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NATIONAL COUNCIL FOR HYPNOTHERAPY
Address: P.O. Box 5779, Burton on the Wolds, Loughborough. LE12 5ZF
Phone / Fax: 01509 881477
Website: www.hypnotherapists.org.uk
Email: admin@hypnotherapists.org.uk

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THE NCH COMMITTEE

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

As a species we dislike change, we are much more comfortable with the routine and the familiar, so it will come as shock to many of you to have heard the news that Fiona Biddle, and Jill McCafferty and Jane Hodgkin are resigning from the committee. It is one of those unfortunate synchronicities that they should come all at once and undoubtedly a blow to the organisation because in each person we had an excellent fit for the roles they undertook.

It regularly surprises me to find myself the longest serving member of the committee, but as such I think I'm in a good position to thank them, because I have a clear memory of what they inherited. Let me start with Fiona. If ever a decision was made that saved the NCH it was the appointment of Fiona as Membership Secretary. Quite frankly at that point 5 years ago the NCH was in a mess that it might not have recovered from - for reasons best not gone into. Fiona quickly established order and impetus. Her attention and drive were a key factor in the revival of the NCH into the powerful force it is today and, vitally, her knowledge, approachability and warmth made her a fantastic first point of contact with the public. Over the years we have worked together I have sought and valued her advice on many occasions and will miss her judgement,.

Being a Complaints & Discipline Officer without being intimidating is quite a feat, but one which Jill McCafferty accomplished with ease. She streamlined and humanised the complaints system and worked tremendously hard in the early years to get our ethical affairs back in order. Whoever takes over the role will find a role that is more akin to oiling a machine thanks to the almost complete re-build she undertook. Jill's is a job which is largely thankless, which is why I wanted to express clearly the gratitude of the committee for the work she has done in rebuilding the credibility of the NCH.

Jane Hodgkin is the youngest in service of those resigning, but she has accomplished a great deal in a short space of time. By overseeing the re-styling of our literature, the assembly of the members pack and the compilation of a media database she has improved our contact with the public and raised our profile with the media. A recent case in point is the Channel 5 programme *Hypnosis ruined my life*. Hearing of its imminent airing Jane quickly organised a press release from Shaun emphasising the difference between stage hypnosis and Hypnotherapy. It is the first time I have witnessed such proactivity and something that is vital in todays 24 hour news climate.

Each has a different reason for leaving and I'm sure you would want me to express our thanks for their many efforts and wish them well in the new directions their life takes them.

Mentioning that Channel 5 programme once again raises the frustration of the public getting confused about the difference between stage hypnosis and Hypnotherapy.

Whenever the question of banning stage hypnotists from the NCH has been raised I've always been opposed to it because I've always been against nannying members, but I have to admit I've changed my mind. I believe it is vital for the growth of Hypnotherapy into a respected profession that we present clearly what it represents. This means at all levels. We need clearly defined and meaningful training standards, a coherent code of ethics, a fair system of complaints and a democratic organisation.

We also need clear water between ourselves and the those who use hypnosis for the purposes of entertainment. It is not enough to hide behind the fact that hypnosis hasn't been proven to do any harm by a court of law - yet. If we truly believe that hypnosis is a powerful tool for effecting change then it is illogical to argue that the power can't flow both ways and do harm if used badly. Even if stage hypnotists were well trained they still do not have the opportunity to properly vet prospective victims to identify those for whom hypnosis is contraindicated.

One day it will blow up spectacularly and the press will have a field day. We need to have educated the public to recognise the difference between us if we are not to be caught in the blast. But that's just my opinion.

Enjoy the read.

Trevor Silvester

Committee News

"As you may have gathered, I have decided to cease being administrator of the NCH. I have been in post nearly 5 years and I will retain my role as a director, with the title Executive Director if the committee wish this until the AGM of 2005. I am very keen to ensure a smooth hand over for the continuing benefit of the NCH with whom my loyalty remains. We have had some excellent applications to take over, so I am confident that my leaving willcause minor disruption at worst!

My reason for resigning is double-edged. When I became involved with the NCH it felt rather like a vacuum. Trevor was producing the Journal, but nothing else was happening. Martin Armstrong-Prior and Rod Lacy had taken up the reins, but until this point no one was providing anything other than the Journal for the membership and there was little energy around outside of the small committee. It soon became my goal to provide services and to give the organisation some positivity.

In this I have been very well supported by the current committee and previous directors. I have now reached the point where the NCH is depleting my energy, rather than my energy enriching the NCH. I therefore feel it is everyone's best interest if a new administrator, and later Executive Director be found to maintain our momentum.

I will be pursuing the other aspects of my therapeutic career which I now find to be more rewarding. This realisation has come about gradually over the last few months. Until then I found this role fulfilling, but times move on.

I wish the NCH every success in the future.

Coincidentally, Jill McCafferty also decided, pretty much at the same time, that she would like to move on from her role of Complaints Officer. Jill has done an excellent and thorough job in this difficult role; I am sure everyone would agree that this is not one to take on forever! We wish Jill well. We have had lots of interest in this post too, so we expect a smooth handover.

There have been one or two mumblings by those conspiracy theorists amongst us, who seem to presume that "change equals problem". We have been slightly concerned that these mumblings will be enhanced by the recent departure of Jane Hodgkin from the role of PR and Marketing. However, we recognise that most of you will understand the big picture, and those who want to imagine discord will continue to do so! The whole committee would like to assure you that all is harmonius, and that everyone, including Jane, Jill and I willcontinue to support the efforts of the executive to fulfil our goals."

Fiona

I'd like to encourage applications to the post of Marketing and PR Director of the NCH - it is a rewarding one. I'm sad to be resigning from it, and I'm only doing so because I need to devote more time to my practice and my family.

Here's what you might expect to be taking care of. The new look of the NCH is already in place on our stationery and in the Journal. There remains the website to bring into line. As far as the press is concerned, we have in place a contacts list ready for mailouts. I've volunteered to continue writing regular press releases, freeing you to follow them up with phone calls. Plans are afoot for a database of research, results and case studies - it'll help you respond easily to press enquiries. And of course, there's room for you to be proactive in developing contacts and in ensuring the NCH has an effective public presence.

If you have press or marketing experience or are successful at your own marketing and media contacts, do consider applying.

Jane Hodgkin

Peer Support Momentum - let's get going!

Being that timing is everything, sometimes it just happens that 'intention' and 'spontaneous action' collide in time. The result becomes the formation of something meaningful. As part of the development of NCH professional standards, Supervision and Peer Support have been very much on the agenda for some time now. For practitioners in West Berkshire, Hampshire and Surrey, the formation of a Peer Group has happened with gusto!

How? Well, it has been purely a case of putting out the message and practitioners responding. The intial group meeting occurred in January of this year and with

eight practitioners attending from a total number of invitations to fifteen or so. Those that came were from diverse backgrounds and held membership of other hypnotherapy organisations as well as the NCH itself. The group established that it was essentially going to operate on a 'leaderless' basis, the function of chair and minute taker of any particular meeting being achieved on a rotational basis. It was agreed that meetings be held every three months. The Agenda followed a format that allowed for members introducing themselves to the group as a whole, followed by raising concerns about case study work, future contributions, date and frequency of next meeting (agreed between members). The aim of the group includes being able to discuss problematic case study in confidence, sharing issues that inhibit personal development, exchanging ideas of knowledge/techniques/training, ways to improve the delivery of services to the public and business ideas/practise to increase therapeutic acitivity.

The first meeting dealt mainly with the concerns regarding a particular case study. EFT techniques where explored as an alternative way of supporting the practitioner with the clients needs in mind. All members participated with questions, ideas and comments on this case. The practitioner was fully supported and acknowledged having gained a way forward with working with the client concernd in the future.

The group activity was recorded by minutes that retained the confidentiality of the client in the case study work and that of the practitioner who brought up the original concern. It was agreed at the second meeting to follow this procedure at all subsequent meetings.

The second meeting introduced new members, some that could not attend the first meeting. No apologies were received for non-attendance although some members were absent and it is something that will actively be encouraged for future meetings. Again, the meeting time was spent discussing case study work between three members and successfully met the needs of those who presented issues to the group. It was agreed that speciality areas of individual practitioners be circulated to members of the group, as well contact details for those who want contact between meetings. It was also viewed that pooling educational/training resources would be a positive thing for the group. The system of sharing resources has yet to be established.

With this very brief but positive development, I am now contacting the NCH Regional Representatives with encouraging words to request that they seriously consider being the catalyst for future groups to begin in their area.
The key seems to be to start with a fully open view and invite practitioners who are operating in your area, regardless of what organisation they belong to. We have a commonality with others who do the same job as we do afterall. It would be easy to judge other hypnotherapy practitioners who work alongside you as your 'competition' but it seems to work positively when consideration is given to other practitioners as those who have a common bond with yourself and vice versa.

Personally, I am all for cooperation between professional practitioners as demonstrated by the BHS Peer group members to date. I have been privileged to have been part of the beginning of something that will continue to support members with the difficult job they do. Members feel a sense of connection, reducing professional isolation, enhanced confidence and competence as other hypnotherapy practitioners support those who need it. The reality of the fact is that most of us do owing to the nature of the job and the demands that it makes upon us. I look forward to seeing some of the BHS Peer Group members at the NCH conference this year and to meeting up with those who cannot get to conference, later in August. I think by then we will have to find some extra chairs, Again!

Stephanie Kirke

Congratulations!

To the following members for successfully passing the HPD.
(There were so many I've had to put you on two pages . See also page 38)

Gill Badcock
Stephen Demianyk
John O'Brien
Marcia Tillman
Ann Alexander
Joy Gower
Peter Keyani
Philip Grindell
Rebecca Neil
John O'Reilly
Suellen Raven
Charmaine Kemps
Daniel Lindenbaum
Tom McCarthy
David Barrowcliff
Henry Clark
Neil Conoley
Denise Crosby
Louise Johnson
Gareth Kemp
Jason Oubridge
Jon Price
Dorothy Purnell
Sara Rundle
David Sargent
Ian Tuckey
Nola Wood
Christopher Holmes

Therapist: Beware of False Memories

By Chaplain Paul Durbin Phd

Recovered Memory Therapy is a type of therapy used by Some ministers, psychiatrists, psychologists and other counselors. The Recovered Memory Therapist tends to assume that patients with such problems as eating disorders, relationship problems, depression, sexual inhibition and a host of other problems must have experienced traumatic instances of sexual abuse, which they have then repressed. These therapists use many counselling methods such as hypnosis, guided imagery, progressive relaxation techniques automatic writing, feeling work, dream work, group therapy and art therapy to uncover those repressed memories or produce false memories. The use of these techniques can be very helpful tools of therapy. I have used each of these techniques in my role as hospital chaplain and a certified clinical hypnotherapist, who is consulted by physicians at Pendleton Memorial Methodist Hospital in New Orleans, La.

In discussing Recovered Memory Therapy, I do not include those who use hypnosis and other counselling techniques to discover past history that might contribute to a present day problem and use it to help the person live better today without destruction of others. I do not included those therapists who work with individuals who have always remembered that they were sexually abused and are working in the here and now to overcome any problems initiated by that abuse. I am including those therapist who plant false memories and encourage their clients to confront, hate, break with and sue parents for something that may or may not have happened years ago. Based upon my findings and interpretation of those findings, I consider Recovered Memory Therapy to be based on bad assumptions and the result is bad therapy. Recovered Memory Therapy is bad therapy because it makes assumptions that are not valid, it rewrites a persons history with very painful results, it makes the client very dependent on the therapist, separates clients from their natural families, it causes the client to induce some very emotionally painful experiences which come only from the imagination and quite often makes the client worse instead of better.

Understanding the consequence, it is important to beware of Recovered Memory Therapy and its potential dangerous implications.

We have one mind but two parts: the conscious and subconscious. The conscious portion consists of about 10% of our thinking ability and the subconscious consists of about 90%. Our conscious mind consists of what is available to our conscious thinking process. It is the analytical, rational, logical, two plus two is four part of the mind. The subconscious is not logical and it contains our emotions, habits, automatic responses, feelings, instincts, impressions and much of our memory. One of the peculiarities of the subconscious mind is that the subconscious mind cannot tell the difference between imagination and reality. In regards to memory; a thought, image, idea whether real or not, repeated often enough or when emotionally charged, becomes like a real memory to the subconscious mind.

One way to get to those memories is through hypnosis. Clergy, psychiatrists, psychologists and other therapists often use "age regression" in their therapy. In discussing "false memories," I am not speaking out against "age regression." I am concerned about how we get to those memories and how they are used when recovered. If they are used to help a person adjust to the present that is what is desired. If the recovered memories are used to provide a client the information to sue someone, I have a problem with that kind of therapy. Many believe that a memory retrieved in hypnosis is true and accurate. I used to accept this assumption, but as I come to my understanding of the subconscious mind as previously stated, I realized that one can easily produce a false memory that can seem just a real as a true memory. I was first introduced to Recovered Memory Therapy about five or six years ago. A man called me from California. He said that he had got my name and phone number through the United Methodist Church. He had an adult daughter in New Orleans who had sent him a letter accusing him of childhood sexual abuse. She had recovered the memory while in therapy at a local psych-centre in New Orleans. She wrote to her father requesting that he pay for her therapy and he should send her a specific amount of money each month as she was to emotional disturbed to hold a job. She was in her forties when she began therapy and was working and making a living.

After a few months, she had recovered these memories of sexual abuse and had steadily gotten worse. The father denied that he had ever touched his daughter sexually and was overcome with sadness and despair as a result of the accusations. He asked me for help. As his daughter was receiving counselling at another health care facility, I contacted the chaplain at that hospital to look into the situation.

