" therapies of Ellis (REBT) and Beck (CT), i.e., of cognitive behavioural therapy (CBT) in general. His seminal article, "Cases illustrating the educational treatment of the psycho-neuroses", clearly demonstrates the use in hypnotherapy of what CBT practitioners now call "cognitive restructuring." The work of Prince therefore illustrates the fact that what has since been termed "cognitive-behavioural hypnotherapy" (CBH) preceded modern cognitive-behavioural therapy (CBT) by over half a century and may well be the ultimate source for many of its concepts and techniques.

## Rational Hypnotherapy

Modern proponents of CBT (with which I include REBT) have suggested that whereas hypnotherapy was used

in the past to implant positive beliefs, their own innovation has been to focus on identifying and disputing the client's existing negative patterns of thinking first. In the field of hypnotherapy, Daniel Araoz has termed this the client's "negative self-hypnosis."

However, since the time of James Braid, who effectively introduced the concept of "hypnotism" as distinct from Mesmer's "animal magnetism", hypnotherapy had been used by some early psychotherapists to undermine negative ideas which had already been internalised by clients from their environment. Indeed, Braid himself refers to the cure of symptoms caused by negative suggestions, by using hypnotism to "break down the pre-existing, involuntary fixed, dominant idea in the patient's mind, and its consequences" (*Hypnotic Therapeutics*, 1853). Hypnotherapy had always, therefore, attempted to address what modern CBT practitioners call negative cognitions or "automatic negative thoughts."

By the start of the Twentieth Century this "rational" approach to hypnotherapy was becoming more sophisticated. Prince, for example, makes a distinction between two closely-related forms of hypnotherapy, both of which he applied selectively with different cases,

### 1. (Direct) "Suggestion."

By which he means techniques of "waking" or hypnotic suggestion

which directly implant the idea of a cure or removal of symptoms. He writes of an epileptic, e.g., "he was given suggestions that he would have no future attacks." (Prince & Coriat, 1907: 170)

### 2. "Persuasion" or "Education."

By which he means the use of hypnosis or discussion to disabuse the client of negative fixed ideas and the gradual acceptance of a more rational, realistic, and healthy viewpoint.

Prince writes of a dispute within the nascent psychotherapy field over the relation between techniques of persuasion and suggestion,

*As the matter now stands, there is no acknowledged agreement among the advocates of the method [of psychotherapy] as to the therapeutic principles and therefore techniques. It is noteworthy, however, that more recent writers lay more stress on the educational and, as they are pleased to designate the technique, the "persuasive" method, and scout with righteous rationalism the "suggestive" procedure. Fundamentally at bottom all methods are educational and suggestive. One of us (Prince) as long ago as 1898, in opposition to the purely physical methods then in vogue, advocated the educational treatment of psycho-neuroses combined with physiological hygiene. (Prince & Coriat, 1907: 167)*

However, Prince himself sees the distinction between direct suggestion and re-educative persuasion as trivial and explains,

*The only justification for alleging a difference is that in old time suggestion, practised by early therapists, the effort was to allay individual symptoms or primary abnormal conditions by rather blindly directed implantation of*

ideas of normality. The technique was rather empirical than rational. On the other hand, in so called "persuasion," the effort is to create broader and therefore more rational and effective synthesis. Persuasion is therefore more educational in its technique, but it still remains suggestive. (Prince & Coriat, 1907: 168)

Prince adds, "As a rule hypnosis is not necessary", but it is clear from his brief case studies that he means hypnosis is optional as he apparently used it in many instances. He elsewhere lists the general therapeutic principles of his model as follows,

1. Instruction of the patient in the nature of the symptoms and disease.
2. Fixed ideas, apprehension and erroneous beliefs counteracted; faulty habits of temperament and character corrected.

3. Individual symptoms suppressed by electricity, suggestion and other therapeutic agents.
4. Rules given for the daily conduct.
5. Improvement of nutrition, moderate rest, and, in extreme cases, isolation from previous surroundings only. (Prince & Coriat, 1907: 167, formatted)

Aside from his use of electrotherapy (similar to modern TENS treatment) and rest cures, which were popular remedies at the time, it's clear from this description that Prince's hypnotic psychotherapy bears a striking resemblance to modern rational and cognitive therapies, i.e., CBT.

#### Case Studies

Like Janet before him, Prince seems to use what we would call "hypnotic regression." However, unlike Freud, he does so in a more re-educative

(cognitive) than cathartic (emotional) manner. Uncovering the developmental history of a problem sometimes gave information which could be useful in the cognitive re-education of the client.

*The method employed in the following case was that of suggestion in hypnosis. The advantage of the method lay in the fact that in this condition [hypnosis], as often happens, her memory broadened and she was able to recall the various circumstances connected with the origin of the psychosis and therefore to give the right clue to its pathology and enable rational suggestions to be selected and given. Before hypnosis there had been amnesia for certain important aspects in the case. (Prince & Coriat, 1907: 170)*

The case is that of a woman who came to fear that she was suffering from epilepsy like her mother. ▶

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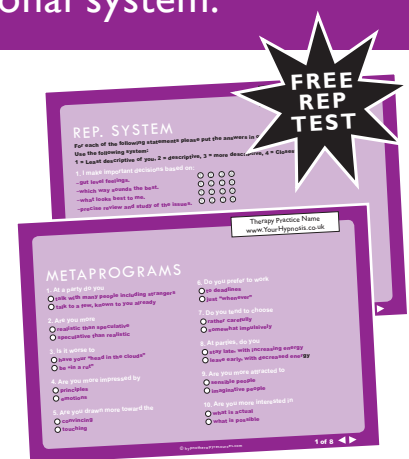
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However, Prince diagnosed her as having hysterical attacks (i.e., panic attacks) brought on by the fear of having epilepsy.

*Treatment: During the first hypnosis, which was deep the patient was told that she did not have epilepsy; that there was nothing the matter with her excepting unfounded fear of a disease which she did not have; that she now knew this, realised it and believed it. This view was elaborated at some length for its educational effect. The patient accepted the suggestion and manifested delight at the knowledge. After being awakened there was found to be no amnesia for the hypnotic state, and the same thing was repeated to her. These suggested ideas were again accepted with gratification. The attacks immediately ceased and afterwards could no longer be induced [...]. She remained well for a number of weeks during which time she was under observation. (Prince & Coriat, 1907: 171)*

This treatment bears a striking resemblance to modern CBT treatment of panic attacks where misconceptions about fainting, mental illness or having a heart attack are carefully dispelled in order to reassure the client. Indeed, perhaps the most informative of the nine cases described by Prince refers to a (so-called) “Phobopsychosis” which would almost certainly be diagnosed as “agoraphobia with panic attack” nowadays, rather than psychosis.

