

# The Hypnotherapy Journal

Issue 5 Vol 15

[www.hypnotherapists.org.uk](http://www.hypnotherapists.org.uk)

Winter 2015

## *Life in the Fast Lane*

Kevin Laye advises on tackling the increasing demands of the emerging 21st Century client

## *Treating Tinnitus*

David Collingwood-Bell gives you all the knowledge you need...

## **BUMPER Xmas Issue!**

Transcending Limiting beliefs...

*Meet the men from UNK...*

*PLUS All the News, Supervision, Metaphors and More...*

## **!2016 Extravaganza UPDATE!**

*The excitement, the line-up, the official programme & the After Party explained! Tickets on Sale now...*

# CONTENTS



View from the Chair	<u>3</u>
Editorial	<u>4</u>
In the News	<u>5</u>
HPD Qualifiers	<u>7</u>
The 2016 Extravaganza!	<u>8</u>
Life in the Fast Lane	<u>12</u>
Treating Tinnitus	<u>18</u>
Supervision	<u>23</u>
Limiting Belief Tools	<u>27</u>
Case Study	<u>31</u>
Metaphor of the Month	<u>34</u>
Journal Policy	<u>37</u>

## NATIONAL COUNCIL FOR HYPNOTHERAPY

Address: PO Box 89 4629, Maidenhead SL60 1HA  
Phone: 0845 544 0788  
Web: [www.hypnotherapists.org.uk](http://www.hypnotherapists.org.uk)  
Email: [admin@hypnotherapists.org.uk](mailto:admin@hypnotherapists.org.uk)



## The NCH Committee

Chair: Graham Russell Tel: 0845 544 0788  
Email: [chairman@hypnotherapists.org.uk](mailto:chairman@hypnotherapists.org.uk)  
Ethics Director: Iain Lightfoot Tel: 0845 544 0788  
Email: [ethics@hypnotherapists.org.uk](mailto:ethics@hypnotherapists.org.uk)  
Marketing Director: Tel: 0845 544 0788  
Member Services Director: Tracey Grist Tel: 0845 544 0788  
Email: [services@hypnotherapists.org.uk](mailto:services@hypnotherapists.org.uk)  
Supervision Director: Colin Hudson Tel: 0845 544 0788  
Email: [supervision@hypnotherapists.org.uk](mailto:supervision@hypnotherapists.org.uk)  
Research Director: Maxine Henk-Bryce Tel: 0845 544 0788  
Email: [research@hypnotherapists.co.uk](mailto:research@hypnotherapists.co.uk)  
Continuing Professional Development Director:  
Lorraine McReight Tel: 0845 544 0788  
Email: [development@hypnotherapists.org.uk](mailto:development@hypnotherapists.org.uk)

## Ex-Officio Roles

Administrator: Karen Eeles Tel: 0845 544 0788  
Email: [admin@hypnotherapists.org.uk](mailto:admin@hypnotherapists.org.uk)  
Finance: Katharine Knight (Orchard Accounting Solutions)  
Email: [finance@hypnotherapists.org.uk](mailto:finance@hypnotherapists.org.uk)  
Training & Accreditation: Jill Tonks Tel: 0845 544 0788  
email: [training@hypnotherapists.org.uk](mailto:training@hypnotherapists.org.uk)  
Editorial: Jo Wallis email: [journal@hypnotherapists.org.uk](mailto:journal@hypnotherapists.org.uk)

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.

# VIEW from the Chair



Dear Members,

I hope that, like me, you are all excited about our proximity to Christmas and New Year, it is my favourite time of the year.

Looking back it has been a difficult, but exciting time for me, and I am sure the rest of the Board, but I think that we have made slow but steady progress both in bringing the new Board together, including our plans to move the NCH forward. Next year will start to show the benefits of these changes.

So, here we are at the second edition of the new format *Hypnotherapy Journal*. Despite the steep learning curve with this launch I myself was very happy with what the new editor produced. The feedback so far has been overwhelmingly supportive of the change.