I talked to the father one more time and he said that he was trying to get an appointment with the therapist but had been unsuccessful. The therapist kept telling him that he was in denial and that the only way the daughter and therapist would meet with him was if he confessed that he had indeed molested his daughter when she was a child. He asked me if I had ever heard of the False Memory Syndrome and an organization called, "False Memory Syndrome Foundation" which had been formed for parents of adult children who had accused their parents of sexual abuse. I admitted that I had not.

The False Memory Syndrome has been described as a condition that results when a person's identity and interpersonal relationships are centred around a false memory recovered as an adult of childhood sexual abuse. The individual with recovered memories is resistant to any effort to discover the truth. The person may become so focused on the memory that he or she may become ineffective in coping with the real problems in his or her life.

A few years ago, a woman came to me stating that she had been to a psychiatrist who regressed her back to a supposed sexual molestation by her father. She was considering confronting her father and accusing him of sexual abuse when she was a little girl. Before confronting her father, she wanted a second opinion. Before Recovered Memory Therapy, she had no memory of abuse and had always felt very close to her father and was never consciously afraid of him. She had experienced a proper and appropriate amount of affection from her father and in spite of her supposed 'recovered memory' loved him very much. During a regression, I asked her to go back to any experience in her past that could clarify her situation in relation to her father. She went back to a situation that occurred when she was three years old and continued on and off for about two years. She used to like to have her dad rock her on his foot which she called, "riding the horsey." An activity that many small children enjoy without any sexual content. During this time of play, she experienced sexual pleasure and orgasms. Of the first time she experienced sexual pleasure, she said in a childlike voice, "Daddy is holding my hands while I ride the horsey and it feels good between my legs. Something is happening, if feels so good, but I don't understand. The good feeling is coming from where I pee pee." I asked her, "Is there anyone else in the room with you and your father? She replied, "Yes, my mama and my brother and when I get through riding the horsey, my brother can ride." From this regression, it appears that her father was totally innocent of any abuse and was just playing a normal child's game with his daughter the same way that he played with her older brother who wanted to "ride the horsey."

QUOTE-NOTES

"The universe is change; our life is what our thoughts make it."

Marcus Aurelius

Following that session, I began to read everything I could on the False Memory Syndrome. I decided that I would write an article on "False Memories". I did this because of the pain and harm that Recovered Memory Therapy was inflecting on clients and their families. Aging parents accused of sexual abuse were often being sued by their adult children because of "recovered memory" without any verification of the reality of their abuse. Beware of false memories because of the trauma caused to the client who experiences these false memories. Beware of false memories because of the hurt and pain experienced by parents who are accused. Beware of false memories because of the damage to families that results from false memories. Beware of false memories for your own well-being. Many families and retractors (individuals who experienced false memories and are now refuting those memories) are suing the therapist who developed the false memories.

From my counseling, books and other materials, that I have read, a pattern tends to occur with striking frequency. These sessions began with a client coming to the therapist with a presenting problem other than sexual abuse. Regardless of the presenting problem, the therapist tends to assume that if a person has certain symptoms that are proof of childhood sexual abuse. The abuser is usually assumed to be the father and/or perhaps the grandfather, and may also include the mother and grandmother as well others. The symptoms that indicate that the person has experienced sexual abuse includes but is not limited to eating disorders, headaches, vaginal infections, sleep disorders, stomachaches, dizziness, problems maintaining stable relationships, obesity, depression, or low self-esteem. Anyone may face one or more of these symptoms during their

lifetime, but the Recovered Memory Therapist acknowledge only one cause: repressed memories of childhood abuse.

INTERNATIONAL ACCREDITATION

The National Guild of Hypnotists is the oldest (founded in 1951) and largest professional society for hypnotherapists in the world.

The NCH has negotiated a reciprocal agreement with the NGH in the USA, which currently has members in 40 countries. Check their website at www.ngh.net for more information about their conferences and publications.

A 20% discount is available for your first year's membership, which brings with it four editions of the Journal of Hypnotism and four editions of the Hypno-Gram.

If you would like to take advantage of this opportunity please contact Fiona for an application form.

With this motivation, the therapist next step is to convince the client that she was abused whether she can remember abuse or not. If the client says she was not abused, the therapist will often respond that the denial is another proof of her childhood sexual abuse.

It is similar to the witch trails at Salem. Those suspected of being witches were thrown into a pond. If they floated they were guilty and burned. If they sank, they were innocent but dead. Once the client is convinced that remembering childhood memories of abuse can cure her problems, the therapist uses a variety of techniques to help the client uncover repressed memories. Among these techniques used are hypnosis, sodium amythal, guided imagery, age regression, progressive relaxation with suggestions, trance writing, body memory group survivors work and many other such therapies to get to the so-called repressed memories. As a certified clinical hypnotherapist, I use most of these techniques. Except for sodium amythal, it is not the technique that I have problems with, but with the way it is used or rather misused.

Among many stories told by Eileen Franklin of how she recovered memories of her father, George, raping and killing her friend years before was from a flashback. She told her brother that she recalled the incident while under hypnosis. She told her sister that the she became aware of the killings from a dream. At her father,s trial, she told the jury that she had remembered the murder during a flashback triggered by looking at her own daughter's face. Based upon Eileen testimony of the recovered memory, George was convicted of murder and sent to jail.

Perhaps nothing fuelled the flames of the fires of recovered memory therapy as much as the books by survivors. Do these books provide good advice to help women recover memories or do they tend to implant memories? During the twentieth century, few books have done more harm than the Bass and Davis book 'The Courage to Heal' which is considered the bible of the Recovered Memory Therapy movement. Early in the book the claim is made "You may think you don't have memories (of sexual abuse) but often as you begin to talk about what you do remember, there emerges a constellation of feelings, reactions, and recollections that add up to substantial information. To say, 'I was abused' you do not need the kind of proof that would stand up in court." (p. 25) The book continues "Often the knowledge that you were abused starts with a tiny feeling, an intuition... Assume your feelings are valid." (p. 25) Another statement to prepare the soil of the mind for implanted memories is "If you have unfamiliar or uncomfortable feelings as you read this book, don't be alarmed. Strong feelings are part of the healing process. On the other hand, if you breeze through these chapters, you probably aren't feeling safe enough to confront these issues. Or you may be coping with the book the same way you coped with abuse - by separating your intellect from your feeling." (p. 27) They have got you whether you are feeling uncomfortable or if you are feeling nothing. Either way the authors assume that you were sexually abused and they will go to any lengths to recover the memories without regards to the truth.

The authors encourage women to separate themselves from their "family of origin", to sue their parents, to disassociate with anyone who does not support their claims and hate those who they discovered abused them. The book tells of one woman who claims that she was abused by her grandfather went to his deathbed and, in front of all the other relatives, angrily confronted him right there in the hospital. Forgiveness may be considered,

but is not encouraged and in fact is discouraged.

I believe that forgiveness can contribute much to healing. Habitual grudges, resentment, smouldering rage, the war within plays havoc with our health and well-being and weakens our resistance to disease and/or emotional illness. We need to forgive those who have harmed us. That does not mean that we condone what they did nor do we need to have a close relationship to that person. By forgiving them, we release ourselves from the power that they hold over us. We need to forgive even when the person who has harmed us do not ask for nor deserves our forgiveness. Whether the person is living or dead, we need to forgive in order to free ourselves from the power that person has over us. This is true regardless of what has happened to us including sexual, physical or emotional abuse.

I am reminded of Sandy, a 21 year old lady, that came to me for counselling, who had always remembered being sexual abused by a brother who was seven years older than she. She was a Christian but was having trouble forgiving herself or her brother. She was concerned because Jesus said "forgive and ye shall be forgiven." She could not be freed until she could forgive him. He had not asked her for forgiveness nor was he visibly sorry for his abuse. The forgiving act of Sandy did not change her brother, but it did change her. After several sessions covering many issues, she said that she was ready to forgive her brother. I said, "In your imagination, you are setting in a chair on the stage in front of your brother. Now prepare to forgive him even if he does not request forgiveness nor deserves forgiveness. She said,

"I forgive you brother for the sexual things you did to me as we were growing up. I forgive you Robert. In so doing I release myself from the power that you have had over me. The power that made me feel guilty, has prevented me from fully enjoying sex with my husband and has weakened my self-esteem. I am now free to live my life joyfully." Sandy lives a much happier life and responds joyfully during sexual relations with her husband.

There is a concerted effort to make the patient experience the emotional pain of rape, sexual abuse and other horrible experiences through abreaction. They have the client relive the supposed abuse and thereby releasing its power. (Most therapists use abreaction as a releasing technique, but most of the time the therapist will have the patient distant themselves from the pain and view the experience from a safe place or as if it were on a TV screen.) The Recovered Memory Therapist persuades their clients to literally feel the pain of the rape and torture and the humiliation of their supposed experiences. In their book Making Monsters, Richard Ofshe and Ethan Watters state, "Although we don't suggest that these recovered memory therapist take sexual pleasure from these abuse 'recreations,' some recovered memory therapist perhaps deserve recognition as a new class of sexual predator." (p. 7)

The client is encouraged to have a confrontation with their abuser and/or abusers This is usually done in the therapist office with strict guidelines. Supported by the therapist and perhaps others, the client generally reads from a prepared statement. They lists a variety of accusations such as "you molested me when I was six months old, you raped me when I was four until I was seventeen. Mother you let it happen. You did nothing to stop him and in fact you assisted him and molested me also." The parents are not allowed to challenge the accuser and if they say that the abuse never occurred, they are accused of being in denial. Sometimes the accusations are made over the telephone or in a letter with similar letters written to other family members and friends. During these confrontations there is usually a demand for the parents to pay for therapy and additional sums of money for the pain they caused the survivor. If they don't get what they want from the confrontation, they quite often sue and most of the so-called survivors books encourage them to do so.

A Recovered Memory Therapist encourages clients to give up their natural families to including any relatives who do not agree with the client concerning the alleged abuse. The authors of 'The Courage to Heal' suggest that one should separate themselves from the cause of their problems, which in their terms is "the family of origin." Their tendency is to picture the family as poison for the client and destructive to the client. Fathers, grandfathers, brothers, uncles and added to that list; mothers, grandmothers, sisters, and aunts who either participated in the abuse, allowed it to happen without interfering, or did not believe the accusation of the survivor.

The Recovery Memory Therapy Movement has many cult-like qualities. Webster's Unabridged Dictionary definition of cult is a group with a "devoted or extreme attachment to or extravagant admiration for a thing or ideal, especially as manifested by a body of admirers; any system for treating human sickness that employs methods regarded as unorthodox or unscientific." Generally a cult will claim to be the only way to God, Nirvana, Paradise, healing, and such. Some characteristics of a cult are:

(1) Their leader/s may claim a special revelation. The therapist is the leader and develops a situation where the client depends upon on them for salvation.

(2) They believe that they have the whole truth. Everyone is a victim and needs to recovery the memories of abuse in order to be whole. Their bible is The Courage To Heal with other survivor books also used as sacred writings.

(3) They use intimidation or psychological manipulation to keep members loyal to their truth. If one says they experienced no childhood sexual abuse, they are said to be in denial.

(4) Members will be expected to give substantial support. The cost of therapy is high and can go on for years.

(5) There is great emphasis on loyalty to the group and its teachings. You must accept the diagnosis of the leader and allow yourself to discover the repressed memories of abuse.

(6) Members are encouraged go give up their natural families for the family of the cult. The survivors group is to take the place of the family of origin and the family of origin must be denounced.

(7) Members will look to their leaders for guidance in everything they do. During treatment the client becomes overly dependent on their therapist.

(8) Any questioning of the group's teaching is discouraged. If one suggests that they have no sexual abuse history, the group ridicules them and says that they are in denial.

(9) Attempts to leave may be met with threats. The client is told that they can never heal until they have dealt with their abuse and cannot make it on their own.

Mark Pendergrast writes in his book 'Victims of Memory', that one of the primary appeals of Recovered Memory Therapy "movement is that it serves as a substitute religion in an era of shifting values, uncertainty and confusion. Being a Survivor provides many of the advantages of a born-again sect, including self-righteous indignation or pity for those who have not been saved, a warm communion with those who share similar beliefs, a strong spiritual/mystical component, and the opportunity to become a martyr for the cause. For therapist, the movement is a crusade against the forces of evil. They are valued priests who can unlock the secrets of the mind." (p. 460) To identify the movement as having the trappings of religion, "you have only to listen for the telltale words and phrases. It is astonishing how often the words 'belief' and 'faith' come up. 'Letting go takes faith,' Bass and Davis write in The Courage to Heal. 'You have to trust your capacity to heal yourself.' Therapists must 'believe' their patients, or they will re-traumatize them.... It requires 'a leap of faith' to 'believe the unbelievable.' To doubt any of these stories or to ask for some sort of evidence is tantamount to heresy." (p. 461)

Some Guidelines for Therapists

(1) If the therapist is going to bring up the possibility of sexual abuse, it should be part of the patient history intake information and should be one question among many. The question may be "Were you sexually abused as a child?" If the answer to that question is "No," accept the answer.

(2) Do not diagnosis sexual abuse based on the client's symptoms. A therapist should not assume that sexual abuse has occurred because a person has periods from her past that she cannot remember.

(3) Be aware of how you word questions or suggestions so that you do not lead a person to have false memories.

(4) Be aware that because of books, TV/radio programmess, magazines articles and newspaper articles that false memories may have already been planted before the client came to you.

(5) Understand that memory can be distorted even when the person is in a hypnotic state.

(6) Work toward coping with life in the here and now rather than focusing on the past; especially avoid repeated reliving of painful experiences whether real or false.

(7) Do not put a client without clear and detailed memories of abuse into a survivors therapy group and then only if the group deals with adjusting to the world in the here and now.

(8) Do not advise a client to read 'The Courage to Heal' or any other book written by a so-called survivor.