*In the following case the method followed was that of educational suggestions given in light hypnosis. By “light hypnosis” is meant a condition that practically amounts to deep abstraction which is not*

**the cognitive dimension of modern CBT is indebted to the pioneering work of early hypnotherapists**

*followed by any amnesia. The patient, Mrs. X., about forty years of age, suffered from a phobopsychosis [agoraphobia?] very intense in character. For twenty years she had never gone out of the house alone excepting in a carriage because of her psychosis [?], which was a fear of fainting. During the attacks she would be overwhelmed with an intense fear of losing consciousness and falling, the faint possibly ending in death. The fear was accompanied by various somatic symptoms, such as palpitation, vasomotor disturbances, dizziness, etc. Besides the attacks proper she was rarely free from a fear of the attacks, so that she had both attacks and a fear of attacks. (Prince & Coriat, 1907: 175-176)*

Prince goes on to explain how he used hypnotic regression to uncover the fact that the attacks had originated in a series of traumas during childhood.

*Treatment was protracted over a period of about six months. It consisted of educational suggestions in states of abstraction, or light hypnosis. The nature of her psychosis was thoroughly explained and insisted upon; false ideas were eradicated; new systems of ideas involving a thorough knowledge of her psychosis and of her mental strength and intellectual capacity were forcibly instilled. Ideas were particularly selected for suggestion that were accompanied by a strong emotional tone of exultation. As a result the phobia gradually ceased and she became practically well and able to go about like a normal person. (Prince & Coriat, 1907: 176)*

In other words, the treatment consisted of hypnotic regression, not as a vehicle

for abreaction and catharsis, but as a means for correcting certain misconceptions, i.e., cognitive restructuring followed by ego-strengthening.

## Conclusion

It is clear from the entire article that Morton Prince was propounding a re-educational model of hypnotherapy as far back as 1907 in competition with Freudian psychoanalysis. Prince’s therapy bears obvious resemblance to the use of “cognitive restructuring” in modern CBT and is therefore evidence that cognitive-behavioural hypnotherapy has its roots in a tradition of psychotherapy pre-dating CBT by over half a century.

Without doubt, modern rational and cognitive approaches have greatly advanced the process of cognitive restructuring in psychotherapy. However, the hypnotherapy of Braid grew, via Bernheim and Janet, into a practice of re-educative hypnotic psychotherapy which was eclipsed by the popularity of Freudianism in the first half of the Twentieth Century. This somewhat forgotten trend in psychotherapy should now be reappraised in the light of recent attempts to synthesise CBT and modern hypnotherapy.

It has long been argued, by Weitzenhoffer among others, that many of the techniques of behaviour therapy were seemingly derived from hypnotherapy. We should also be clear about the extent to which the cognitive dimension of modern CBT is indebted to the pioneering work of early hypnotherapists. If nothing else, a shared heritage may encourage a shared language and mutual exchange of ideas profitable to both traditions.

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# James Braid & The Discovery of Hypnotism

By Dr William Williamson

**T**his story, from the memoirs of Dr. Williamson, Professor of Natural History at Owens College, Manchester, is quoted by the hypnotist Milne Bramwell. Dr. Williamson was there to observe the incident, in November 1841, that inspired James Braid to develop his theory of hypnotism in opposition to the “animal magnetism” of Mesmer.

During the fourth decade of this century the subject of clairvoyance had been much discussed in social circles, and in the early days of my professional life two men who lectured on the subject visited Manchester. The first of these was a Frenchman, who illustrated his lecture by experiments on a young woman. [The Mesmerist, Charles Lafontaine, was actually Swiss.] At one of his lectures the girl was declared to be in a state of sound [Mesmeric] sleep. A considerable number of medical men were present, including our leading ophthalmist, Mr. Wilson, and one Mr. Braid. The latter gentleman was loud in his denunciation of the whole affair. The audience then called upon Mr. Wilson for his opinion of the exhibition. Of course the question was, ‘Is this exhibition an honest one or is it a sham?’ ‘Is the girl really asleep, or is she only pretending to be so?’ In reply to the call of the audience, Mr. Wilson stood up and said: ‘The whole affair is as complete a piece of humbug as I have ever witnessed.’ The indignant lecturer, not familiar with English slang phrases, excitedly replied: ‘The

gentleman says it is all Bog; I say it is not Bog; there is no Bog in it at all.’ By this time several of us, including Mr. Wilson, had gone upon the platform to examine the girl. I at once raised her eyelids, and found the pupils contracted to two small points. [In fact, the pupils normally dilate during hypnosis, but the opposite can happen.] I called Wilson’s attention to this evidence of sound sleep, and he at once gave me a look and a low whistle, conscious that he was in a mess. Braid then tested the girl by forcing a pin between one of her nails and the end of her finger. She did not exhibit the slightest indication of feeling pain, and Braid soon arrived at the conclusion that it was not all ‘Bog.’

He subsequently commenced a long series of elaborate experiments, which ended in his placing the subject on a more philosophical basis than had been done by any of his predecessors. For the term ‘Animal Magnetism’ and other popular phrases, Braid substituted ‘Hypnotism’ and ‘Monoideism.’

The hypothesis which he adopted was that the subjects of these experiments required to have their mental faculties concentrated upon one idea; this accomplished, two effects will be produced in a few moments. The first is a state of sound sleep, which he succeeded in obtaining through either of the several senses, sight, hearing, or touch; but his favourite plan was to seat the individual operated upon in an arm-chair, whilst he

held a bright silver object, usually his lancet case, a few inches above the person’s eyebrows, and required him to raise his eyes upwards until he saw the shining metal, soon after doing which, the patient went off into a sound sleep. But a still more remarkable result followed, indicating a condition of mind not so easily explained as illustrated.

On one occasion I called Braid in to see a young lad who had been suffering fearfully from a succession of epileptic attacks, which had failed to yield to medical treatment. So far as the epilepsy was concerned the hypnotic treatment was a perfect success; the boy, after having long endured numerous daily attacks, was perfectly relieved after the third day’s hypnotic operation. For five subsequent years, during which the youth remained under my observation, the epilepsy did not return.