I would of course be interested in any further feedback that you would like to give on the journal, as well as any ideas for the future. Jo would also be interested in receiving ideas from the membership for future content.

*'We are also fairly close the NCH Extravaganza and AGM. I think you will agree that we have a very interesting line up this year. In response to the requests of members we have endeavoured to ensure the speakers are more directly focuses on the subject of hypnotherapy.'*

We are also fairly close the NCH Extravaganza and AGM. I think you will agree that we have a very interesting line up this year. In response to the requests of members we have endeavoured to ensure the speakers are more directly focuses on the subject of hypnotherapy.

I am sure that we will all leave having learned something useful to ourselves and our businesses. You should all have received an invitation in you mailbox but don't worry if you have missed it, we will send

out regular updates right up to the day. The format is to be the same as last year with speakers throughout the day followed by drinks in the atrium where we can network the early evening away.

On a more serious note, due to some issues that arose last year I have spent rather a lot of time dealing with lawyers of late. It has come to light that there are some potentially serious gaps in our procedures when it comes to dealing with internal disciplinary matters.

This has left us unable to act effectively in dealing with these matters and will need to take some immediate actions to rectify this. I will be discussing this further with our company secretaries (MSP) and, if necessary, putting a new process/bylaw in place to ensure we have a robust process going forward. It is important that the board can take the steps necessary to protect the interests of the co-operative.

As some of you may already be aware from my previous communication and with some regret I must announce that the position of Marketing Director is once again available.

*'The Marketing Role is a very important position and we are urgently looking for someone with marketing skills or experience to come forward and take on the role. If you think you have the skills to move things forward please contact me at the normal email address!'*

The Marketing Role is a very important position and we are urgently looking for someone with marketing skills or experience to come forward and take on the role. If you think you have the skills to move things forward please contact me at the normal email address!

I look forward to meeting many of you at the upcoming and exciting 2016 Extravaganza. With warmest wishes for the Festive Season.

*Graham Russell*

National Council for Hypnotherapy

**2016 EXTRAVAGANZA**

**SPECIAL DEAL**

**'Bring your BFF'**

Due to increased demand for attendance NCH members can now bring a 'non-member' friend at the discounted rate of £96 (a saving of £33).

*Only if you order your tickets using the code: EXTRABFF*

The total for yourself and a friend is only £175 (£79 member + £96 non-member).

Please note tickets can only be ordered by members who have (or are purchasing) a member ticket.

To take advantage of this deal click the following:

<http://www.hypnotherapists.org.uk/shop>

*\*\*\* You need to be logged in to see these member-only products\*\*\**

**The 2016 NCH Extravaganza:**

**Saturday, February 20th**

**at The Royal Society of Medicine, London**



# Editorial



Thank you to everyone for the overwhelming outpouring of support over our recent move to digital publishing.

Change is, by definition, an act or process through which something becomes different. It is here that I want to stress the word *process*.

As a result of your feedback, we have increased the font size by one point to make it easier to read, and we will include, from now, on a PDF read-only version, minus photographs and pictures, so that you can print out each article and file them for future reference. Remember after one year, you get to decide whether you want to keep this format, or move back to print.

Alongside this more adaptive e-format we have been able to increase the size of our publication by over 30% - in real terms this is more news, more articles, more valuable information to help you in building up your tools and your practice.

Thank you also to those members who have contributed in this issue. The journal is your resource – please use it! If you have a specific area of expertise, or knowledge that you would like to share – please email me at: [journal@hypnotherapists.org.uk](mailto:journal@hypnotherapists.org.uk). I want to hear from you and I really want to include more member contributions.

As the so-called Silly Season is upon us, life inevitably becomes busier, with more pressure on finances, on finding that 'perfect family' and often more pressure on our bodies, with excess food and alcohol intake. Many studies report Christmas is the loneliest time of the year for very many people. Certainly, it can be a busy time of year for therapists.