(9) Be careful when using progressive relaxation, suggestions, guided imagery, hypnosis, or other hypnotic like states that you do not give leading suggestions of abuse.

(10) Be certain that you are not meeting some sexual need of your own by helping your client come to share with you sexual abuse whether real or false.

(11) If you were sexually abused as a child, do not assume that everyone else was abused.

(12) Question your motives before you suggest that a client confront and separate from her natural family.

(13) Do no harm. Continue to use hypnosis, guided imagery, relaxations techniques to help others come to terms with life and thus live a better life, but beware of false memories.

Further Reading

Bass, E. and Davis, L. (1994) The Courage to Heal: A Guide for Women Survivors of Child

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Chaplain Paul Durbin can be contacted through his excellent website www.durbinhypnosis.com

QUOTE-NOTES

"No one can make you feel inferior without your consent."

Eleanor Roosevelt

The Ethics of Utilising Rapid Inductions

By Gerald F. Kein

For many years the use of clinical instant and rapid inductions were unheard of by the hypnosis practitioner. Instructors were never taught the advantages of using these inductions, how to use them or they were simply ignored. Consequently, they were not included in their training curriculum. The few who were aware of these inductions, believed only the stage hypnotist should ever consider using them. Others considered them violent in application and felt they could possibly harm the client. It was also believed these inductions would not induce a deep enough working level of trance. Many "gurotic" (kinda like guru) instructors still stand by these beliefs and continue to teach, what my experience tells me, are erroneous concepts.

There is no blame or fault placed on these veteran instructors for their beliefs in these concepts. If they were never instructed in how or, more importantly, why these inductions work, then followed by substantial practice on subjects; the misunderstanding of the appropriateness and value in the clinical environment is easily understandable.

Most training today is based on some variation of progressive relaxation as the primary induction of choice. Many teach this induction exclusively in their training's with no exposure to any other forms of induction. Since the late 1700's, this has been the only induction known by most hypnosis practitioners.

It is necessary to grow and expand our knowledge. Imagine if the medical field refused to learn new techniques and stayed with the knowledge of 1700's. They would still be slitting wrists and bleeding patients to treat consumption! Imagine what it would be like with no progress in the automotive industry after Henry Ford invented the Model T. It's time we too progressed. I suggest the profession consider severely limiting the use of this primary induction of a past era during this exciting new millennium.

Let us take a moment to define hypnosis. There has never been any one accepted definition of hypnosis. Every hypnosis instructor has had his/her own definition. A universal definition was needed. Now, The United States Government, Dept. of Education, Human Services Division defines hypnosis as "The by-pass of the critical factor of the conscious mind (a persons analytical and judgmental ability) followed by the establishment of acceptable selective thinking." (Suggestions and therapy that the client wants and feels good about.) Notice the absence of the word relaxation in this definition. It has been discovered deep relaxation, in many cases, is not needed to by-pass a clients critical factor and achieve deep somnambulistic hypnosis. More and more hypnosis training instructors are now using this government standardised definition in their training's.

Please do not misunderstand me. The progressive relaxation induction is fine for certain clients. Unfortunately, it is also useless on others. Lets discuss the four basic types of inductions available to us today.

1. Progressive Relaxation Induction

We are all familiar with this one. It creates a general relaxation of the body. The idea being that deep relaxation establishes the hypnotic state. Depth testing is mandatory in order to determine the client's level of trance or whether they are indeed in hypnosis at all. It is a fine induction for those clients in the minority who need a slow maternal induction. The main concerns associated with this induction are:

a. Without mandatory depth testing (which many hypnotists don't do), it is unknown if the client has achieved critical factor by-pass (hypnosis).

b. Analytical people will fall behind the practitioners suggestions and never catch up.

c. Type A clients with little time to spare do not respond well to slow, time consuming hypnosis methods.

d. During evening appointments tired after working all day, clients may easily go to sleep instead of into the hypnotic state.

e. The induction should challenge the hypnotists skills, encouraging the practitioner to reach out to become more skilled and more excited about the profession. Progressive relaxation induction does not.

f. Due to the length of the induction, it reduces the number of client appointments capable of being scheduled daily. Thus, reducing potential income.

g. Fatigues the practitioner more than other inductions.

h. This one is so important I am saving it for an article by itself.

2. The Rapid Induction

This method is meant to take the client from a normal state of awareness into the somnambulistic state in four minutes or less. Some variety of disguised depth testing is usually built into the induction. The Dave Elman induction is the most well known of this type. Many inductions in this category can average 15-30 seconds. Dave Elman, I and many other instructors have used and instructed in the long version at approximately 4 minutes and the short version at approximately 30 seconds to many hundreds of physicians for use in clinical practice. There are many other inductions; such as, the Arm Drop and Mayo Clinic technique that fall into the time frame of 4 minutes – 30 seconds. My graduates primarily use inductions such as these with most clients on a daily basis.

3. Instant Inductions

Using an instant induction, the skilled hypnotist is able to obtain a deep medium to somnambulistic level of trance in 1-5 seconds. Some deepening method may be needed with the very few who do not reach somnambulism. This type induction is rarely used in a clinical environment but should be understood and learned. Many times its usefulness comes in emergency situations where shock elimination or bleeding control are the main concerns. In addition, these are great inductions to use during lectures or demonstrations promoting your practice. People will remember you and your scheduled sessions will increase. These inductions build tremendous feelings of confidence and self-assurance within the hypnotist.

4. EIR Induction

Emotionally Induced Regression Induction is a relatively new regression induction technique should only be used by very experienced hypnotists having extensive skill and specific training in its use. The techniques is generally used with clients suffering a terminal illness. It will not be discussed at this time due to concerns that practitioners without proper training may attempt its use.

In my opinion, these are the basic categories of inductions used today. There are a myriad inductions used; for example, confusion, ideo-motor, Dr. Flowers and probably hundreds more; but, they would all fall under one of the above categories.

Many hypnotists contend that rapid and instant inductions are violent and harmful to the client. I believe their contention comes from a lack of proper training and understanding of the techniques. The truth is these inductions can be used in many ways; from paternal to

completely maternal techniques. Which style the practitioner selects will depend on the needs and personality of the hypnotist and the client. A number of these inductions are completely non-verbal, comforting and quite relaxing.

In some ways we need to think of ourselves like carpenters. When a carpenter goes to work he does not have just one tool to complete his work. He carries many tools for the many challenges he may need to deal with to complete his project. As hypnosis practitioners, neither can we carry just one type of induction in our hypnotic toolbox. If we do, we will not successfully complete our "projects" and we will be giving credence to those people who say, "I tried hypnosis but it didn't work for me."

I totally agree with Dave Elman that depth of trance is critical for the deeper client issues. Elman believed somnambulism should be considered the working state of hypnosis. I agree and instruct my students in the same way. Everyone should be able to achieve somnambulism easily. It is the required state for issues like pain control, painless childbirth, regression to cause, true hypnoanalysis, direct suggestion that enables lasting transformation and more. Rapid/ Instant inductions quickly move your client into somnambulism easily and professionally with the overwhelming majority of clients.

For those of you who have never deeply studied the techniques of Dave Elman's extremely brief sessions, let me give you a quick overview. He held classes in various locations for licensed physicians only. The physicians were requested to bring patients to class so he could demonstrate his transformational methods with a real patient. From the time he began working with the patient in front of the class, until the problem was corrected went anywhere from a short 17 minutes to a short 30 minutes...TOTAL! This included the brief pre-talk, the induction, the regression to cause, the transformational therapy and the emerging.

My question to my colleagues today is, "If these methods and techniques were in place and working during the 40's and 50's, how does it happen we haven't taught and improved on them in the last 50 years? Could it be due to the fact that most non-licensed hypnotists of Elman's day debunked him and never incorporated his methods into their trainings. If they had taken what he knew, along with his methods of conducting sessions back in the 40's and built on them over the years, imagine where our profession would be today.

The rapid induction was the mainstay of Elman and his students. They are the mainstay of myself and my students. How can we ever hope to reach the speed, effectiveness and outcome of this great hypnotist by using antiquated long inductions followed by direct suggestions? The answer is we can not... unless we all learn and utilise the clinical rapid inductions which are available to us.

The concept of good subjects and bad subjects we now know is erroneous. We are all human and all have the ability be great subjects. The only thing that keeps a person from going into deep hypnosis very quickly is a four letter word beginning with the letter "F", FEAR! Eliminate the fear, use a rapid induction and obtain deep trance.

I know it would be in the best interest of all hypnosis practitioners to become comfortable with the many rapid and instant inductions available today. "Why aren't others taking advantage of rapid and instant inductions as their primary induction methods?", is a question I am consistently asked by my students. They tell me the use of these inductions allows much more time for transformational work after the induction for which they are being paid.

It is our job to move our profession forward. I truly believe that if the old past masters of our profession could suddenly appear they would all tell us the same thing. I think they all would say; "Take all that we knew about the work with our blessing. But, if that is all that you learn get out of the profession because you are doing nothing to move it forward and help it grow."

Many issues that normally require two sessions can be cut to one, with the use of these rapid inductions. If clients are scheduled every hour, just imagine how much more time can be allocated to work with client issues if they are in deep hypnosis within ten minutes from the time they walk into the session.

Don't allow yourself to become poisoned by the naysayers who say these inductions are not effective or are dangerous. I have used them with clients for many years. I have never had any problem with anyone. I have taught thousands of people how to use them. They use them everyday and report great success. Remember, it wasn't too long ago that the "wise leaders" of the world told us the world was square and if you ventured too far you will fall off the edge.

Ouestion: If, for over sixty years, physicians have been taught, regularly used and are still using rapid inductions in their practices, how can it, as some hypnotists feel, be inappropriate to use in our professional offices today?

I urge you, no, I challenge you, to seek out an instructor who will take you step by step through these inductions, with demonstrations, substantial practice time and explanation of how, when and why they work both safely and quickly. Then, and only then, can you intelligently judge for yourself as to their value to you and your client in your practice.

If all instructors would adjust their training curriculum to incorporate instruction of rapid and instant inductions, along with adequate practice periods with every student in their training, those students would leave that training with an awesome, unbreakable feeling of self-confidence and a "I can do anything" attitude. As instructors, we owe this to our students. We should give them nothing less. Rapid and instant inductions are not laughable parlour tricks, they are a powerful opening doorway to an exciting new future for the hypnosis practitioner!

Healing Childhood Trauma with Alchemical Hypnotherapy

By David Quigley

Alchemy has traditionally been associated with the transmutation of base metals into gold. But the ancient Alchemists made clear in their writings that the substance of their transformation was the human soul. Their goal was the transmutation of the base metals of human emotions and instincts within the subconscious mind into the gold of self-realization. The vehicles of this transformative process were the archetypes, the Inner Guides.

Thus Alchemy can be defined as the spiritual discipline of working with Inner Guides. These powerful and autonomous beings live within the subconscious mind and can guide us effectively to health, happiness, relationships, prosperity, and most important, the fulfillment of our spiritual purpose! These Guides can be accessed through the hypnotic state.

Alchemical Hypnotherapy is a therapeutic process designed to assist the client in working with their Inner Guides to change their lives. Alchemical Hypnotherapy synthesizes techniques from many modern schools of Transpersonal Hypnotherapy and Psychology. It includes, Gestalt, Regression Therapy, Neuro-Linguistic Programming (NLP), Psychosynthesis and Shamanism with the ancient science of Alchemy as translated and channeled to the modern world by Dr. Carl Jung.

Specifically, Alchemical Hypnotherapy, as developed by David Quigley, includes all the following processes:

- The rescue of the inner child from the trauma, neglect, emotional pain of the past.
- Providing the inner child with new loving parents and the experiences of a nurturing childhood. We create with you a loving inner world in which someone is always there to hear and respond to your needs.
- Strategies for contacting, testing, and working with the Inner Guides (archetypes) through trance, movement, and shamanic practices.
- Contacting past-life memories within the collective unconscious to access creative abilities, resolve trauma, change karma, and alter contracts with significant others.
- Integration of sub-personalities (different voices within ourselves) to resolve conflicting desires and goals. This leads to the unification of the will and the achievement of dreams.

One of the primary goals of psychotherapy has been the healing of depression, anxiety, chronic anger, and other emotional disorders, as well as the alleviation of

psychosomatic diseases whose source is in the client's suppressed emotions. As hypnotherapists, we are constantly encountering our clients' childhood pain and trauma while attempting to assist them in behavioral changes. I have has developed some revolutionary new technologies for the rapid healing of these childhood memories. I call this process "Emotional Clearing Therapy." This article will show how these new strategies of healing childhood traumas, accelerates the solving of these emotional problems.

Psychological research has strongly indicated that our patterns of emotional health or weakness are often determined by childhood factors. Sigmond Freud was the first modern psychologist to suggest that trauma in the early years of childhood may be of supreme importance in determining an individual's emotional adjustment in later life.

More recent research by behavioural psychologists has indicated that the basic nurturing a child receives in its first six years of life provides the critical foundation for happiness, maturity and responsibility in later life. Serious traumas occurring in this time period can permanently cripple that child's maturing process.

The healing of these emotional traumas, however, has been an elusive goal for most psychotherapies. Freud used such techniques as free association and dream interpretation to reach an analysis of the client's subconscious material after 2-5 years of weekly therapy. The insight gained by the client into the childhood sources of his current neurosis would, theoretically, allow the client to let go of childish or irrational behaviour. The client's logic might be as follows: "Well, I can see that these feelings or behaviours might have been appropriate at age 3, but are obviously unnecessary now!"

Since Freud's day, the science of insight therapy has come a long way, but is still based on Freud's basic principle that insight leads to recovery. However, a large percentage of clients have discovered that insight alone is not sufficient to relieve the emotional symptoms caused by childhood trauma.