Braid always awoke his subjects from their hypnotic condition by sharply clapping his hands close the sleepers’ ears, which at once aroused them. One day, before doing this, Braid said to me, ‘I will now show you another effect of hypnotism. Lend me your pocket-book and pencil.’ I did so. He then paced the book in the boy’s left hand, which he raised into a convenient position in front of the lad’s breast. My pencil was placed in his right hand, which was lifted into such a position that the point of the pencil rested upon one off the pages of the book. This attitude was rigidly maintained until Braid whispered in his ear: ‘Write your name and address.’ The lad did so: ‘John Ellis, Lloyd Street, Manchester.’ This done, the book and pencil were restored to my pocket. Braid then awoke the boy and asked, ‘John, what were you doing just now?’ He looked about rather wildly for a moment, and persistently answered, ‘Nothing.’ Braid then sent him off to sleep again. The question was again asked: ‘John, what were you doing just now?’ The lad

answered promptly, but in a low voice: 'Writing my name and address.' A succession of similar experiments clearly indicated two things: first, that a mesmerised individual would do what he was told to do; second, that things done when in that state were remembered only when the same condition was resumed; otherwise they were forgotten, indicating a dual state of mind, which, so far as I know, has not yet been satisfactorily explained. [However, Liébault, another great Victorian hypnotist, only reported complete spontaneous amnesia in 13% of cases, and modern researchers find it even less common.] I cannot learn that Braid's method of experimental inquiry and of philosophical induction has been continued by any person since he died.

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# 'Nomen Omen': Languaging and the Nature of Names

By Patrick Jemmer

Abstract

Nomen Omen

This second in a series of articles exploring the interconnections between magic, religion, science and therapy, concentrates on the fundamental principles involved in the creative expression of human thought through language.

We start by drawing the distinction between "languaging" as an activity and "language" as a state, and introduce relevant ideas from communication theory to describe the appropriate functions. Simple recursive phrase-structure-type rules are used to illustrate a mechanism for the generation of an unlimited number of unique language strings, of arbitrary complexity, and particular attention is paid to the nature of the relationship between the names given to entities and those entities themselves.

Parts of this article act as hypnotic scripts designed to engender Transderivational Search on the part of the reader to enable them to find their own meanings in the loom of language. The material in this article is expanded subsequently in discussions of language utilization in magic and religion, and then extended even further to illustrate the "magical" and "religious" aspects of therapeutic techniques.

*'Tis but thy name that is my enemy; Thou art thyself, though not a Montague. What's Montague? it is nor hand, nor foot, Nor arm, nor face, nor any other part Belonging to a man. O, be some other name! What's in a name? that which we call a rose By any other name would smell as sweet; So Romeo would, were he not Romeo call'd, Retain that dear perfection which he owes Without that title. Romeo, doff thy name, And for that name which is no part of thee Take all myself.*

*Shakespeare: Romeo and Juliet. Act II Scene 2 [1].*

So, how then can we define language? We know that "Think before you speak!", is an expression you might use in the heat of an argument, but it betrays a deeper belief that there is an internal, editable argument that is simply made public. Thinking and speaking are united in the language we use. We can surmise, then, that animals may think and speak if they have a language" [2], even though of course, "if a lion could speak we would not understand him" [3]. Now, "Most textbooks say language is a mechanism for expressing thought ... But language is thought. Thought is information given form. The form is language. The form of this language is ... amazing ... when you learn another

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tongue, you learn the way another people see the world, the universe ..." [4]. The situation is complex, however, since we find that "Strictly speaking, there is no such THING as language; there is only what we may call languagING; i.e., language is a FUNCTION. Languaging is that total configuration of activities which we call 'giving meaning': symbolizing (creating or selecting 'symbols' to 'point' to something); referring ('attaching' the meaning, given to the symbol, to something, i.e., the referent); inferring (deducing meaningful conclusions called 'inferences')" [5]. So we express thought, we language, we communicate, and "The process of 'languaging,' ... takes place when there is a coordination of coordinations of behavior" [6]. We realize that "The term 'languaging' emphasizes language as an action, not a thing. As a thing, language is static and linguists treat it as an object separate from human beings. As an action, language is an integral aspect of our thinking, meaning-making selves. Languaging is how we regulate our social and emotional and cognitive behaviour as well as that of others. Languaging is what it is that we do to transform our thoughts into a shareable resource – shareable with ourselves and others. Languaging ... is one of the ways we become advanced language learners" [7]. So let's go further with a definition of languaging: Shannon and Meyer-Eppler [8, 9] "... specify the factors which must be involved in a process so that it becomes a process of communication. It is necessary to have a *sign* (i.e., a signal) and a *channel*, through which it reaches a *recipient*, and in certain cases there is also a *sender*, from which the sign originates, as well as a *code*, which provides the *signifiers* and *signifieds*, according to which the sign must be interpreted if a *message* is to be drawn from it" [10]. And in fact the issue is complex, since "There were times in which humans in the West did not consider themselves primarily as senders who produce signs, but at

best as recipients who must interpret one another as signs" [10]. We return to this complicating aspect of human communication below.

So, assuming we can use the term "language" when we *mean* "languaging," let's go on to ask: What is unique about human language? It is the fact that "A language ... has its own internal logic, its own grammar, its own way of putting thoughts together with words that span various spectra of meaning. There is no key you can plug in to unlock the exact meaning. At best, you can get a close approximation" [4]. In fact, to think of language as involving a certain playfulness, we can say that "... it is not that there [is] no logic to language; rather, it is that there are as many logics as there are language-games" [1]. So in a formal sense language differs from 'code' in that "... there are two types of code. In the first, letters, or symbols that stand for letters, are shuffled and juggled according to a pattern. In the second, letters, words, or groups of words are replaced by other letters, symbols, or words. A code can be one type or the other, or a combination. But they have this in common: once you find the key, you just plug it in and out come logical sentences" [4]. And the magic of language is that it incorporates "the infinite use of finite means" [11] for producing meaningful speech, that is " ... a given grammar is capable, given even an average adult vocabulary, of generating a near-infinite number of sentences, more than there are stars in all the galaxies" [12]. We see that "what is finite becomes infinite by turning back on itself" [1] – the definition of "recursion" in a system that is "self-referential." And we can thus generate an extremely simple "language" where "words" are made up only of the "letters" *a* and *b* (we note in passing that an exactly analogous argument would apply in the case of "sentences" made up from "words" *A* and *B*). Utterances ("strings" of *a-b* or

*A-B* for words or sentences, as appropriate) in this language are generated by "phrase-structure-type rules" [13]. In the example case considered here, let us imagine that any particular string can two extremely simple rules: namely, that it can "start from scratch" (formally, we would say that it is transformed into the "empty string") or that it can be transformed by having an *a* added to the left, and a *b* to the right. From these "recursive" or self-referential rules we can make strings like: *ab*, *aabb*, *aaabbb*, *aaaabbbb*, *aaaaabbbbb*, and so on. But of course even though very simple, this language is not much good, as our strings can go on for ever; are composed from only the two elements *a* and *b*, and are very limited in form, and thus cannot be a sensible representation of objects and functions in the "real world." However, it is not hard to imagine how repeated application of an extended repertoire of such basic rules can lead effectively to infinite variety, even unto Chomsky's syntactically well-formed but semantically meaningless "Colorless green ideas sleep furiously" [14].