My answer to stress this Christmas is to smile at one stranger, each day, until the Eve of Christmas comes (when I know I will be smiling anyway). We all know, from embodiment studies, how smiling sends happy messages to our brain, which in turn lowers our cortisol levels.

So, whether my smile is received well, or not, I know it will benefit me. But there's every chance that it also might just make someone else feel good too.

I wish you all a peaceful Christmas.

*Jo Wallis*

## National Council for Hypnotherapy



### ***National Council for Hypnotherapy Extravaganza 2016!***

The 2016 Extravaganza will be on: Saturday, February 20th 2016 at The Royal Society of Medicine, London

Members tickets are only £79! There's also an after-party in the atrium!

Click the following link to ensure your place: <http://www.hypnotherapists.org.uk/shop>

*Please note you must be logged in to purchase your tickets.*

### **TOP AWARD for FIONA NICOLSON!**

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

Fiona has received an award from Jamie Oliver in recognition of the work that she has done over the last few years with the Jamie Oliver's Fifteen Apprentices. Using Cognitive Hypnotherapy Fiona helped free the apprentices from any mental blocks and beliefs that held them back from reaching their full potential. Fiona says: "The young Apprentices have often had a difficult start in life, and many have come from tough places. Many have had criminal records; some have done time in prison. They often have anger-management issues and suffer from low self-esteem." Jamie Oliver's Fifteen Apprentice Programme uses the magic of food to give disengaged young people a chance at a better future. Every year, the Fifteen restaurant recruits 18 apprentices, aged between 18 and 25, and trains them to become professional chefs through its unique 12-month programme, which includes on-the-job learning, college-based education and personal development. Most of the graduates from Fifteen London still work in the food industry today.



Pictured above: Jamie Oliver, our very own award-winning Fi Nicolson & Gennaro Contaldo.

# National Council for Hypnotherapy



## Government Minister Recommends Accredited Registers

On 3 November, speaking in the House of Commons, Parliamentary Under Secretary of State for Public Health, Jane Ellison MP, said:

“Both the Government and the Professional Standards Authority (PSA) recommend that when a patient or service user chooses to visit a health or care practitioner who is unregulated, only those on an accredited register are consulted.”

All CNHC registrants are on CNHC’s Accredited Register and can use the CNHC quality mark. Our key message to the public is to Choose with Confidence with CNHC registrants and this government recommendation reinforces that message.

To find out more about CNHC’s Accredited Register visit: [www.cnhc.org.uk/index.cfm?page\\_id=640&sid=1](http://www.cnhc.org.uk/index.cfm?page_id=640&sid=1) CNHC Accredited Register

We have updated our template letters for registrants to take to GP surgeries to include this quote.

If you are CNHC registered you can download your copy by logging into [www.cnhcregister.org.uk/my\\_CNHC/](http://www.cnhcregister.org.uk/my_CNHC/) and clicking on Resources.

## CNHC at the London Health Show 20 – 21 January 2016

Come and meet the CNHC team at the London Health Show on 20 – 21 January 2016. CNHC will be exhibiting at the show as well as running a workshop about advertising on Wednesday 20 January. CNHC’s Chief Executive & Registrar Margaret Coats will also be taking part in a panel discussion alongside other key representatives from the complementary healthcare sector on Thursday 21 January 2016.

The event is free to attend and you may register for a free visitor pass here: [www.eiseverywhere.com/ereg/newreg.php?eventid=12](http://www.eiseverywhere.com/ereg/newreg.php?eventid=12)