More recently, therapy pioneers like Wilhelm Reich and Arthur Janov have developed a new form of therapy called "emotional release" to deal with early trauma. By taking the client back to the scene of these childhood experiences and reliving them in gory detail, it is thought that a client could release the emotional charge from the experience, often by kicking and screaming. This would relieve muscular tension, anxiety, and neurotic behaviour. Wilhelm Reich's work involved forcing the emotional release through deep pressure on the body's muscles in which the repressed emotional charge had been stored. Janov created a powerful group experience through psychodrama methods. These therapies are based on the concept that releasing locked-in emotion through acting out buried feelings in the context of being regressed to a childhood memory presented the long-sought solution for childhood trauma. Therefore, I call these methods "emotional release therapy."

Recently, some problems have become evident in this form of therapy as well. Many of my colleagues and students in this field have noticed that people who have done many months of emotional release become very adept at expressing feelings, but aren't necessarily feeling better. They often become fixated on acting out negative emotions. One client of mine who had worked with Janov for six months stated that asserting his feelings, crying, and being emotionally upset became a pattern for him and others in his group.

While getting in touch with his feelings felt good at first, getting stuck acting out his emotional pain all the time felt bad. His solution: he repressed his emotions and moved back into his intellect. Another friend found that Reichian therapy allowed her to open up all the anger inside, but her frequent fits of rage didn't make her very many friends or make her life easier.

Now a new style of therapy is emerging which utilises an entirely new approach to dealing with childhood trauma. This therapy, which I call "emotional clearing", focuses on providing the client's Inner Child with an experience of being loved and nurtured by caring parents after being rescued from the trauma of childhood. This mode of therapy is especially effective because it provides the opportunity for the client to experience, in a childlike state, the fulfillment of emotional needs and completion of the emotional maturation which was blocked by traumatic experiences. Furthermore, while emotional release therapy may fixate the client in the expression of negative emotions, emotional clearing allows the client to experience profound states of bliss and joy which the therapist can then anchor (through post-hypnotic suggestion) to the client's daily stressful situations, replacing tension and fear with bliss and joy even in difficult crisis.

For example, one client who had a phobia of crowded supermarkets ("agoraphobia") entered a childhood trauma which connected to this phobic response. During the course of the session, we rescued her child from this traumatic scene by having the client visualise

her adult self and other persons that she trusted enter into the hypnotically-induced scene. After rescuing this "inner child", I suggested that she become the rescued child. She felt this experience as waves of bliss and relief in her body. I then used post-hypnotic suggestion to anchor this bliss, stating, "Every time you enter a supermarket, you remember this wonderful feeling of being rescued."

This linking process is simply a teaching the subconscious mind to change its response pattern from (supermarket = childhood trauma = panic) to the new pattern (supermarket = childhood rescue = bliss).

After one session in this case, a one-year follow-up revealed a complete remission of symptoms.

Thus we see that emotional clearing doesn't merely give us insight into emotional responses, or only allow the expression of repressed feelings, but actually replaces negative emotions of fear, pain, loneliness, etc. with positive emotions of love, joy and acceptance.

There are at least three distinct schools in the field of emotional clearing work taught in hypnotherapy schools in California.

The first of these, developed by Milton Erickson, involves the use of hypnotic suggestion in which the hypnotist feeds "new" childhood experiences or ideas directly into the client's subconscious mind, while the client is in a regressed state. The therapist takes complete control of redesigning the client's childhood. Erickson even used deliberate amnesia to prevent the client's conscious mind from interfering with or negating the process, although this step has not been found necessary by modern practitioners of his technique.

A second more interactive strategy ("interactive" means that the client and therapist work together in the process of healing) involves the client setting up a new ending for the injured child's experience. This modality, described by Frieda Morris in *Hypnosis for Friends and Lovers*, involves the therapist helping the client relive a traumatic event first. Then therapist and client together decide on a new experience which is a positive one to replace the original memory. For example:

Therapist: "Well, what can we do differently now with this experience with your mother?"

Client: "I'd like her to be nice to me. She could say, 'I love you. I'm sorry I lost my temper. It's not your fault'."

Then client and therapist together re-create the memory as a series of positive words and images while the client is in a regressed state. This allows the client to feel love, bliss and nurturance.

These two methods work well for many clients, but often fail to address the client's underlying feelings of frustration, helplessness, anger, guilt, or abandonment. If the client, for example, feels angry about mother's behaviour, neither Erickson's nor Morris' technique provides a complete solution. Also, many of my clients experienced such a poor relationship with a parent that it is impossible for them to imagine their mother being a loving, understanding parent.

As a third method, Alchemical Hypnotherapy combines the best features of emotional release and emotional clearing therapy. It creates a dramatic encounter between the client's adult personality, the hurt, traumatized child and important people in the client's past. This process, called the "rescue mission", allows the expression of feelings which stem from the incident, as well as empowering the client to heal himself. Here's an example:

The client is feeling helpless and angry in the midst of a memory of being beaten up by father in a traumatic regression.

Now, I interject: **Therapist:** "Let's imagine your adult self is entering the room right now. What would you like to say to your father, Mr. Adult?"

Client: "I'd like to shake some sense into my father! (grabs an offered pillow) Now you listen to me, you jerk!"

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 £15 plus £5 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 £5 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 2004 are:
22nd July, No August meeting, 9th September, 21st October, 18th November.

For further details please contact either the Chairman, Leila Hart on 0207 4024311, or the secretary, Bill Doult on 0118 988 3961 (evenings) and 0207 222 6800 (daytime).

www.jamesbraidsociety.com

Therapist: "Good! What is his response?"

Now the client has the opportunity to release all of his repressed feelings toward his father (including grief, abandonment, admiration, etc.) and clear the way for a new level of understanding with him. Often this dialogue moves the client towards forgiveness as he begins to hear about his father's stressful life and underlying love for his son.

Most important, however, is that the client is empowered to rescue his "inner child" from the past. This nurturing relationship between the adult and his inner child can continue between therapy sessions. This considerably reduces the time needed for therapy by giving the client an opportunity to heal and revise his own childhood during a few minutes of every day.

In Alchemical Hypnotherapy, this self-nurturing process can be expanded to include "inner parents". A new mother and father are discovered in the child's own subconscious mind who fill the child's needs while providing both love and wisdom to the client's adult self. This allows the client who has a seriously disturbed childhood (and therefore no knowledge of what parental love feels like) to recreate a happy childhood from scratch with a minimum of time spent in therapy learning to contract the sources of love and healing in his own subconscious mind.

Any way you look at it, emotional clearing is therapy that creates the solid foundation of love, support, and positive nurturing necessary for emotional security and happiness. In the complex world of modern therapy, emotional clearing is the wave of the future!

NCH SUPERVISION

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

Peter Adamson	Warrington & NW	01942 677 426
Maureen Alexandra	Welling, Kent	0208 301 5705
Martin Armstrong-Prior	Leicester	0116 276 4911
Brenda Bailey	Ryde IOW & Winchester	01983 611323
Fiona Biddle	Loughborough & London	0150 988 1411
Jennifer Bittleston	Brighton	01273 552702
Shaun Brookhouse	Manchester & London	0161 881 1677
Judy Byrne	London	0208 697 3227
Michael Cameron	London	0208 445 1369
Jennifer Charles	Bristol	0117 939 7369
Joanne Evans	Bedford	01234 852930
Geoff Graham	Dawlish, Devon	01626 864 774
Kate Harvey	Nottingham	0115 948 0815
Val Hird	York	01904 629 347
Pat Hoare	Exeter, Devon	01392 410090
Christine Key	Surrey	01932 560725
Simon Kilner	Leeds	0113 278 8673
Stephanie Kirke	Newbury	01635 820580
John Lawrence	Elgin	01309 674700
Michael 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
Jill McCafferty	Taunton	01823 276528
Alan Stevenson	London	0208 530 4560
Josephine Teague	Cambridge	01223 235127
Graham Thomas	London	0207 286 0887
Linda Tillson	Basingstoke	01256 472938
Carole Wan	S.Yorks &London	01246 416 544
Patrick Waterson	N Ireland	028 25631415

Literature Review: The Efficacy of Hypnotherapy VII (2000)

By Fiona Biddle

2000: Pain

Study	Research Design	Participants	"Problem"	Summary of results
Jensen & Barber	Case study	n=4	Pain related to spinal cord injury	Intervention resulted in all Ss having a decrease in pain intensity , 3 maintaining or improving gains at 2 mo follow up
Spinhoven and ter Kuile	Quasi experimental	n=169	Chronic headache	Results were found to be significantly associated with hypnotisability
Walker	Case Report	n=2	Childbirth	Self hypnosis enabled pain free birth

2000: Psychological Issues

Study	Research Design	Participants	"Problem"	Summary of results
Anderson et al	Quasi experimental	n=16	ADHD	Instant alert hypnosis was used with neurotherapy. EEG beta theta ratios were significantly higher in these trials than using neurotherapy alone
Ffrench	Case report	n=1 male 27	PTSD	Use of hypnosis to assist reintegration following armed robbery
Scholtz & Ott	Quasi experimental	n=21	Insomnia	Tape-based hypnotherapy provided improvements for all Ss and on all variables
Elkins	Case report	n=1	Grief	Description of the use of hypnosis to assist in the process of resolution of grief

2000: Medical Problems

Study	Research Design	Participants	"Problem"	Summary of results
Harasymczuk	Case report	n=1	Tinnitus	Hypnosis helped the S to reduce awareness of tinnitus from 20% to 5% of the time and also a reduction in severity
Horton-ausknecht et al	Experimental	n=66	Rheumatoid Arthritis	Showed that "hypnosis may not only be able to produce symptom relief, but may also have an impact on the disease level." Depression was also significantly reduced

2000: Fulfilment

Study	Research Design	Participants	Problem"	Summary of results
Liggett	Quasi-experimental	n=14	Athletics	Use of hypnosis substantially enhanced imagery intensity and effectiveness
Pates & Maynard	Case reports	n=3	Golf	Hypnosis improved golf chipping performance and increased feelings and cognitions associated with the flow
Reupert & Maybery	Case report	n=1	Vocational counselling	Hypnosis assisted the process of counselling the S through a difficult vocational decision

2000: Behavioural Modification

Study	Research Design	Participants	Problem"	Summary of results
Ahijevych et al	Quasi-experimental	n=452	Smoking	65% reported one or more smoke-free periods (average 40 days) following treatment

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The Hypnotherapy Profession in 2004

By Fiona Biddle

Over recent weeks Shaun and I have come into contact with several hypnotherapists who seem unaware of some of the progress that has been made in the field over the last few years, so it seemed a good time to summarise where we are as a profession. We have made significant progress, in many ways, which can assist us all in our practice as hypnotherapists.

National Occupational Standards

In 2003 the new National Occupational Standards for hypnotherapy were ratified. Three of our Executive Committee were involved in the creation of these standards. If you have not yet seen these, please ask the office for a copy. It behoves us all to ensure that we are adhering to these standards, both in practice and in training. This can only enhance, not only our effectiveness as practitioners, but also our credibility as professionals with the public and the medical/psychology professions.

Nationally Accredited Qualifications

The NCH instigated the first nationally accredited qualification in hypnotherapy open to all, regardless of original training. The HPD has now been awarded to more than 100 therapists nationwide, with approximately 100 more in the process of obtaining the award. The qualification is in line with the National Occupational Standards.

The NCH also instigated the first nationally accredited qualification in Hypnotherapeutic Supervision. There is still much misunderstanding of the subject of supervision within the profession, possibly due to an insistence by a small minority of practitioners to call themselves supervisors without being qualified. The process of supervision is very different to the process of therapy, and we wouldn't be happy with people offering therapy without the qualification would we?

Supervision

Our requirements for licentiate members to be in supervision have been modelled by several other hypnotherapy organisations. The Executive Committee are recommending that this requirement be extended to the first two years of registered membership too. By the time this reaches you, this will have been agreed, or not, at the AGM. It is our strong belief that supervision should be for life; I certainly would never practice without the knowledge that my supervisor is available for support and advice whenever I need it.

Incidentally, we have had several members write in to object to being asked to set up a supervision relationship, but we have had had no one comment that the process is not useful once they have embarked on the process!

Accredited Training for Trainers

The National Guild of Hypnotists (USA) have been training certified instructors of hypnosis (they tend to use the word hypnosis rather than hypnotherapy due to legislation in certain states) for over ten years. This year, for the first time the course was offered outside of the USA, and took place this May at the Park Crescent Conference Centre in central London.

This programme offers comprehensive training for trainers, which can only add to the benefit that students of hypnotherapy receive during their training. It also gives a UK based nationally accredited award.

Shaun Brookhouse was the tutor (ably assisted, of course, by yours truly), and we had fourteen attendees. Four were from Taiwan, one from Hong Kong, one from Germany, one from Italy, three from Scotland, and four from England. It was an excellent group; all students showed great dedication and professionalism, and we had a lot of fun too! Despite some members of the group claiming not to be too proficient in English, the humour seemed to translate quite easily.

The programme lasted eight days, and was intensive. The students learnt, not only the NGH syllabus for basic hypnotherapy training, but also ideas and techniques for successful teaching and managing of groups. We also spent a few hours on ideas for marketing their new schools. Assessment involved an exam, a written paper, interview and a presentation. This latter element provided a wonderful showcase for a variety of skills and knowledge. We allowed the students to present in their own languages, and this worked very well; it is amazing how much one can ascertain even when one can't understand the words.

This process also means that we now know how to say relax in Chinese (as one of the students taught progressive relaxation, and it was clear which word was relax). Another student chose to demonstrate a non-verbal induction rather than use any language at all. This was a great learning experience for all.