So we ask how does language determine humankind's relationships with "each other and the rest of the world"? And we find that, for example, "The bible places a profound emphasis on the naming of every person, place or thing. What's in a name? Everything, apparently ... The name is the essence of the thing, its SHAY-Ma or reputation" [15]. For "In aNONymous there is a no to death, a no to the other, a no to the name (NOM); a resolute NON to sacrifice, to signature, to exposure, where every hidden gain ends in loss ... Anonymous cannot depart because it has never consummated. Signature is a dissemination, a consummation. Anonymous, like translation, is an illegal (s)pillage of sema, an OnAnonymous and monumental retrait de ('from' and 'of') la tombe... " [16]. Moreover, it is written that "When G-d created the world, He left room for man to exercise his creativity. Man is responsible

for ‘fashioning, engraving, attaching and creating’ ...” [17], so let’s pursue “The Naming of Names” to find out “why my name means sorrow and regret” [18].

We are told that “For primitive thinking the relation between an object and its name is an absolute (so to speak physical) reality which simply cannot be doubted. In fact – and this follows from the fundamental characteristic of the association – the primitive person thinks that there is a single object  $L_i$  –  $R_i$  whose name  $L_i$  and material appearance  $R_i$  are different parts or aspects” [19]. Now the roots of these ideas are well-established in anthropology and “Many investigators testify to the existence of this attitude toward names among primitive peoples. ‘The Indian regards his name not as a mere label, but as a distinct part of his personality, just as much as are his eyes or his teeth, and believes that injury will result as surely from the malicious handling of his name as from a wound inflicted on any part of his physical organism’ [20] ...” [19]. And this leads to a very real reverence for the name as a sacred entity so that, “Therefore many peoples follow the custom of not using a person’s ‘real’ name in everyday life, but instead using a nickname which is viewed as accidental and arbitrary. A. B. Ellis, who studied the peoples of West Africa, states that they ‘believe that there is a real and material connection between a man and his name, and that by means of the name injury may be done to the man ... In consequence of this belief the name of the king of Dahomi is always kept secret ... It appears strange that the birth-name only, and not an alias, should be believed capable of carrying some of the personality of the bearer elsewhere ... but the native view seems to be that the alias does not really

The capacity to recognize syntax, to organize and deploy words into intelligible sentences, is innate in the human mind

belong to the man’ [21]” [19]. Now, “No less than the supreme deity is referred to as ... HaShem, The Name” [15], and “We cannot forget that one characteristic of the God of the Bible is that He names people. He gives them names symbolic of what He is going to do with them or make of them. God named Adam (Gen. 5:2), Abraham (Gen. 17:5), Israel (Gen. 32:28), even Jesus (Matt. 1:21). In each case, the names point to what God has done or will yet do” [22]. And even “unspeakable One” can be bound if one “rises up uttering God’s magic name” [23].

And “In the Beginning, Before There Was The Word” [15], “... before the emergence of time and language, before the division and distancing that exhausted authenticity” [24], God and Adam walked alone through Paradise, where “all of creation was fashioned in God’s name” [25], and where “To happiness the same applies as to truth: one does not have it, but is in it” [26]. And Adam was, and we are “ ... born knowing how to use language. The capacity to recognize syntax, to organize and deploy words into intelligible sentences, is innate in the human mind. We are programmed to identify patterns and generate grammar” [27]. Now, “Except for man, all the universe creates and communicates in silence and non-verbally – and animals, of course, communicate or process information well, but do not use human words. And, while one person may communicate with another person in words, our internal self-communication seldom uses words, is based on feeling and images – most faint and unformed – and primarily non-verbal: such comprises the lion’s share of human communication. God, the greatest Communicator of all, does not even use an audible language” [28]. Nevertheless, thinking of talking, audible or

not, we are talking of thought, and, “In the Lord exists the true universal and perfect language. Such language can be attained by a man only to the degree that his thought is lifted up toward the Lord” [29]. We could say that “... no men are so dull and stupid, not even idiots, as to be incapable of joining together different words ... and that on the other hand there is no animal however perfect or happily circumstanced, which can do the like ... And this proves not only that brutes have less reason than man but that they have none at all” [30]. However, this is not a true logical argument but rather just a statement. We might add that “If animals could think we could not read their minds. But of course they do think – they calculate distances in attacking prey or avoiding becoming prey. What we call instrumental rationality – the thinking behind going from A to B as quickly, efficiently, and as safely as possible – is not unique to humans (or engineers). Beyond this we fall into anthropomorphism” [1]. We should rather more honestly admit that we cannot say “... that animals do not talk *because* they lack the mental capacity ... all we really know is that they do not talk. (The evidence suggests that animals do think, but that’s not ... [of] concern here.)” [1]. So, the tricky question arises as to what is the nature of thought, which we might answer by saying that “... there is a biological activity that we humans share with at least the ‘higher’ animals & then there is something we might want to set apart & distinguish as *human thinking*, which is shot through with language. Thinking & human thinking probably grade into each other over some region of evolutionary space, but the consequence of seeing things this way is the recognition that while we share a great deal with our non-speaking cousins, language – for good or ill – also distinguishes us from them, radically. We are, in Auden’s memorable phrase, ‘their lonely better,’” [1] when he says “Let them

leave language to their lonely betters / Who count some days and long for certain letters; / We, too, make noises when we laugh or weep: / Words are for those with promises to keep” [31]. And this is why “Language is commonly regarded as an exclusively human attribute and the possession of the word (logos) has long served to demarcate culture from nature. This is often taken to imply that nature is incapable of meaningful expression, that any meaning it acquires is merely bestowed upon it by humanity. This anthropic logocentrism seriously undermines ... an alternative understanding of the nature of language and the language of nature” [32]. And in this sense Adam’s language was “given by God,” and so some would use and extend this metaphor to infer that human speech has ‘divine’ elements; that it is infused with power; that it is language that elevates us and separates us from “... all the beasts of the field and the birds of the air” (Genesis 2: 19 [33]). So, how does this language work? What are its elements? And how are they woven together to form the complex tapestry of human communication? We go on to investigate these questions in detail below.