## Reminder – Please Utilise the NCH Website!

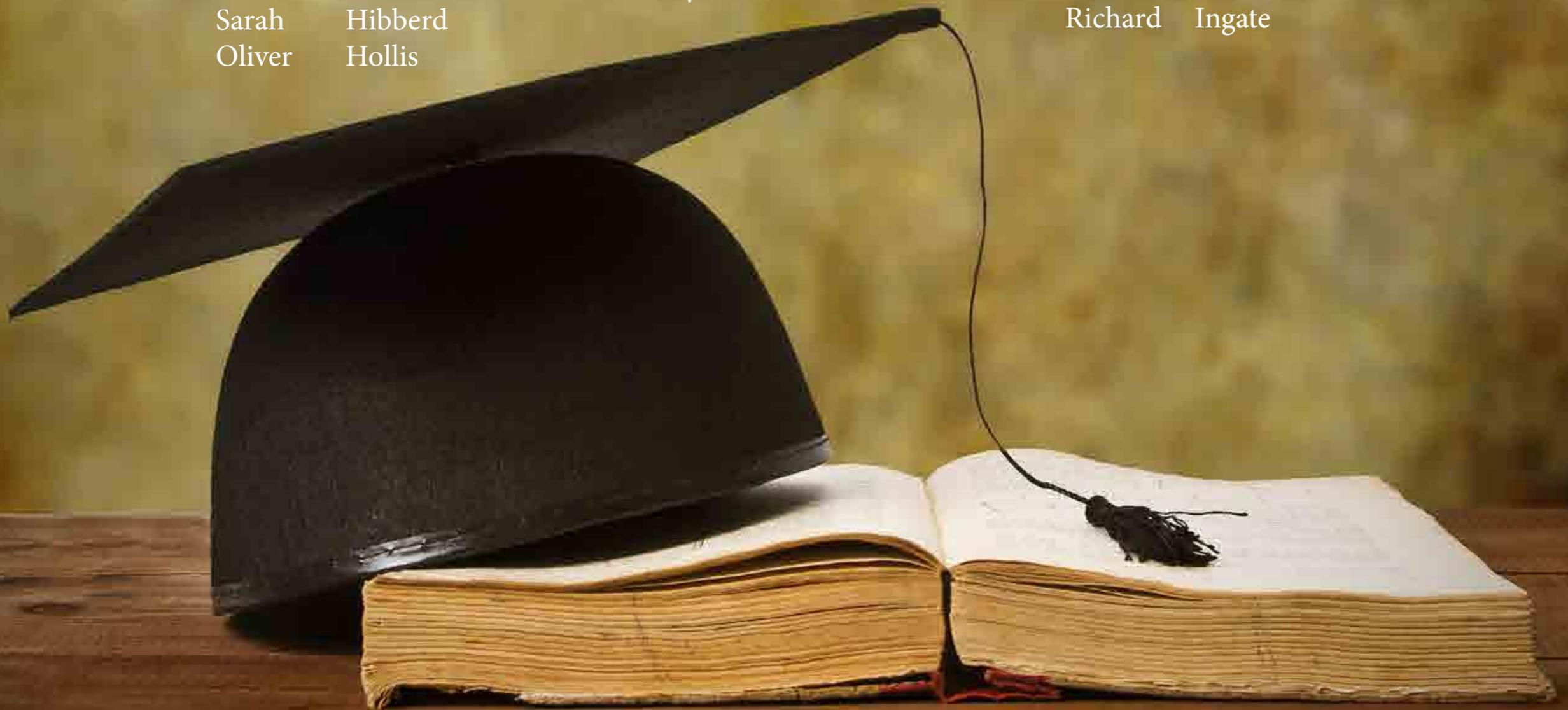
The Members’ section on our website contains lots of resources! You will find Free Scripts – downloads, inductions, suggestions and useful metaphors in the Members section. Check out our CPD area and the Wiki for sharing news, views and valuable information:  
<http://www.hypnotherapists.org.uk>

# CONGRATULATIONS to our newest HPD Qualifiers!

Evangelos Dafopoulos  
Gemma Webster  
Gaynor Rigby  
Lisa Petronelli  
Keri Onyewu  
Benjamin Depraz  
Geraldine Oxenham  
Lisa Sullivan  
Sarah Hibberd  
Oliver Hollis