I have returned to "real life", energised by the students on this course. It will remain a treasured memory, and I will often recall the power of their motivation and utilise it!

Relationship with the Foundation for Integrated Health

Over the last few years we have developed a strong relationship with the Foundation for Integrated Health. They have offered us advice and support in our moves towards ever-greater professionalism, and we will continue to work with them to ensure the best future for our profession.

PR Campaign

You will have noticed that we have begun a concerted public relations campaign through the issuing of quarterly press releases to the media. We even sent out an "emergency" release ahead of the recent Channel Five programme on stage hypnosis.

We very much hope that you will continue to support the NCH in our endeavours towards greater professionalism and acceptance of hypnotherapy. We are always happy to receive your feedback and ideas.

HPD Congratulations!

Continuing the long list from page 5 of the NCH members who have achieved this Benchmark qualification.

Mark Wild
David Sockett
Wendy Aindow
David Barker
Keith Campbell
Julie Cox
Geraldine Eld
Kaye Felstead
Allison Goodall
Adrian Staff
Carole Wheatley
George Ritchie
Catherine Banks
Andrew Barnes
Andrew Barton
Shirley Cunningham
Amy Garnham
Lyn Glockle
John Hanley
Brid Hendron
Rob Hopper
Alison Bird
Janice Bowes
Helen Christelow
Stuart Dillon
Robert Fairhead
Richard Forrest
Frances Griffiths
Caroline Noble
Tom Peacock
Kevin Still
Oygun Turner
Peter Ward
Katy Webster
Kerry Nanji
Timothy Naylor
Richard Shirley
Susan Cole
Peter Fallon
Julie Gibbs
Steven Jewell
Tamara Laporte
Kim Noble
Elizabeth Wallace
Richard Waters

Hypnosis and RET

By Maurice Kougell

Regardless of their theoretical orientations, therapists are in agreement that certain things have to happen as part of therapy. The client is helped to alter his perception of himself or others or of situations and is led to evaluate new ways of coping. This is achieved by exploring his feelings, ideation's or experiences. All those are usually related to his current fears and difficulties in adjustment. In the process of releasing feelings and getting rid of anger and fears, one may experience abreactions, catharsis or desensitisations. And this is so for any technique used ranging from traditional approaches in psychotherapy to NLP procedures to Time Line Therapy, etc.

Through relaxation, pain and recurrent fears are reduced if not eliminated, thus giving the person greater control over his own life. Thus, the goal here is to modify the symptom in order to allow for better adjustment. Practicing new ways of thinking and feeling and imaging, especially under hypnosis, allows the client to apply his new learned gains in every day situations. Albert Ellis is the founder of Rational Emotive Therapy (RET).

RET is a behaviourally oriented cognitive therapy. Practitioners of RET, including Ellis, incorporate hypnosis as an adjunct to their techniques. Hypnosis attempts to modify the client's basic maladaptive thought processes, which then create maladaptive emotional responses. Behaviour is presumed to be based on the thinking process. Ellis' position is that a well functioning individual behaves in a rational way and is aware or the rational reality surrounding him. He explains that people learn unrealistic beliefs and because of certain expectations, are led to behave irrationally. As a result we feel unnecessarily that we are worthless failures. As an illustration, a person may think "I should be able to win everyone's love and approval" or "I should be thoroughly adequate and competent in everything that I do." Of course, the aforementioned are unrealistic expectations and self imposed demands which would inevitably lead to self defeating and ineffective behaviour in the real world. The outcome is then an emotional response stemming from irrational thinking and is by no means a reflection of reality. Ellis submits a list of irrational beliefs which he feels are at the core of most psychological maladjustment's.

The following are some illustrations of irrational beliefs: One should be loved by everyone for everything one does. Certain acts are awful or wicked and. people who perform them should be severely punished. It is horrible when things are not the way we would like them to be. Human misery is produced by external causes or outside events rather than by the view one takes of these conditions. If someone may be dangerous or fearsome, one should be terribly upset by It. It is better to avoid life problems if possible than to face them. One needs something stronger or more powerful than oneself to rely on. One should be thorough, competent, intelligent and achieving in all respects. Something once affected one's life; it will indefinitely affect it every time. One must have certain and perfect self control. Happiness can be achieved by inertia and inaction. We have virtually no control over our emotions and cannot help having certain feelings.

He goes on to list and describe others. The object of the Rational Emotive Therapy is to modify the individual belief system and self evaluation, especially addressing oneself to the irrational 'shoulds, oughts and musts', that are preventing a better sense of self worth and of life fulfillment. Ellis is the creator of the word "musturbation," pointing out the negative effects of all the self imposed 'musts'. The overall approach of RET is to dispute or refute a person's false beliefs through strong rational confrontations. The therapist actually teaches the client to identify and dispute the beliefs that were producing the negative emotional consequences. Therapists recognize that much of human suffering is unnecessary, for frequently the suffering is based on false interpretations, interpretations about one's own experiences which create anger, frustration, anxiety and depression. Much of is unnecessary.

It might be of use to the practitioner interested in cognitive behaviour or RET to be aware of the usual 15 styles of distorted thinking:

1. Filtering: This is a process where a person takes the negative detail and magnifies it while filtering out all positive aspects of a situation. For example, "1 could have enjoyed the convert except that it started late."

2. Polarised Thinking: Things are black or white; good or bad. You're either perfect or a failure, there is no middle ground. For instance, stating that you are either with me, for me, or against me.

3. Over generalisations: One arrives at a general conclusion based on a single incident or flimsy evidence. Something has happened once, therefore it is bound to happen again. For example, a statement such as "Every since my car mechanic did a lousy job, I've never trusted any other car mechanic."

4. Mind Reading: Without people telling you more than they have, you know what they are feeling and why they behave and act the way they do and you are able to guess how people are feeling towards you. For instance, "He is always nice to me but I know that he does not like me."

5. Catastrophising: You expect a disaster to happen. You notice or anticipate a problem and are always concerned with the "what ifs." For instance, what if tragedy strikes again; or. what if it happens to me. For example: "We haven't seen each other for two hours, what if the relationship is falling apart."

6. Personalisation: When you think that everything people do or say, is necessarily related to you or that they react to you. You constantly compare yourself to others and always evaluate yourself to find out how you fare. For instance: "Quite a few people here seem smarter than I am."

7. Control Fallacies: This is when one feels controlled by outside sources, thus feeling helpless and a total victim of fate and circumstances. Here the fallacy is internal control holds you responsible for the pain and unhappiness of everybody around you. A typical statement here would be: "You can't buy the system."

8. Fallacy of Fairness: Illustrated in an example where you may feel resentful because you may have your own standards of what is fair and yet you may not be in agreement with others.

9. Blaming: Refusing to take responsibility and blaming others for your pain or also, blaming yourself for every problem. For instance: "It is your fault that we are always late."

10. Shoulds: Here the individual has a list of rigid rules, expecting how other people should behave, and if anyone is to break the rules, one becomes angry and feels guilty when breaking his own rules. For instance: "You should never ask people how much they make."

11. Emotional Reasoning: Believing that what you feel must be true automatically. If you feel stupid or boring, then you must be stupid or boring. For instance: stating "I feel depressed, life must be depressing."

12. Fallacy of Change: You expect that other people will change to suit you if you just keep pressuring them or cajole them enough. In this case you feel a need to change people because your hopes for happiness depend entirely on them. For instance: if you had invested more money 20 years ago, you would have had a much better life.

13. Global Labeling: This one generalizes one or more qualities into a negative overall judgment. For instance: a statement such as "he was a born loser and I could tell that from the very first day that he showed up here."

14. Being Right: You are continuously proving that your opinions and actions are correct. Being wrong is unthinkable and you will go to any lengths to demonstrate that you are right. For instance: "I don't care what you think, I am going to do it again exactly the same again because I know I am right."

15. Heaven's Reward Fallacy: You expect all your sacrifice and self-denial to be rewarded as though it is essential that they should be. You feel very bitter, angry, overly disappointed when the reward does not come. For instance: "I worked so hard and put in so much effort and look what it got me."

How do we recognize distorted thinking? There are basically two sings to alert us to a presence of distorted thinking:

1. The presence of painful emotions, such as feeling nervous, angry, depressed, annoyed at oneself, and re-experiencing those feelings over and over again.

2. The constant ongoing conflicts with people about whom you

care. Becoming aware of how the person justifies one's conflicts. Albert Ellis stated in his book 'Reason and Emotion in Psychotherapy', that "all hypnosis is the result of the self talk." Ellis, as well as other writers, such as Artaoz, stated in his works on hypnosis and sex therapy, that "neurotic suffering is caused by an irrational or negative type of self hypnosis." Maladaptive emotions and self-defeating behaviour stem from uncritical acceptance of one's negative self talk."

Being aware of the above and adding one's expertise in hypnosis can have huge value for the client. For instance, when the client comes to you with his self talk, such as: "I failed, therefore I am a nothing." This thought can be a clue for the hypnotherapist to replace those negative self-suggestions with positive constructive and rational suggestions. For instance: "I can still adapt myself in spite of a failure." The person coming for smoke ending stating that "I am too weak to give up smoking, I'll always be a smoker," is giving himself self-suggestions which are self-defeating. Such suggestions under hypnosis could be replaced by: "I can stop smoking. It might be hard at times, but I can do it." Being aware of all the irrational sets of beliefs and being able to transform those into rational and positive suggestions will be effective. Adding to it self-hypnosis training, one can transform all the aforementioned distorted thinking into manageable and satisfactory thoughts which can lead to a healthy adjustment.

Application of RET involves ABC's:

A - representing the activating event which could be either internal or external in the client's life.

B stands for the belief system of the client which could be constructive views of the world that could be either rigid or flexible. When these beliefs are rigid they are referred to as irrational beliefs and are expressed in the form of absolute shoulds, musts, have to, got to, an so on. When the client adheres to those invalid premises, the conclusion will be irrational.

C represents the emotional and behavioural consequences of the client's belief about A. It follows then that C's are the results of rigid, irrational beliefs and negative A's and will be disturbed so are referred to as inappropriate negative consequences. C's that follow from flexible rational beliefs about negative's would be non-disturbed and are termed appropriate negative consequences. The inappropriate negative emotions are inappropriate for any one or more the following reasons:

1.They could engage the person self defeating behaviour.

2.They may lead to the experience of a great deal of psychological pain and discomfort.

3.They could prevent the client from carrying out behaviour necessary to reach goals.

Although RET uses logical methods of helping people change their basic irrational beliefs, it employs many cognitive methods of therapy. Among them are included: relaxation methods, reading, creative writing, as well as hypnosis. It uses imaging techniques including positive imagery where people imagine themselves succeeding rather than failing; and negative imagery, as in Rational Emotive Imagery, where clients imagine some of the worst things that could happen to them and make themselves appropriately sorry and regretful instead of panicking. RET is not only theory and practice of psychotherapy: it goes beyond that into a philosophical approach which holds that human disturbances are self-created and that people are capable of undoing their own disturbances. What better tool to be added to that approach than hypnosis.

Metaphor Corner

Authors unknown

Provided by Clare Edwards

The Cracked Pot

A water bearer in India had two large pots, each hung on the end of a pole which he carried across his neck. One of the pots was perfectly made and never leaked. The other pot had a crack in it and by the time the water bearer reached his master's house it had leaked much of it's water and was only half full.

For a full two years this went on daily, with the bearer delivering only one and a half pots full of water to his master's house. Of course, the perfect pot was proud of its accomplishments. But the poor cracked pot was ashamed of its own imperfection, and miserable that it was able to accomplish only half of what it had been made to do.

After two years of what it perceived to be a bitter failure, it spoke to the water bearer one day by the stream. "I am ashamed of myself, and I want to apologize to you." "Why?" asked the bearer. "What are you ashamed of?" "I have been able, for these past two years, to deliver only half my load because this crack in my side causes water to leak out all the way back to your master's house. Because of my flaws, you have to do all of this work, and you don't get full value from your efforts," the pot said.

The water bearer felt sorry for the old cracked pot, and in his compassion he said, "As we return to the master's house, I want you to notice the beautiful flowers along the path."

Indeed, as they went up the hill, the old cracked pot took notice of the sun warming the beautiful wild flowers on the side of the path, and this cheered it some. But at the end of the trail, it still felt bad because it had leaked out half its load, and so again the pot apologized to the bearer for its failure.

The bearer said to the pot, "Did you notice that there were flowers only on your side of your path, but not on the other pot's side? That's because I have always known about your flaw, and I took advantage of it. I planted flower seeds on your side of the path, and every day while we walk back from the stream, you've watered them. For two years I have been able to pick these beautiful flowers to decorate my master's table. Without you being just the way you are, he would not have this beauty to grace his house."

Each of us has our own unique flaws. We're all cracked pots. But if we will allow it, we can use our flaws to grace another's table. In this world nothing goes to waste. Don't be afraid of your flaws. Acknowledge them, and you too can be the cause of beauty. Know that in our weakness we find our strength.

The Mountain Story

A son and his father were walking on the mountains.
Suddenly, his son falls, hurts himself and screams:
"AAAhhhhhhhhhhh!!!"
To his surprise, he hears the voice repeating, somewhere in the mountain:
"AAAhhhhhhhhhhh!!!"
Curious, he yells: "Who are you?"
He receives the answer: "Who are you?"
Angered at the response, he screams: "Coward!"
He receives the answer: "Coward!"
He looks to his father and asks: "What's going on?"
The father smiles and says: "My son, pay attention."
And then he screams to the mountain: "I admire you!"
The voice answers: "I admire you!"
Again the man screams: "You are a champion!"
The voice answers: "You are a champion!"
The boy is surprised, but does not understand.
Then the father explains: "People call this ECHO, but really this is LIFE. It gives you back everything you say or do. Our life is simply a reflection of our actions.