Now, shortly after Creation “Adam [was] assigned the task by his own Creator to name all the rest of the living world, to use words to codify and distinguish the rest of the living world. Adam as the first botanist, zoologist, biologist, geneticist, and etymologist” [25]. And of course “Nomenclature is no easy sport. Dreaming up names for any species, genus, group or even ‘thing’ has occupied and ravaged some of the world’s greatest minds” [34]. Now according to Genesis 2 “{20} ... Adam called out names to for all the beasts, for the birds of the sky and all the living things of the field...” [33]. The importance of Adam’s physical acts of looking at the creatures and naming them can be summed up by saying “Primitive speakers and writers, like children,

had to be artists; and the primitive condition of all language is pictorial. In other words, before language becomes cerebral and abstract, it is by nature synaesthetic – visual as well as aural. Jesus reflects this double aspect of language in being both the Word of God and the Image of God. Hearing and seeing validate, indeed substantiate one another. The loss of connection between the two has in fact diminished our image-making faculty. We have ... ceased either to create or to understand images. Words have become abstracted from the particularity of enfolded objects, and we no longer understand the dynamic of embodiment which is fundamental to all scriptural use of language” [35]. Moreover, it has been noted that “If you build a solid foundation of root words first, you can build an even stronger, broader and higher tower” [36]; we’ll return to this linguistic tower-building later. So we have “An edenic account of the relation between language and world indeed. To repeat – naming is something like attaching a word to a thing. One can say that this is preparatory to the use

of a word. But *what* is it a preparation *for*? When we go back to the metaphor of the tool box, language, here the act of naming can be seen as the preparation for acting upon what is named. We saw ... that it is also preparation for adult membership in the community of language-users ... [but not] the only form of preparation” [1]. And Adam was mightily busy with his tasks for he had “... his special verbal line to God. God had turned his ‘fiat’ over to Adam and Adam, dizzy with the exhilarating power of naming the animals and ordering the environment and keeping everything under control, must have had his head pretty much in the clouds. His stance was upright and attuned to the vaulting heavens – ‘out there’. He spent a lot of time talking to God and passing on imperatives, thrilling to the glint and power of words. He was very busy at his ‘office’ ... Gradually, therefore, Adam became more exclusive and bound by the abstract laws of command and conscience” [35]. And all this power at the disposal of one Man who “...despite being made



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of dust surpassed the angel in wisdom [sic] and understanding ... [who] pronounces the secret names of the animals" [23] was sufficient to anger even the angels and "It was later said that this naming is what made Iblis jealous of Adam and led to the Heavenly Fall, so we have two Falls in one in this myth" [23].

So now it's time to take stock. Up till now we have been seeing "... the creative side, as opposed to what

might be called the regulatory side, of language-games. 'And there is also a language-game of inventing a name for something.' ... [which] suggests ... that naming something is not to be regarded as a basic component of language since the primitive languages of the worker ... and the student ... did not have the capacity to ask the name for something or invent a name for something new. Naming is narrow; it has a single use" [1]. Thus we conclude that "Naming

is one kind of language game ... I've always been suspicious of poets & theorists of poetry who name *naming* as the poet's primary role ... [who say] that ... 'there are still birds in our forests that do not have names.' It's a lovely & romantic notion, but in fact it is ornithologists or local folk who give names to birds, not poets. Poets, of course, will put those names to uses that were perhaps never envisioned by the scientist or hunter" [1]. And in order to move forward,

Below are a list of members who have successfully completed the NCH accredited Supervisors course or have been granted the designation AcHypSup through accredited prior learning.

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Joy Gower	Norwich	01603 700578
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Christine Key	Surrey	01932 560725
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Simon Kilner	Leeds	0113 278 8673
Stephanie Kirke	Newbury	01635 820580
John Lawrence	Linlithgow	01506 830190
Mick Lawrence	London	0208 673 2719
Mary Llewellyn	Doncaster	01302 743113
Theresa Long	Wimbledon	0208 241 7930
Lynn Martin	Honiton, Devon	0208 457 2643
Gloria May	London	0207 486 4553
Joe McAnelly	Newcastle upon Tyne	0191 286 1161
Maureen McCabe	Salthill (Eire)	00 353 877730401
Jill McCafferty	Taunton	01823 276528
Hilary Norris-Evans	Wiltshire	01249 740506
Isabella Somerville	London	0207 610 1967
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Sue Stewart	Rhyl	01745 369616
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we can consider the example of Helen Keller who, “As a young blind and deaf child ... lived much like an animal, rushing from one sensation to another ... The awakening to *meaning* ... was the event which made it possible for Helen to begin understanding instead of simply repeating [what she had been taught] ... Helen had been trained to repeat the word ‘water,’ but it wasn’t until she combined the experience of feeling water and trying to communicate the word ‘water’ simultaneously, that Helen gained the magical gift of *meaning* – and hence language and understanding. Up to that point, Helen had been like a well-trained animal, memorizing words, communicating them, and receiving praise ... But now, suddenly, it came to her! The word ‘water’ actually *referred to, pointed to, meant* this marvellous liquid reality that ran through her fingers” [37]. Well, here we have made yet another “leap of faith” to the “meaning of meaning,” and so we come to ask: what exactly *was* the nature of Adam’s language? How is meaning made?