Marie Hannigan  
Robert Curran  
Naomi Hill  
Morag Hoolachen  
James Hume  
Lizzie McGeechan  
Paul McKinlay  
Amy Solon

Lisa Stevenson  
Valerie Walker  
Enfys Jones  
Gareth Strangemore-Jones  
Michelle Rice  
Tina Bakardzhieva  
Amanda Barritt  
Stephanie McGee  
Richard Ingate



*The National Council for Hypnotherapy*

# EXTRAVAGANZA 2016

*All the Excitement, the Line-Up,  
the Official Programme and the After-Party explained.*



## The National Council for Hypnotherapy 2016 Conference is almost upon us.

For those of you that are regular attendees, and for those that haven't joined us before - this one-day event is an opportunity to meet with colleagues and be entertained, educated and informed; to learn and expand your knowledge within areas you may have never even considered. It will also give you a 7-hour CPD certificate.

Next year's event is all about 'skilling up' - filling your therapist's toolbox with technique driven processes, that will either remind you and refresh you, or give you insight into a new, exciting alternative to use within your practice.

### Save the Date:

The 2016 Extravaganza will be on:  
Saturday, February 20th 2016  
The Royal Society of Medicine, London

Members tickets are only £79!  
There's also an after-party in the atrium  
which will ensure you can mingle,  
share tips and meet up with like-minded colleagues.

Click the following link to ensure your place:  
[www.hypnotherapists.org.uk/shop](http://www.hypnotherapists.org.uk/shop)

Please note you must be logged in to purchase your tickets.

An extraordinary line-up for next year's conference includes Mark Tyrrell, hypnotherapist and international trainer for over 20 years, and co-founder of contemporary psychotherapy company Uncommon Knowledge. Mark will speak about tackling addictions, with specific emphasis on case studies and the approach that UNK has devised which is taking the therapy world by storm. Lynda Hudson will also speak at the event. Lynda is a clinical Hypnotherapist who has specialised, for over two decades, in working with children. She is known as the industry's 'go-to' for hypnosis with children, and will speak at the conference on a solution-focussed approach when working with minors.

Many of you will already know our very own, talented NCH member Kevin Laye. He's an International trainer and public speaker, fully-endorsed by 1000's, including Paul McKenna. Kevin is the creator of Psy-Tap and will be giving us insights into psy-tap techniques including how and why fast therapy can be both so effective, and lasting.

Stephan Perdekamp and Sarah Victoria will be joining us from Germany to instruct us on a world-famous PEM acting method that is fast-gaining wide-popularity within psychotherapy. PEM enables a direct connection between certain body organs and emotions, producing a universal technique devoid of cultural and personal attachment.

## Mark Tyrrell Uncommon Knowledge



Mark Tyrrell is a renowned hypnotherapist and international trainer in hypnosis and psychotherapy, working in the industry for over 20 years. He is the co-founder of the contemporary psychotherapy website [HypnosisDownloads.com](http://HypnosisDownloads.com) - one of the most exciting developments in the industry within the last decade. Mark and his business partner Roger Elliott have run their Diploma in Solution-focused Psychotherapy and Hypnotherapy for 10 years. Mark has given lectures to thousands of health professionals on self esteem, de-traumatisation and workplace bullying. Mark is also the author of *New Ways of Seeing*, co-author of *The Giant Within* and has created over 500 hours of self-help products. More than 100,000 people a year subscribe to his email courses and over 10 million visit Uncommon Knowledge's psychology and therapy websites.

Check out: [www.unk.com](http://www.unk.com)

Please see Mark's article on *Shifting Limiting Beliefs* pge 26

## Kevin Laye Psy-Tap



Kevin Laye is our very own valued member of the *National Council for Hypnotherapy*, a world-recognised International trainer and public speaker, constantly trotting the global circuit (we are very lucky to have him on home-turf for the conference next year!)