If you want more love in the world, create more love in your heart.
If you want more competence in your team, improve your competence.

This relationship applies to everything, in all aspects of life;
Life will give you back everything you have given to it."

YOUR LIFE IS NOT A COINCIDENCE. IT'S A REFLECTION OF YOU!

The Carpenter's House

An elderly carpenter was ready to retire. He told his employer-contractor of his plans to leave the house building business and live a more leisurely life with his wife enjoying his extended family.

He would miss the paycheck, but he needed to retire. They could get by. The contractor was sorry to see his good worker go and asked if he could build just one more house as a personal favor. The carpenter said yes, but in time it was easy to see that his heart was not in his work. He resorted to shoddy workmanship and used inferior materials. It was an unfortunate way to end his career.

When the carpenter finished his work and the builder came to inspect the house, the contractor handed the front-door key to the carpenter. "This is your house," he said, "my gift to you."

What a shock! What a shame! If he had only known he was building his own house, he would have done it all so differently. Now he had to live in the home he had built none too well.

So it is with us. We build our lives in a distracted way, reacting rather than acting, willing to put up less than the best. At important points we do not give the job our best effort. Then with a shock we look at the situation we have created and find that we are now living in the house we have built. If we had realized that we would have done it differently.

Think of yourself as the carpenter. Think about your house. Each day you hammer a nail, place a board, or erect a wall. Build wisely. It is the only life you will ever build.

Even if you live it for only one day more, that day deserves to be lived graciously and with dignity. The plaque on the wall says, "Life is a do-it-yourself project." Your life tomorrow will be the result of your attitudes and the choices you make today.

Perspectives

One day a father and his rich family took his young son on a trip to the country with the firm purpose to show him how poor people can be. They spent a day and a night in the farm of a very poor family. When they got back from their trip the father asked his son, "How was the trip?"

Very good, Dad!"

"Did you see how poor people can be?" the father asked.

"Yeah!" "And what did you learn?"

The son answered, "I saw that we have a dog at home, and they have four. We have a pool that reaches to the middle of the garden, they have a creek that has no end. We have imported lamps in the garden, they have the stars. Our patio reaches to the front yard, they have a whole horizon.

When the little boy was finishing, his father was speechless.

His son added, "Thanks, Dad, for showing me how poor we are!" Isn't it true that it all depends on the way you look at things? If you have love, friends, family, health, good humor and a positive attitude toward life, you've got everything!

You can't buy any of these things. You can have all the material possessions you can imagine, provisions for the future, etc., but if you are poor of spirit, you have nothing!

The Cleaning Lady

During my second month of nursing school, our professor gave us a pop quiz. I was a conscientious student and had breezed through the questions, until I read the last one: "What is the first name of the woman who cleans the school?" Surely this was some kind of joke. I had seen the cleaning woman several times. She was tall, dark-haired and in her 50s, but how would I know her name? I handed in my paper, leaving the last question blank. Before class ended, one student asked if the last question would count toward our quiz grade. "Absolutely," said the professor. "In your careers you will meet many people. All are significant. They deserve your attention and care, even if all you do is smile and say 'Hello'."

I've never forgotten that lesson. I also learned her name was Dorothy.

Rocking with me...

There was once an elderly, despondent woman in a nursing home. She wouldn't speak to anyone or request anything. She merely existed - rocking in her creaky old rocking chair.

The old woman didn't have many visitors. But every couple mornings, a concerned and wise young nurse would go into her room. She didn't try to speak or ask questions of the old lady. She simply pulled up another rocking chair beside the old woman and rocked with her.

Weeks or months later, the old woman finally spoke.

'Thank you,' she said. 'Thank you for rocking with me.'"

A Sexual Casebook

By Dr Bryan Knight

"My girlfriend dumped me because she says I 'wasn't there' when we made love. She's not the first to say this. I know something's wrong. Can hypnotherapy help me?"

Your sexual dysfunction means you engage in sex more as an observer than as a participant.

You hold yourself back from entering a trance state; you have difficulty "letting go."

There are several ways in which a qualified hypnotherapist can help you to conquer this problem. Before using hypnosis it is essential that you receive competent medical advice.

Hypnotherapy will have a particular focus depending on whether the problem is organic or psychological. Organic sexual problems require medical intervention. Hypnotherapy may be used as an adjunct, for instance, in helping you to heal faster after an operation.

More frequently, sexual difficulties treated by a hypnotherapist concern psychological issues.

Since the process deals with your mind **all sexual activity during hypnotherapy takes place only in your imagination.**

What you learn through hypnotherapy is practiced privately elsewhere.

Hypnotherapy may be used to heighten your sensual involvement and to help you to be fully present while engaging in sex.

A common, effective use of hypnotherapy is to lower your anxiety. The anticipation of failure (particularly for men anxious about their ability to have or to maintain an erection) brings on anxious feelings.

These in turn bring about the failure. Hypnotherapy ends this vicious circle and replaces the anticipation of failure with the certainty of success and confidence.

Traditional sex therapy methods are more readily accepted by you when in hypnosis because the conscious, judgmental, analytical part of your mind is temporarily set aside. Your subconscious then absorbs the new, positive messages you've asked the hypnotherapist to create. Precisely because hypnosis taps into the autonomic nervous system, a person can use it to improve or alter functions that normally happen without conscious control, e.g., a man's erection.

Charles, a 27-years-old former sailor and currently an electrician, consulted a hypnotherapist because he was too fearful to have sex with his wife.

They'd been married three years and had had sexual difficulties since the birth of their daughter eight months previously. Charles was afraid he'd been embarrassed once again if he tried to make love. "Kim laughed at me the first time and now she just gives me a look of disgust." Why? Because he couldn't maintain an erection.

Charles felt humiliated and frustrated; he worried that he'd never again have satisfactory sex with his wife. His dream of fathering a son seemed unattainable.

He told the hypnotherapist that he had no problem masturbating when alone. This was a likely indicator that Charles' problem was psychological, not organic.

As was Charles' report that he always had a firm erection when having sex with the occasional housewife in whose home he was doing electrical work.

To be on the safe side, the hypnotherapist advised Charles to

be examined by a medical specialist to be absolutely sure there was no organic cause for his ED.

The doctor confirmed that Charles' trouble was "100 per cent psychogenic," meaning that for some emotional or psychological reason, he could not maintain an erection. Of course, the more Charles tried, and the more he worried, the more flaccid was his penis.

The hypnotherapist explained to Charles that hypnosis could be used to uncover the cause of his trouble, or to tackle the symptom, or both. Charles, being the impatient type, and of course eager to end his humiliating experiences, opted for the "quick fix."

Over the course of three sessions of hypnotherapy, Charles relived successful love-making episodes from his younger years as a Navy "stud." Then the therapist used a melding technique to encourage Charles to see himself (in his imagination, while hypnotized) from now on once again enjoying a full, firm erection well beyond the time needed to satisfy his partner.

Positive suggestions were also made by the hypnotherapist to Charles about his prowess, his confidence and his desirability to his wife. For three months Charles and Kim had a wonderful sex life. Then he lost an erection just as foreplay had become hot and heavy.

Kim, hurt and disappointed, reacted with sarcasm. All Charles' fears and anxieties rushed back. He returned to the hypnotherapist.

This time Charles agreed to investigate the cause of his impotence. The hypnotherapist used various approaches -- age regression, age progression (in which the "future" Charles was to explain how he'd conquered the problem) analogue symbolic imagery -- but nothing worked.

In a subsequent session, with Charles relaxed in hypnosis, the therapist told Charles he'd have a dream. His subconscious would provide this dream as a way, either directly or symbolically, to explain the origin of his impotence.

Three nights later Charles dreamed he was outside a factory. It was night time and the factory loomed dark and mysterious.

Charles felt a strong urge to scale the steel fence that surrounded the factory. Then he tried to find away in. All the doors were shut and padlocked. A security guard ("very scary, because he had my face," said Charles) told him to go away. But Charles persisted in his eagerness to enter the factory. He ran from the guard, to the back of the building. Here was the loading dock. Charles saw a bulldozer there. He jumped into its cab and began to operate the controls.

The guard reappeared, feebly told Charles to get off the property, to go to his own place. In the distance, Charles could see a stately castle which he somehow knew belonged to him.

But his only interest was in the dark factory. The guard shrugged. Charles started up the bulldozer and charged the heavy machine toward the small back door of the factory. As the bulldozer began to rumble forward, Charles awoke -- with a massive erection.

The dream puzzled Charles. But it enlightened the therapist. To him it revealed that Charles was in the grip of the Madonna/Whore complex.

This is the attitude that divides women into "good" and "bad." Thus, a man's wife and especially mother, are "good." Prostitutes, other men's wives and and women of ethnic groups other than the man's own, are "bad."

"Bad" women are exciting; "good" women are boring. Sex is forbidden with "good" women but possible with the "bad."
A man with this complex may have sex with his wife occasionally, or until she becomes a mother, or while a post-hypnotic suggestion lasts. But his heart is not in it. Neither is his penis.
However, with a "bad" woman he has no commitment, no respect. She is there to be used.

His conscience (the security guard) barely bothers him about penetrating the stranger (the dark factory) but, perversely, does prevent him enjoying "his" woman (the castle). When Charles heard this explanation, he nodded in agreement. This was indeed his view. And that of his father, uncle and most of his friends. He had no serious interest in changing this outlook, especially since Kim had announced she was pregnant. The hypnotherapist's suggestion that Charles and Kim seek marriage counselling fell on deaf ears.

A lawyer we shall call Mathilde did seek help from a psychotherapist. She had told the referring doctor that she rarely had an orgasm. The truth was that Mathilde never had an orgasm -- with her husband. She'd been faking it for years. But she had climaxed with previous boyfriends. Also during a two-night stand a few months ago.

Mathilde had been a speaker at a lawyers' convention a thousand miles from home. There she met Roger, a brooding electrical engineer who had been trouble-shooting the hotel's elevators.

"He was not particularly good-looking but he had these soft grey eyes," Mathilde confided to the therapist. She smiled. "He was brutal in bed."

Mathilde was mildly surprised to find herself telling the male therapist details she had not felt comfortable confiding to her female doctor.

There was no question of her wanting to leave the marriage. She loved her husband, had a marvellous life. All that was missing ws the joy of orgasm. It was something she yearned for.

Until she met Roger the lack of orgasms with her husband had not bothered her much. Mathilde had become used to pretending -- and to satisfying herself in secret.
The therapist faced two dilemmas:
i) perhaps, despite Mathilde's conscious denials, there was some problem between her and her husband.
ii) the therapist usually worked with couples, not individuals, on such sexual challenges.
He decided that, given the husband was not present and would be unlikely to come to future sessions, he would work with Mathilde, and he would use hypnotherapy. If the outcome was successful, there would be no need to explore possible conflicts between husband and wife.
First the therapist explained a little about hypnosis and how it could help Mathilde. Her first session was devoted to her simply relaxing into hypnosis, and becoming familiar with how safe and peaceful it felt.
In Mathilde's second and third sessions of hypnosis the therapist suggested Mathilde silently relive an earlier experience of orgasm.
In her mind she was to take particular note of the physical and emotional feelings which allowed her to climax.
When the orgasm in her imagination was over she would open her eyes, though remain in hypnosis.
Then the therapist pointed out, and Mathilde confirmed, that she had been internally very relaxed just prior to making love. And that during foreplay and intercourse, she became "lost" in the pleasure.
The therapist asked Mathilde to again close her eyes and this time to imagine herself in bed with her husband. Again she could relive the details silently, no need to tell the therapist anything, except when the imagined lovemaking was over.
When Mathilde compared the earlier experience with how she felt when making love with her husband she immediately noticed her tension.

"I am not relaxed and I don't get lost in the act." Sometimes she thought about cases she was working on and at other times she focused on making sure her husband was satisfied.

In the next part of the session the therapist first gave Mathilde suggestions that she could allow herself to relax with her husband, that she could allow herself to climax with him.

The therapist again waited silently while Mathilde played the scene through in her mind.
When she signalled (with a broad smile) that the scene had reached a successful end, the therapist closed the session with positive suggestions about Mathilde allowing herself to be relaxed, focused on pleasure and allowed to climax when makign love with her husband.

And so it was.
* * *
Hypnotherapy has also been used successfully to overcome other sexual problems such as overlubrication, exhibitionism, and to uncover the reason a client became a transvestite.

Before seeking help with a sexual difficulty it is important to be sure it really is a problem. For example, a man may go to a therapist because he believes he suffers from premature ejaculation. But if the man is married to a woman who dislikes sex, indeed "wants it over with as soon as possible," that's exactly what is happening, so where's the problem?

Twenty-five years old Eugene's problem was real enough: he could not become erect. A handsome, single, bus driver, Eugene had had several medical examinations; all the doctors had concluded there was no medical cause for his impotence.

At first, hypnotherapy did not help Eugene. He became more and more despondent about his failure, scared to date and unable to sleep at night.
The hypnotherapist had used approaches one or more of which usually resolve psychogenic impotence:
> positive suggestions
> aversive therapy
> satisfying imagery
> arm rigidity.
But nothing worked.

The hypnotherapist finally decided to enlist the guidance of Eugene's subsconscious through finger signalling and direct relay of images in response to questions.
(With finger signalling -- also known as an ideodynamic technique -- a hypnotized person allows the subconscious to answer questions with predesignated fingers that represent "Yes," "No," "Don't Know," and "Not yet ready to answer").
This approach proved fruitful, although at first puzzling.

Hypnotherapist: "I'm going to ask your subconscious some questions. There's no need for you to think about the questions or the answers. Simply allow your subconscious to respond through the fingers it has selected.