Now, that’s a great thing to enquire, but Gadamer doesn’t help in finding an answer when he states that “Admittedly, the nature of language is one of the most mysterious questions that exists for man to ponder on” [38]. In fact some modern linguists go as far as saying that “the problem of origin of language is so baffling that it is no longer considered respectable” [39]. Part of this mystery is the fundamental controversy at the heart of language study, which we could express thus: “Do words have their relation to those things which they represent by nature or merely by convention? ... For if language had a divine origin, the relation between word and object must be natural, whereas, if language is an artificial human convention the relation must be arbitrary” [29]. We might ask “What is the meaning of words and other objects of a language? The naive answer is: those

things which the words denote. This is known as the reflection theory of language. Language, like a mirror, creates certain images, reflections of the things around us. With the reflection theory of language we come to what is known as the correspondence theory of truth: a proposition is true if the relations between the images of things correspond to the relations between the things themselves. Falsity is a wrong, distorted reflection. In particular, to create images which correspond to no real thing in the world is to be in error” [40]. We are also prompted by this observation to ask: what does the parable of Adam’s naming tell us in terms of subsequent human language development? Well, we see that “We cut nature up, organize it into concepts, and ascribe significances as we do largely because we are parties to an agreement to organize it in this way – an agreement that holds throughout our speech community and is codified in the patterns of our language. The agreement is, of course, an implicit and unstated one, but its terms are absolutely obligatory; we cannot talk at all except by subscribing to the organization and classification of data which the agreement decrees” [41]. Moreover Adam the Namer made a good start, and since his time, “Human beings have identified about a million different things which warrant the creation of a word (concept). We only use about ~ 40,000 – 80,000 of them in the *adult lexicon*, i.e. the word set which allows us to sit in front of the tube and understand everything without opening a dictionary” [42]. And whilst Adam, at peace in his perfect Paradise, might have found sufficient meaning in reflection-correspondence defined above, and we recall that

*Once I spoke the language of the flowers, Once I understood each word the caterpillar said, Once I smiled in secret at the gossip of the starlings, And shared a conversation with the housefly in my bed.*

*Once I heard and answered all*

*the questions of the crickets, And joined the crying of each falling dying flake of snow,*

*Once I spoke the language of the flowers. . . .*

*How did it go?*

*How did it go?*

*Shel Silverstein. Forgotten Language [43].*

However, as time has progressed and our minds have been polluted by “poisoned words” [44], “We ... the Dead” [45] have to work much harder to make sense of the world. The mechanisms by which we attempt this sense-making process, “operate upon” the world, and communicate our understandings to ourselves and to others, are pursued to their conclusions in depth in the following article.

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# A FAB Interview with Martin Armstrong-Prior

By Rob Woodgate

**F**or the third in this series of interviews with members of the Fellows Advisory Board (FAB). I caught up with Martin Armstrong-Prior, who has recently taken on the role of NCH Company Secretary.

**RW:** Martin, can you start by telling us a little about yourself and what made you choose a career in Hypnotherapy?

**MAP:** In my case I have been involved in Counselling and Therapy since 1974, when I started reading for my degree in Psychology and Sociology. Then when I found how effective Hypnotherapy was it seemed an obvious development. I trained as a Hypnotherapist about 18 years later, qualifying in 1992, and joined the National Council for Psychotherapy & Hypnotherapy Register. I served as Complaints officer for the NCP and when the Hypnotherapy Register, as we were originally known, broke away I helped to develop the Co-operative structure that we have today.

**RW:** So, as one of the 'founding fathers' and an ex-chairman of the NCH, could you tell us a little about how the NCH has changed over the years?

**MAP:** That makes me sound very important, whereas I have always felt very fortunate to have been allowed the opportunity to catalyse the evolu-

tion of the NCH into what it is becoming; "potentially the greatest Member Organisation in Hypnotherapy."

The changes that the NCH have undergone really started before I put my three 'apeth in. Following the decision taken, at the Church House Meeting of the NCP & HR, that the



HR should separate from the NCP, there were a number of events or attempts at change that led to the big evolutionary change. At first, it was thought that a Private Company, with a 'benevolent council of elders' directing the Register would be the way forward. It soon became clear that this pleased only a few! But the name was created and protected by the creation of that Company.

While the NCH marked time, I was asked to take over Complaints and Discipline and was mortified when I found out how the procedure was

'applied'. But I accepted the role on the proviso that I was allowed to re-write the procedure and set about adapting the Police Complaints, Arbitration and Discipline Procedure to our needs.

While all this was going on, tensions continued to rise within the rank and file of the NCH and this came to a head at the AGM held at the Victory Services Club at which I was asked to officiate. It was this meeting that saw a split and the subsequent formation of the Hypnotherapy Association. I had been involved in the formation of Members Co-operatives before, having been chair of a Housing Co-ownership and a Community Workshop Co-operative, so I suggested that the ideal format would be a 'Members Service Co-operative'. I think this was seen by some as being a recipe for complete disaster.

**RW:** Hmmm, I wonder what they are thinking now? So what happened next?

**MAP:** I developed a proposal, with the help of the local Co-operative Development Agency, that enabled us to change the private company into a members co-operative company limited by guarantee. There was a meeting at a pub in Nottingham, that was poorly attended, and there were just sufficient votes cast and the new NCH Ltd came into being. Since then, each successive chair and especially our present chair and long serving former administrator have in turn enabled the evolution of the NCH.

This is an ongoing process that every member can contribute to and this is one of the most important concepts that we sought to enshrine in the Memorandum and Articles of the NCH. I look forward to it continuing.

**RW:** And how does it feel to be back on the Exec committee as Company Secretary?

MAP: Great. I have always tried to contribute to the good running of the NCH, both as an ordinary member and as an Executive, and relish the opportunity to serve again.

RW: So, looking forward, what do you see as the future of Hypnotherapy and the NCH?

MAP: How far into the future do you want to go? Within the next 3 years we, the NCH, will continue to grow and consolidate our ethical and moral standing. We also must continue to respond to any call on us from the Public or Government. The profession as a whole will continue to bumble along hamstrung by the usual issues and continue to miss potential opportunities that only we can grasp. We must not be afraid to be the exception.

In the longer term we will become the legitimate Hypnotherapy Professionals that will be recognised by Public and Government alike.

RW: I can tell you are very passionate about the profession and the NCH. Can you tell me who most inspires you?

MAP: It is almost impossible to cite one person, I'm much too fickle. My list includes many of the usual suspects, including my successor as chair of the NCH, Shaun Brookhouse. He has always taught that you can use all legitimate means to earn your income, but that those means are only legitimate if they come from a truly ethical base. He also adheres to the principle of giving back and has never stinted from doing so.

RW: What would you say is one of the best pieces of advice you have ever been given?

MAP: "If you ever stop enjoying it – stop doing it."

RW: So what keeps you enjoying it,

what motivates you?

MAP: Happy satisfied clients lift me, clients with needs energise me.

RW: And what about your achievements? Can you tell us about one of your proudest moments?

MAP: Having a part in the NCH becoming potentially one of the greatest Membership organisations in the Hypnotherapy World.