Kevin is the creator of the newly-acclaimed Psy-Tap (<http://psy-tap.com>). Psy-Tap focuses on teaching a set of integrated systems and skills enabling practitioners to have flexibility of application, create solution focused agile thinking, leading to rapid change work often rapidly, and using techniques with proven efficacy.

In his words “If all you have is a hammer then everything tends to look like a nail”. Psy-Tap’s goal is to teach you the best of the best techniques, so you get the best outcomes. Kevin is also the CEO of Calm-Tech and he co-founded the Meta Changework Practitioner Academy (MCPA).

He is the author of *Positive Shrinking and Positive Drinking* and is a Harley St based therapy practitioner with an excellent reputation, endorsed by Paul McKenna. Kevin will speak about Psy-tap and understanding the key elements of quick-change therapy within hypnosis and beyond.

Check out: <http://psy-tap.com>

*Please see Kevin’s article on the future of psychotherapy Pge 10*

## Lynda Hudson First Way Forward



Since 1994 Lynda Hudson has specialised in working with hypnosis and children. She is highly-regarded as one of, if not the, leading hypnosis expert with children in the UK. Lynda has been a formative influence in many a hypnotherapist’s decision to work with children, an area that is continually opening up within the profession.

Lynda is the Author of the essential handbook: *Scripts & Strategies in Hypnotherapy with Children*, and *More Scripts & Strategies in Hypnotherapy* (for adults). Lynda has a Series of Hypnotherapy CDs and MP3s with ranges for Adults, Teenagers and Young Children, available [www.firstwayforward.com](http://www.firstwayforward.com) and [www.inspirational-hypnosisdownloads.com](http://www.inspirational-hypnosisdownloads.com) as well as various international online bookshops. Lynda is a Fellow of the Royal Society of Medicine, a Diplomate of the British Society of Clinical Hypnosis, a Member British Psychological Society, and the Association for Professional Hypnosis and Psychotherapy.

Some comments on her work include: “At last, the book our profession has been waiting for... Lynda is the acknowledged expert on the use of hypnotherapy with children.” Peter Mabbutt FBSCH. “Her hypnotic phrases included in the opening chapter are so excellent that they would likely be praised by Erickson himself!” Roy Hunter, Author/International Trainer of Clinical Hypnosis. In essence, don’t miss her at the upcoming conference!

Check out: [Lynda.hudson@firstwayforward.com](mailto:Lynda.hudson@firstwayforward.com)

## Stephan Perdekamp & Sarah Victoria The Perdekamp Emotional Method



PEM was created by German director and playwright Stephan Perdekamp and enables users a safe, biological access to true emotions. It finds a direct connection between certain body organs and emotions, producing a universal technique devoid of cultural and personal attachment. It also offers clear and effective exercises and bio-energetic triggers to deal with the six basic emotions: aggression, happiness, grief, lust, fear and revulsion. Originally created as a tool for actors, it quickly became obvious it had unprecedented benefits for well-being. People working with PEM report clear benefits and progress with several issues: drug abuse, stress, burn out, anxiety, depression, Asperger's and Autism.

Currently offered as part of the German school curriculum it has been officially recognized in the UK (the Solent University in Southampton is in the developing process for a post-graduate programme) as a significant benefit to the development of young people. PEM has also been offered in prisons in Scotland and Germany with discussions going forward to incorporate PEM into a long-term plan for the new education and fine arts programmes respectively as 'anger-skill' and communication development tool within the jail.