You will probably feel a tingling begin in the finger that the subsconscious selects. Then it will lift as though of its own accord.
Now, I'd like to ask your subconscious if there is a purpose served by Eugene's impotence?"
[This question is often answered "yes" and subsequently leads to an explanation such as a desire to punish self or partner for some reason].
[Finger responses are indicated with ( )].
Eugene: (No).
H: "Does the cause of the problem lie in Eugene's past?"
E: (Yes).
[This response steered the hypnotherapist along the wrong path. He took no account of the literalness with which the subconscious absorbs information. Consequently, the hypnotherapist understood the "Yes" response to mean that there was a specific event, a trauma or a message, that began Eugene's impotence. As was later revealed, the "cause in the past" referred, not to a particular event, but to an ongoing process.]
H: "Did the cause happen before Eugene was 20?"
E: (Yes).
H: "Did the cause happen before Eugene was 15?"
E: (Yes).
H: "Before 10?"
E: (No).
[Now the hypnotherapist, who erroneously assumes some single event happened, switches from finger responses to image responses].
H: "Okay. I'm going to ask the subconscious to present to your mind an image that is somehow connected to the problem we're dealing with."
E: "I'm in a shop. I don't know how old I am but a man picks me up. I'm very scared. He holds me to him. Someone else comes in and tells the man to put me down."
[The hypnotherapist thinks that it is possible something happened in the shop to subsequently cause Eugene to become impotent. However, further questioning reveals that Eugene sees little more than he has already reported. There appears to be no abuse, no negative messages (such as "You'll never be a man.") The session is drawing to a close so the therapist reverts to ideomatic questioning. He decided to check the medical verdicts].
H: "Does the problem have any medical basis to it?"
E: [Long pause]. (No).
H: "Is there something physical that would help?"
E: (No).
H: "Is there something missing in Eugene's diet, or something he should not be eating or drinking?"
E: (Don't know/don't want to answer yet).
[Eugene snaps out of hypnosis, much to his own surprise. In previous sessions for other problems Eugene had enjoyed hypnosis so much he had been reluctant to emerge. He puts himself back into hypnosis].
H: "Okay. Our time is nearly up. I want to thank your subconscious for its help. I'm now asking it to provide you with a dream that will give you a strong indication on how to solve the problem that brought you here."
[Eugene once again snaps out of hypnosis].
H: "Wow. We're clearly close to something significant, otherwise you wouldn't come out so suddenly."
E: "I don't understand why. But while you were talking about me having a dream something floated into my mind: smoking."
H: [Incredulous]. "You smoke!"
E: "Yes, a lot."
H: "There you are. That's what your subconscious was telling us: the cause of your impotence is smoking! Have you stopped before?"
E: "Yes. For a while."
H: "And did you have erections okay then?"
E: [Thinks back]. "Yes, I did. I did."
[And the shop? Why did the subconscious throw that memory into Eugene's mind? Perhaps because the shop sold cigarettes.]

Understanding the Broad Context of Suggestion

By Randall Churchill

Virtually all writings comparing and contrasting the use of direct and indirect suggestions in hypnosis refer to the structure of language. But there is much beyond the way we word suggestions that can have a major suggestive impact. These impacts are something we need to be keenly aware of in order to give maximum benefit to the influence of suggestions. Body language, facial expressions, tone and volume of voice, gestures, timing, eye contact, physical contact such as a handshake, gender, age, bearing and appearance, including health, body type and clothing can all be major indirect suggestions that affect the meaning of our language. The meaning of language will also affect and be understood by each individual uniquely because of the various personal meanings and connotations each of us associates to words and phrases, and by the emotional state, mood and expectancies of your client.

Further indirect suggestions are given by colours, harmony of styles, cleanliness, temperature, aromas or odours, condition of the office, reception area, facilities and office building, and by the function, form, style and quality of furniture. Various additional aspects of location include the size and prestige of the city or town, neighbouring offices and adjacent buildings, section of city or town and immediate neighbourhood, people one may encounter in the vicinity of your office, and noise levels. Cultural and semantic factors also influence the meaning of suggestions, including the culture and language in which you and your client meet and converse, and each of your backgrounds and life experience. Time of day or night, current events and seasonal factors, including holiday periods, can be indirect suggestions that affect the way language influences people at a particular time.

There are many indirect influences in the written word as well as the spoken word. When seeing a suggestion or opinion in writing we are influenced by the venue, be it a book, magazine, newspaper article, advertisement, letter, email or

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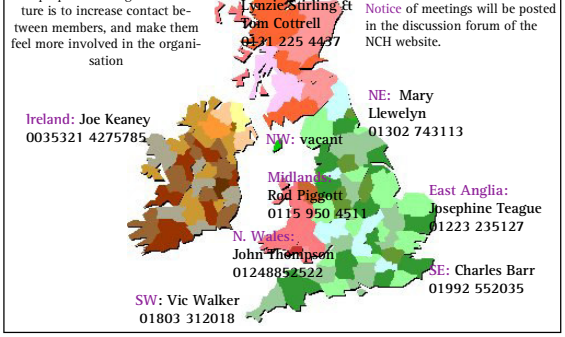

billboard, and whether it be from a friend, a relative, an organization we belong to, a government agency, or spam email. When reading a book the quality of writing, the book's quality and size, the cover, the background and additional writings of the author, etc., all add a context that affects the meaning and attention given to suggestions.

There is no such thing as a simple, independent direct suggestion. The context of a so-called "direct suggestion" always has a great many indirect surrounding influences. In fact the distinction of such influences becomes blurred, and some of the influences may be considered direct rather than indirect, depending on the situation and moment in time.

The Myth of the Inherent Superiority of Indirect Suggestions

As shown above, the degree of directness or indirectness of suggestion is far more complex and individualized than generally considered. I feel it is important to address the topic of direct and indirect suggestions because of the tremendous extent to which significant misconceptions about direct suggestion have been disseminated for the past quarter century by many influential people in the field of hypnotherapy, including teachers, therapists and major authors.

The misconception that direct suggestions are inferior comes mainly through individuals among those who identify themselves as Ericksonian hypnotherapists. For example, Stephen and Carol Langton claim, "Direct suggestion will only bring temporary relief, will intensify the transference relationship toward authority, and will increase repression of the conflict which led to the symptomatology." They add, "An Ericksonian hypnotist strives to be artfully indirect in all suggestions and interventions."

Working only indirectly makes no sense in certain forms of hypnotherapy, such as when working with Gestalt or ideomotor methods. For example, there are times when a Gestalt dialogue will go back and forth, progressing quickly and effectively, with each character saying a sentence or two. Following the Langtons' admonition, instead of the therapist saying, "Switch," each time the side appears to be done, with every completion the therapist would be required to say anything and everything indirectly, which would become awkward and plain silly. "I wonder if you might feel drawn to expressing another side. Perhaps the one you were just talking to?" Or, "Perhaps you may be ready to say something. You might be pleased to notice yourself communicating from the other perspective. Or you might prefer first saying something further?" Or, "I wonder if you'll be surprised at how easy it may be to imagine a response. Maybe or maybe not, it doesn't really matter."

Erickson, Hershman and Sector claimed that directive hypnotherapy will be successful in only a small minority of cases because direct methods do not address the natural defenses of the client. It is interesting that Milton Erickson would make such an extreme statement. He used both highly directive and even authoritarian suggestions with some patients, and indirect suggestions with others. Jay Haley has been particularly fascinated in *Uncommon Therapy*, and in some of his other books and articles, about Erickson's use of authoritarian, sometimes extremely authoritarian, methods.

According to Erickson, Rossi and Rossi, direct methods ensure that any response to a suggestion may be due to the demands of the situation or to the prestige of the hypnotist, rather than in response to the suggestion. It allegedly follows that since an indirect suggestion cannot be mediated by conscious awareness because of its covert nature, that, as Robert Meyer puts it, "any response to an indirect suggestion will be due to the intervention and not to situational or prestige factors." Taking into consideration the power of suggestion in placebo studies as described in Chapter 14, as well as many broader aspects of suggestion discussed in the beginning of this chapter, I find it hard to comprehend how an expert in hypnosis could even entertain the thought that prestige is not a factor in response to suggestion if you structure your wording indirectly.

Many scientific studies have been done to compare the efficacy of direct and indirect suggestions. In some cases the studies clearly surprised the researchers, who had set out to prove the superiority of indirect suggestions. The preponderance of evidence of scientific research to date clearly documents that direct suggestions are as good as or better than indirect suggestions. While a few studies have concluded the superiority of indirect suggestion, some of those have been seriously flawed. For example, Joseph Barber's claim of superior results with indirect suggestion have repeatedly failed in attempts to replicate, and the indirect condition used by Matthews, Bennett, Bean and Gallagher, was substantially longer than the direct condition. Hammond states, "The furor of the past decade over the belief that 'indirect is always better' is rather reminiscent of the extensive research literature that has now failed to replicate the creative, but nonetheless unfounded tenets of NLP. As mental health professionals we may stand too ready to adopt unproven theories as truth."

Many who use indirect suggestions describe a wonderful multitude of forms of varying complexity. However, the vast array of possible uses of direct suggestions are sometimes summarized in a simplistic generalization, such as the statement by Meyer, "Direct techniques are those that directly attack a problem or symptom by suppressing them with orders (suggestions)...." To the contrary, direct suggestions are commonly used in comprehensive ways in which the underlying issues are taken into account. It is rare to find a hypnotherapist trained through a licensed school who does not attempt to work holistically with clients.

If I'm helping someone with smoking cessation, for example, even when regression modalities are also used, some of our work will be in direct (and indirect) suggestion. I can give individualized direct suggestions that include increased confidence, tapping into motivation, constructive activities for the hands and mouth, healthy eating habits, good habits of attention, self-expression, breathing techniques and awareness, exercise, hobbies, self-acceptance and appreciation, good relationships, good focus at work, encouraging emotional stability and healthy channeling of energy. All this is tied in as part of the overall process of tapping into one's full potential to reach a stated objective. Initial cravings for tobacco and associations of habit patterns can be transformed and redirected in a myriad of constructive ways, that for many clients helps them succeed in ways that go far beyond their presenting goals.

To give another example, if I am inducing hypnosis with directive techniques, that doesn't mean I'm attacking a problem by suppression. If I am developing ideomotor responses I might say, "Keep thinking of the word, 'yes,' until a finger begins to rise." This is a direct suggestion. Even if I gave the direct suggestion, "Imagine the middle finger is your yes finger, and imagine it lifting and rising," that is certainly not attacking a problem by suppressing it with orders. If I'm doing a Gestalt process in hypnosis and I say, "Now become four-year-old Mary," or "Focus on your breathing," or "Become aware of your hands," these are direct suggestions. These are just samples of the countless possibilities of using direct suggestions in positive, effective ways.

There are many circumstances in which I feel indirect suggestions may be the most appropriate choice. For example, when far along in therapy and a client is doing well, I may move mostly indirectly for one or more sessions. It also tends to be my preferred method when working with various forms of pain relief. I usually prefer being indirect on the occasions when I give amnesia suggestions. At various points in many types of sessions, I may use indirect language. However, I will normally stick primarily with a particular style throughout a session, from the pre-hypnotic interview to the post-hypnotic discussion, whether the style is very directive, moderately directive, permissive or indirect.

There are times when predominantly indirect suggestions may be more effective, and times when predominantly direct suggestions tends to be preferable. As D. Corydon Hammond states, "Hypnosis - like so much of psychotherapy - is still more art than science." Some individuals tend to respond better to one type of suggestion than another, but the majority of people tend to respond well to the skillful use of a range of styles. What is often more important is what a person is working on as well as related issues, the primary emphasis of hypnotic work being done in that session (e.g., suggestion, regression, exploratory ideomotor, dreamwork, or systematic desensitisation), and the stage of therapy. For example, in my experience in helping most individuals break an addiction, the session in which the person is to cease the substance abuse is usually best done in a firmly directive motivational style, and typically in the next session a few days later as well. The style of those sessions that are primarily suggestion-oriented will tend to gradually shift, and by the time we're moving on to suggestions for long-term results, a session with an indirect style may be particularly appealing.

Some therapists claim as a broadly generalized truism that the way to overcome resistance, or potential resistance, is to use indirect suggestions. There are many reasons for and forms of resistance, but I do many things over the series of sessions to help lessen the possibility or transform it. As part of a first session, I will do my best to build rapport and positive yet realistic mental expectancy. I check for significant motivation, get details of reasons for the goal, history of successes and failures including important situational factors in the presenting issue and other related issues in a person's life, begin checking for possible secondary gains, find out about various past experiences with hypnosis or lack of experience, discuss the importance of the client's commitment and cooperation, and, if necessary, give a detailed explanation of hypnosis and hypnotherapy including the removal of misconceptions. I endeavour to work comprehensively, taking account of underlying issues, personality factors, fears, strengths, other issues that may be beneath the conscious awareness, and so forth.

I work with exploratory ideomotor methods and various regression strategies as applicable, as part of the strive for long-term success. In utilizing the strengths of the

client and the vast potential of the subconscious, potential areas of resistance can be turned into strengths. For example, the rebel part of the client can be encouraged to rebel against the old patterns of negative behaviour and thought processes. And in many ways, including during interactive hypnosis, what might appear to be resistance can often be reframed into opportunities and cooperation. For that matter, within a Gestalt process, nothing needs to be considered resistance; anything that comes up for the client is a valuable part of the process that can be worked with. In the context of all of this, if something I would consider to be resistance arises, how I work with it will depend upon the form and context of the resistance. If some aspects of the resistance seem best to approach via a form of suggestion, either a very directive or indirect style will be best, as opposed to mildly directive or permissive.

Certain techniques emphasized in these volumes, such as the affect bridge, Gestalt and ideomotor methods, call for a primarily directive manner, so that is the principal style in this series and my forthcoming *Ideomotor Magic*. Also, *Become the Dream*, in combining Gestalt dreamwork with hypnotherapy, demonstrates the primarily directive style that is appropriate for that form of therapy.