RW: One thing I have always wondered is that there seems to be a large number of ex-police in the Hypnotherapy profession. What do you think draws them?

MAP: What draws other ex-police officers is something of a mystery to me – I think most would say they feel they still have something to give. They probably also find it natural to be guiding people to resolutions for their problems.

RW: Well you certainly have a lot to give, for which we are all very grateful. If you had to sum yourself up in four words, what would you say? How would you describe yourself?

Caring, generous, supportive and loyal. (A good Boy Scout.)

RW: Three dubs to that! What is a typical day for you?

MAP: There is no such animal. My intention is to take an early morning swim, about 7am, most week days followed by a leisurely breakfast before starting the business of the day. This can include client work, reading or my two other interests, Scouting and the Great Central Railway.

RW: Talking of reading, it is always

very interesting to hear what books other people value, so over to you, which 3 Hypnotherapy books would you most recommend?

MAP: Tight wad – how can you keep to three? If I'm pressed I'll by-pass the obvious (Hartland) and start with 'Hypnotherapy' by Dave Elman. I have enjoyed listening to the Elman tapes many times and I am currently revisiting this book and enjoying this wonderful journey through the practical knowledge of this great teacher.

Then I would suggest a contrast. Another book I'm lining up to read again is 'Mind-body Therapy' by Rossi and Cheek. Some of Rossi's ideas are still very cutting edge and his concept of the potential for switching on or off individual genes using hypnosis is most exciting.

In third place, just, 'Hypnosis in the Relief of Pain' by Hilgard and Hilgard. Although this work focuses primarily on pain I think it shows how Hilgard regarded the importance of hypnosis as a potential tool as yet untapped by mainstream medicine and therapy. I said just in third place because I was very tempted to put someone who is very close to the NCH here; 'Word-weaving I & II' by Trevor Silvester, brilliantly readable and insightful.

RW: Thanks Martin, it has been a pleasure talking to you.

MAP: You're welcome.

I have always tried to contribute to the good running of the NCH, both as an ordinary member and as an Executive, and relish the opportunity to serve again.

# Congratulations to our latest HPD qualifiers!

Paul	ALCOCK	Steven	HAILES	Ujjvul	PATNEY
Allen	ALCOCK	Sarah	HAMILTON	Giorgio	PAVAN
Lynsey	ALEXANDER	Anna	HARRIS	Nicola	PAYNE
Steve	ALLEY	Zaid	HASMAT-ALI	Rachel	PESTANA
Simon	ARTHUR	Ruth	HEAFIELD	Natalie	PICKFORD
Louise	BANTON	Madeleine	HINE	Louise	PINCKNEY
Suzanne	BARRETT	Christopher	HOLLOWAY	Michael	PIPE
Jenny	BAXTER	Gareth	HOLMES	Nigel	POND
Vicky	BAYNHAM	Deborah	HOWES	Sian	PRETTY
Celia	BEESON	Susan	IRVINE	Ian	RALPH
Douglas	BELL	Sarah	JEFFREY-GRAY	Lesley	RAPHAEL
Brenda	BENTLEY	Claire	JETHA	Sarah	RAUF
Marie	BLACKBURN	Rob	JOHNSON	Amanda	RAWSON
Stephanie	BOTTERILL	Helen	JONES	Zelda	RHODES
Jo-Ann	BREAULT	Ceri	JONES	Paul	ROBINS
Irma	BROWN - BOUKEMA	Ian	JUPP	Layla	ROWAN-MAW
Rosanne	BUCHAN	Mark	KEATING	Desmond	RYAN
Claire	BUITENDAG	Shiara	KHATUN	Manjit	SANGHA
Patricia	BURRELL	Rebecca	KIRKHAM	Alexis	SAVAGE
Harriette	BYRNE	Zofie	KUCIA	Cathy	SIMMONS
Diana	CHILVERS	Den	LAITHWAITE	Barbara	SINCLAIR
Nicholas	CLARKE	June	LAWRANCE	Abby	SMITH
David	CLEGG	Keiran	LEE	Manisha	SONIGRA
Michael	COMFORT	Lucinda	LEO	Madeleine	SOUTHORN
Dennis	COOKE	Caroline	LIGHTFOOT	Karin	St MICHAELS
Jennifer	COOPER	Maureen	LIMB	Roger	STENNETT
Nicholas	COOPER	Sally	LLEWELLYN	Leah	STEVENS
Marcus	CORAH	Audrey	MAK	John	STIRLING
Martin	COX	Rosalind	MANSON	Kay	STRANG
Gillian	CRAVEN	Candice	MANSON	Elaine	THODY
Deborah	CROOKS	Clare	MARTEAU	Karen	TOPHAM
Jane	CROSSKILL	Philip	MARUNCHAK	Mark	TOWLE
Mark	DARLINGTON	Christopher	MATTRAVERS	Janice	TWINE-WELLS
Gianna	DE SALVO	John-Ross	McCANN	Agnès	VERMOREL
Franscesca	DELFINO	Lorraine	McCOURT	Tessa	VICAT-COLE
Peter	DICKIE	Craig	McDONALD	Surine	VOGELZANG
Diane	DORAN	Jamie	McGRATH	Suzannah	WALLACE
Sally	DRING	Lorraine	McLAREN	Penelope	WALTON
Patricia	EICKHOFF	Karen	McLEAN	Ray	WATSON
Jennifer	FANCE	Shaun	MEHEW	Mark	WATSON
Joanne	FARRIES	Anna	MOLONY	Nick	WATSON
Anne	FARROW	Stuart	MORGAN	Rachel	WATSON
Margaret	FORBES	Nicola	MORRIS	Patricia	WHITE
Keith	FREND	Jean	MULLIN	Ruth	WHITE
Alison	GARDINER	Selene	MUNDLE	Lawrence	WHYTE
Vincent	GAUGHAN	Simon	NELSON	Margaret	WIGGALL
Val	GENT	Julie	NICHOLLS	David	WILD
Sian	GILMARTIN	Jackie	NORTON	Claire	WILLIAMS
Tracy	GOULD	Donnah	O'DELL	John	WILSON
Trevor	GRAVENS	Lysette	OFFLEY	Ilona	WOLF
Robbie	GRAY	Arjun	PAREKH		

# CPD Diary

## Important Note:

Official NCH CPD courses are listed with a purple background. Other CPD listings are for information only; listing does not imply NCH endorsement.

If you would like to add your upcoming CPD training course to the diary, please contact the Editor for pricing & availability.

## December 2007

Date	Title / Trainer	Venue	Cost	Contact
15th	Depression Stephen Wilson	Kent	£60	Richard Nichols 0845 634 8052

## January 2008

Date	Title / Trainer	Venue	Cost	Contact
19th	Phobias Chris Holmes	Manchester	£60	Richard Nichols 0845 634 8052

## February 2008

Date	Title / Trainer	Venue	Cost	Contact
16th	Self Protection Su Ricks	Midlands TBA	£60	Richard Nichols 0845 634 8052

## March 2008

Date	Title / Trainer	Venue	Cost	Contact
29th	Sports Performance Chris Miller	North TBA	£60	Richard Nichols 0845 634 8052

## April 2008

Date	Title / Trainer	Venue	Cost	Contact
26th	Ideodynamic hypnosis and mind body healing - John Lawrence	Scotland TBA	£60	Richard Nichols 0845 634 8052

## May 2008

Date	Title / Trainer	Venue	Cost	Contact
24th	EFT Mary Llewellyn	Sheffield	£60	Richard Nichols 0845 634 8052

# Metaphor Corner

## The Trouble Tree Author Unknown

**T**he carpenter I hired to help me restore an old farmhouse had just finished a rough first day on the job. A flat tire made him lose an hour of work, his electric saw quit, and now his ancient pickup truck refused to start. While I drove him home, he sat in stony silence.

On arriving, he invited me in to meet his family. As we walked toward the front door, he paused briefly at a small tree, touching the tips of the branches with both hands. When opening the door he underwent an amazing transformation. His tanned face was wreathed in smiles and he hugged his two small children and gave his wife a kiss.

Afterward he walked me to the car. We passed the tree and my curiosity got the better of me. I asked him about what I had seen him do earlier.

“Oh, that’s my trouble tree,” he replied. “I know I can’t help having troubles on the job, but one thing’s for sure, troubles don’t belong in the house with my wife and the children. So I just hang them on the tree every night when I come home. Then in the morning I pick them up again.”

He paused. “Funny thing is,” he

smiled, “when I come out in the morning to pick ‘em up, there ain’t nearly as many as I remember hanging up the night before.”

## Let it Go Author Unknown

**O**nce upon a time a senior and junior monk were travelling through the countryside during the rainy season. Rounding a bend in the path, they came across a swollen river with a strong current.

As the monks were preparing to cross the river, they saw an old woman. She also wanted to cross the river, but due to her age, was unable to enter the current. The old woman pleaded with them for their help to cross the river.

Now these monks were of an order who were not allowed to touch other people. So, by the rules of their order, they could not help the woman get across the river.

However, the senior monk picked the woman up and carried her across the river on his shoulders.

Some miles further along the path, the senior monk noticed that his junior was unusually quiet and enquired “Is something the matter, you seem very upset?”

The junior monk replied, “As monks, we are not permitted to touch others; how could you then carry that woman on your shoulders?”

‘How strange,’ remarked the other, ‘I only carried her only across the water. You are carrying her still.’

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# Book and Product Reviews

## Nightlights By David Fontana

Reviewed by Sara Jeffery

At the recent NCH conference, I set myself a budget for books (sort of), being, as many of us are, a bit of a bibliophile. One book that caught my eye amongst the many varied books on the Hypnosis Bookshop stall, was a book called “Nightlights”, which has the subtitle of “Stories and Advice to Help Your Child Discover Peace, Confidence and Creativity”.

Described as a “guidebook for parents and a storybook for children”, it is a book of metaphoric stories, written in a beautifully, relaxing style by David Fontana and Anne Civardi, and carrying colourful, thoughtful illustrations that hold the attention of a child, without being too busy to distract from the words. Just right for bedtime.

Apart from the hypnotic language, each story has a boxed panel at the end, containing interpretations of the metaphors in the story. Also very useful is the index which catalogues the stories by “values and issues”, for example, confidence, change, kindness, and laughter, as well as an appendix that offers a guide to helping children visualise.

This evening, as I sat with my girls, listening to the thunder and lightning, I found “acceptance of bad weather” in the index, and so we read “The Weather Dance”. Rosie, 8 ½ (highly visual) always wants me to read from this book; Jenny, 4 ¾ (going on 15, very Kinaesthetic) always protests and claims she won’t listen – but she does, equally captivated by the illustrations and the beauty of the words.

I am enjoying using this with my children, but can also see the potential in adapting the metaphors to use when I work with junior clients.

ISBN: 0811839559  
Chronicle Books

## Hypnosis for Smoking Cessation By David Botsford

Reviewed by Rob  
Woodgate

When I first came across this book, I was immediately sceptical – with the UK still adjusting to the public smoking ban and a number of other books on smoking already on the market, I wasn’t sure there was room for another. However, this book, aimed at practitioners and written by an NCH Hypnotherapist who specialises in smoking cessation, quickly captured my attention.

Starting with the basics of trance, the

book covers every conceivable aspect of smoking cessation; from home visits to corporate seminars, satisfaction guarantees to self-hypnosis, marketing to marijuana, this book attempts to be the definitive practitioner manual on the subject. And a very good job it does too.

The author’s central message is that it is not enough to simply hypnotise a client and give them suggestions to become a non-smoker; rather, the hypnotherapist must also equip the client to deal with situations they might face in the future.

In this quest, the author draws from a diverse spectrum of techniques – from Ericksonian Hypnotherapy, NLP, Stress Management and Cognitive Therapy to Yoga and the Hawaiian Kahuna. At times humorous, at times prescriptive, the book reflects the author’s belief that success in Hypnotherapy depends on getting every detail right.

By the end, there is no doubt as to the author’s approach, and the checklist chapter allows the reader to emulate it exactly. I was left feeling as if I had actually spent time observing the author in practice.

This book will appeal to a wide audience. Newly qualified practitioners will appreciate the detailed explanations and transcripts, which not only explain how a smoking cessation session should be structured, but also the reasons why. Practitioners who find comfort in scripts will find this book a real treasure trove of material. Experienced practitioners will enjoy dipping in from time to time to refresh their minds on the things that can make or break a session, and the opportunity to see another practitioner in action.

ISBN: 184590074X  
Crown House Publishing



## THE HYPNOTHERAPY JOURNAL

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Wishing You  
A Very Merry  
Christmas ...



... and A Very  
Happy and  
Prosperous  
New Year!

From Your Committee

Winter 2007

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