Toward An Accurate Representation of Erickson and the Field of Hypnotherapy

The wild distortions communicated regarding direct vs indirect suggestion are part of a bigger picture. While I have great respect for Erickson's genius, history is being dramatically altered by a significant number of Ericksonian therapists, including many prominent leaders, who have had an alarming level of ignorance about vitally important realms of hypnosis history, theory and application. Many talk about Erickson as "The Father of Hypnotherapy." The brochure of a hypnosis school brushed off great ranges of long-established modalities of non-Ericksonian hypnosis with a single sentence about how grateful we can be to Erickson for lifting the field of hypnosis out of the domain of stage hypnosis.

In his contribution to *Hypnosis: Questions and Answers*, and again in *Trancework: An Introduction to the Practice of Clinical Hypnosis*, Michael Yapko says there are three major models of hypnosis: Traditional, Standardized and Ericksonian. According to Yapko, the Traditional hypnotherapist has an authoritarian demeanour, demands a high degree of compliance, knows only direct styles of suggestion, does not have an individualised approach to different clients, reacts to resistance through confrontation or interpretation, gives low value to insights, does not recognise the possibility of secondary gains, and has a negative characterisation of the subconscious. Yapko's portrayal of the Standardised category is the same kind of caricature given above, except that the demeanour may be permissive.

A writer in *Recovering* magazine contrasted Ericksonian hypnosis with "standard clinical hypnosis" in which the therapist allegedly merely repeats a series of commands. This "authoritarian hypnotherapist," who "often uses a technical aide," is assumed to have the answers, and in hypnosis "communication is a one-way street."

Such caricatures did not fit the profession decades ago, and do not fit now. I have taught thousands of hypnotherapists and have discussed hypnotic procedures with hundreds of other hypnotherapists from around the world over several decades. I don't know if I've ever met this "standard clinical hypnotist." Hypnotherapists I've talked with are consistently holistic (doing their best to work comprehensively, including underlying issues), are familiar with various interactive processes, and the majority use a variety of directive, permissive and indirect styles. Especially considering the recent proliferation of non-licensed schools, I'm sure there are some incompetent non-Ericksonians in practice, just as there are some incompetent Ericksonians.

I have often heard absurd generalisations made by a minority of zealous promoters of technique packages, including claims about the limits of "traditional" hypnotherapy. First, whatever was done decades ago by some stage hypnotists and amateurs is not relevant to the history or traditions of the field of clinical hypnotherapy, a field which had plenty of scientific documentation and many intelligent and creative clinical practitioners before Erickson began influencing the field. Secondly, there will always be inept or irresponsible practitioners of any form of therapy, and we need to be careful what generalities and conclusions we draw from what we hear. Also, we need to be aware of potential limits and pitfalls of the techniques we do use, recognizing that any system of therapy has its place and its limitations, and needs to be balanced by our sensitivity, creativity, intuition, life experience and knowledge of other forms of therapy.

Milton Erickson is described in the Recovering article as having singlehandedly "revived serious scholarly and pragmatic interest in hypnosis in the 1940's." I've repeatedly heard similar kinds of dramatic claims, which consist of two fallacies. First, serious scholarly and pragmatic interest had been continuing prior to that. Second, Erickson was no more influential than some

other important hypnotherapists of his time, until after Jay Haley's *Uncommon Therapy* was published

in 1973. (For example, the word "Ericksonian" did not exist prior to 1974.) During the middle third of the 20th century, hypnotherapists were influenced by a very broad array of hypnotic procedures, including major insights and discoveries of LeCron, Watkins, Kroger, Elman, Weitzenhoffer, Cheek, Boyne, Crasilneck, Wolpe, Wolberg and Hilgard.

Contrary to the article and many other claims I've heard and read, many options of established clinical hypnosis procedures are far more complex than merely giving commands, and various forms are interactive. Here are a few influential examples, which developed from foundations set by interactive processes of the late nineteenth and early twentieth centuries: Elman's pioneering breakthroughs in hypnoanalysis in the 1940's; various uses of ideomotor methods, first developed by LeCron in the '50's; Wolpe's systematic desensitisation techniques, developed in the '50's; comprehensive emotional clearing strategies, including the integration of Gestalt and other modalities with hypnosis, developed first by Boyne in the '60's. Traditional texts such as Kroger's *Clinical and Experimental Hypnosis* (1963) and Cheek and LeCron's *Clinical Hypnotherapy* (1968), each emphasising working with underlying and associated issues to presenting problems via a wealth of interactive exploratory, regression and insight oriented interventions, were classic training texts for years before Haley's own classic began the explosion of interest that would soon make Erickson a demigod in some circles.

Many practitioners of named hypnotic styles greatly exaggerate their uniqueness. For example, many "Ericksonian" techniques were used prior to Erickson, and independently by his contemporaries, including various forms of indirect suggestions, metaphors, truisms, encouraging resistance, seeding ideas, double binds, use of space and position, implying a deviation, amnesia, emphasizing the positive, and uncommon homework assignments. The masterful Erickson developed some of his methods in his own way or with greater complexity than they had been used before. But regarding the huge grey area of defining Ericksonian hypnosis, I accept the assertions of those who use such techniques but are adamant that they are not doing "Ericksonian" hypnosis. Those methods and styles Erickson used that were also used independently by contemporaries or earlier practitioners do not have to be considered "Ericksonian."

I am not criticising Ericksonian-oriented practitioners as a whole. They have fine tools at their disposal, and there are many who have a broad appreciation of non-Ericksonian modalities. I teach a wide variety of techniques in my classes that could be associated with Erickson. It's fine for therapists to emphasize a particular set of methods, but I would like to encourage all hypnotherapists to not limit their training to one or more packages of techniques or styles. For example, most Ericksonian teachers and texts are limited in regression modalities, and unfamiliar with some powerful emotional clearing methods and most of the treasures of ideomotor methods.

I am concerned about the substantial number of hypnotherapists who claim the superiority of their package of techniques, often creating a whipping boy out of the mythical "standard clinical hypnotist." This is not limited to some Ericksonians. For example, such chauvinism has been communicated by some NLP Practitioners. Contrary to the claim that therapists who use a particular brand of hypnosis have a wider range of techniques than others, the opposite is true. If you want to have a truly broad range of options at your disposal, don't limit yourself to one or a few hypnotic orientations. Include tools that are associated with Erickson and others, whether or not your source is directly from such a named system, and study therapeutic modalities not generally associated with hypnosis. There is plenty of evidence that relying on a limited range of methods and one approach is usually associated with inexperience as a therapist. In fact, research has found that the most highly experienced therapists ascribe to an eclectic approach, refusing to be limited by adherence to only one orientation.

I have refrained from giving a sampling of disturbing stories from some videos I have seen and information told to me by former clients of Ericksonian therapists. The purpose of such a sampling would have been to emphasise my point about not making generalizations from stories of incompetent or insensitive therapists. But my intention is not to be confrontive. My intention is to help lessen the dissemination of demeaning misinformation, and encourage hypnotherapists from a wide range of backgrounds and interests to unite in appreciation of the magnificent diversity, range, capabilities and complexities of our great profession.

QUOTE-NOTES

"No one is useless in this world who lightens the burden of others."

Charles Dickens

Book Reviews

Hidden Depths
The Story of Hypnosis
By Robin Waterfield

This is a well- researched journey through the history of hypnosis. The book contains some really solid and interesting material on hypnosis. Chapters include *Hypnosis in Fact and Fiction, Psychic Powers and Recovered Memories, Freud and Other Alienists, State or No State: The Modern Controversy*, and the intriguingly titled *Murder, Rape and Debate in the Late Nineteenth Century.* It is all presented in a very even-handed way amounting to a thorough but fair investigation of hypnosis. Waterfield himself has no particular axe to grind as he is not a therapist, or health practitioner. He has experienced hypnotherapy himself as a client and appears to approach this study on the basis of it being a subject and story with a great deal of fascination attached. He views it as a helpful alternative therapy. He, like others, is at a loss to explain why it remains under-utilised within conventional medicine. He regards medical science as behind the times on this.

His journey takes us from the flakiest end of alternative medicine to the frontiers of experimental science and from entertainment to healing. Mesmer, Braid, Erickson, Esdaile, Hull, Charcot, Huxley, Rossi all the usual suspects feature and with guest appearances by Dickens, Beethoven and Shakespeare you begin to get an idea of the breadth of this work.

The book ends with him hailing the arrival of psychoneuroimmunology and the new mind-body sciences. He suggests these may at last provide the technology capable of validating hypnosis. All in all, this is a book I would recommend to therapists, students of hypnosis and indeed anyone remotely interested in the subject.

John D. Lawrence

Published by Pan books
ISBN 0 330 49251 9

The Man Who Invented HITLER
The Making of the Fuhrer
By David Lewis

Fellow committee member Josephine Teague suggested to me that this might be a worthwhile read. Let me tell you, if you are a hypnotherapist then you will probably find this book a bit disturbing and uncomfortable. We all like to think that hypnosis is incapable of compelling anyone to commit any act against his or her moral code. However this book poses a serious question. What if, with the best will in the world, hypnosis unintentionally provides a catalyst for an evil determination within an individual to prosper? In other words what if the subject is already the possessor of fanatical desires. This is the story of one brief hypnotic intervention during 1918. It is a remarkable story of Hitler's transformation from a First World War lance corporal, blinded by a gas attack, and treated by Dr Edmund Forster in a military reserve hospital, into the monster that would change history. Not only would he transform the whole of Europe, but he would eventually like Frankenstein, turn on and destroy the man who unintentionally created him. A fascinating insight is provided into the barbaric treatment of war hysteria, a forerunner of modern day PTSD.

The treatment of these sorrowful military casualties by regimes known as 'vigorous persuasion' (later to change to the more acceptable 'active therapy') beggars belief. Details are provided of the painful application of faradic electricity, the injection of saline placebos, all the way through to the so-called 'agony shriek'. This latter treatment was a wonderful cure for hysterically dumb soldiers. Basically take one shell-shocked soldier, hold him down and thrust a one-centimetre-diameter steel ball into the back of the throat holding it forcefully against the larynx until feeling himself on the point of suffocation, the patient would let out a loud shriek of terror, thus reinstating the voice. (Please do not try this one out during your next session)

The book includes details of Forster's brief hypnotic intervention with Hitler and the unintended consequences. It provides not only insight into the early years of Hitler, but also for the informed reader, glimpses that suggest Hitler himself employed hypnotic like techniques. His insistence on being late for political rallies led to near hysteria being whipped up in the crowd by the time he was ready to speak. His decision to remain single was a deliberate ploy to engage the womenfolk of the Third Reich. As long as he remained single there was always just the chance that The Fuhrer might choose any of those eligible females as his bride. This was part of a ploy to encourage female devotion to the Fuhrer

QUOTE-NOTES

“ ”

bENJAMIN

throughout his reign and to keep them entranced.

Thankfully we can reassure ourselves that the background conditions that led to the birth of this evil regime are unlikely to be repeated. You would need for instance a crest fallen and apathetic society disengaged from political involvement, frustrated and looking for powerful charismatic leadership, a place where the demonisation and the blaming of foreigners for all the ills of the nation was the norm or perhaps a nation where people are frustrated by the lack of authority and start to demand and invite even tougher laws and crackdowns, a place where they meekly accept even more state intervention and control. Well I don't know anywhere like that, do you?

In summary this is a book to both fascinate and horrify. It gets you thinking.
Read it at your peril!

John D. Lawrence

Published by Headline Book Publishing
ISBN 0 7553 1148 5

Scripts & Strategies in Hypnotherapy
The Complete Works
By Roger P. Allen

This book is a combination of two previous volumes issued by the author so for the first time readers have them available within one cover.

In many ways I thought I would be the wrong person to be reviewing this book because for me scripts are like spells - to work they need to have within them something personal to the client. The idea of reading the same script to more than one person seems impossibly simplistic. If you are one of the many who disagree with me then this book probably contains every script you could possibly need and they are organised in a way that makes them quick and easy

However, you won't find the author counted among your number. In his words *"The idea that a strictly regimented therapy session applied with vigour can be successful in all cases has to be seen as a nonsense and often doomed to failure."*

The author sees this book as offering a number of frameworks that he has evolved during his years of practice but which must be adapted to fit the mind, motivations and feelings of the client. On that basis there is much that may be found useful.

Beyond the scripts there are many other useful sections. For beginners there are chapters offering a range of inductions and deepeners. For everybody is his full approach to weight loss and smoking, including a client questionnaire.

Part 11 provides a useful range of therapy strategies ranging from NLP standards such as anchors and six step reframe through to methods of initiating past life recall, coping with abreaction and using ideomotor responses.

Elsewhere there are sections on metaphor, sports performance , sexual issues - most problems that come through are door are presented here in a clear and informed manner.

As long as the reader follows the authors instruction to treat the scripts and strategies as signposts this is a book that will prove useful to many, a book to chew over, not regurgitate.

TS

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Message from the Editor: HELP!!!

I am really interested in developing home-grown talent and giving NCH members a platform to share with colleagues their experiences, theories and learnings. At the 2005 conference I will award the Editor's prize to the best article submitted by an NCH member so get writing. If you're worried about what other people will think about your efforts - have some therapy. If you think people already know it - they probably don't. Please help make this an interesting read by contributing. Book reviews, quotes and metaphors are also always welcome.

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Deadlines: Last week of January, May, August and November, or by arrangement.

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PROFESSIONAL DEVELOPMENT PROGRAMME 2004

SUPERVISION COURSE
27/28 Nov, 11/12 Dec, 15/16 Jan 2005
Cost £600 plus VAT (can be spread over 6/12 months).
Location: London

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