Check out: [www.pem-acting.com](http://www.pem-acting.com)

## The Day's Programme Saturday, February 20th 2016 The Royal Society of Medicine, London

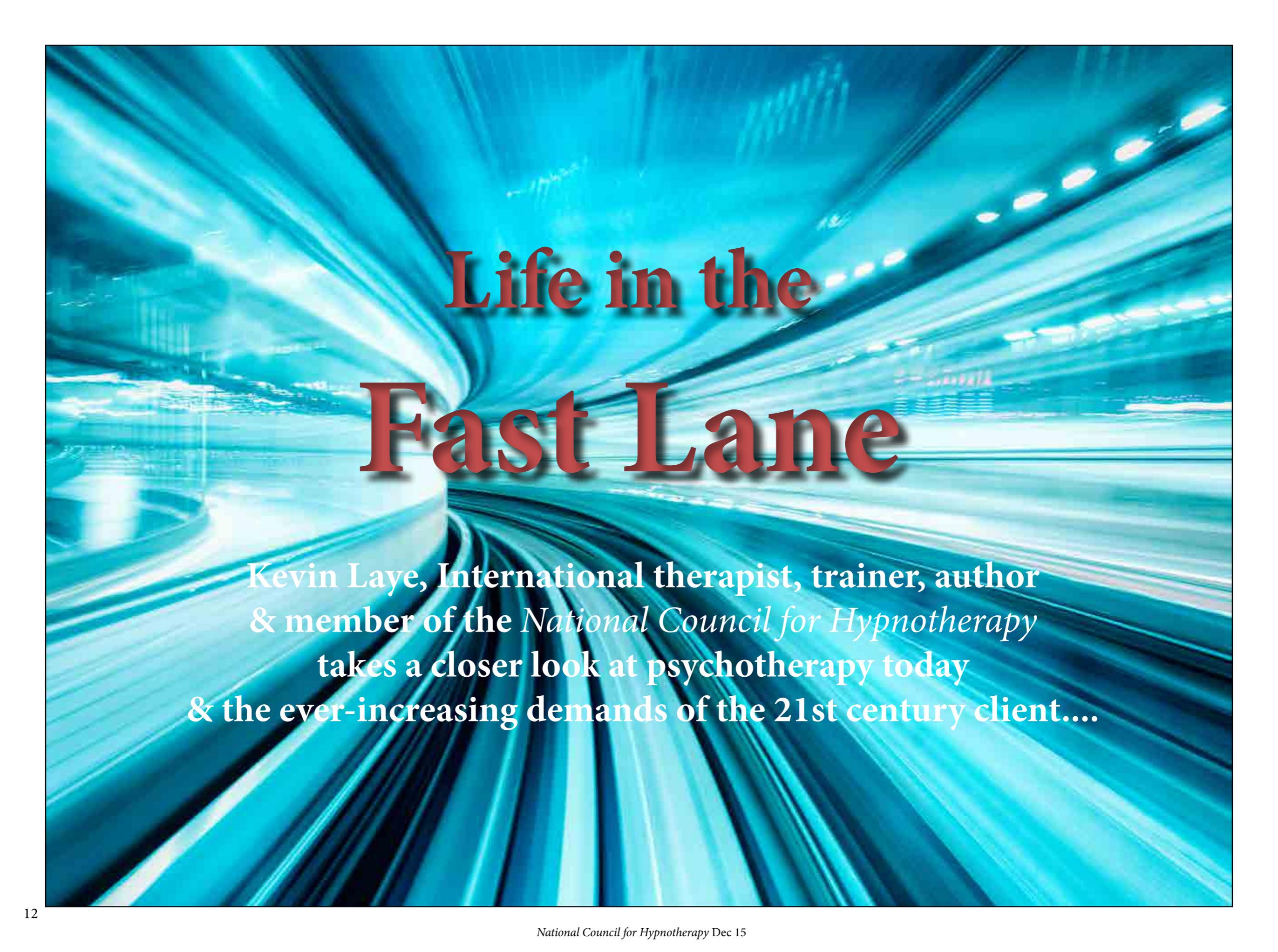
- |               |  |
|---------------|--|
| 09:00 - 09:30 | Personal photography                                 |
| 09:30 - 10:00 | Registration   |
| 10:00 - 11:00 | Mark Tyrrell from UNK speaks                         |
| 11:00 - 11:30 | Coffee/tea   |
| 11:30 - 12:30 | Kevin Laye, PSY-TAP speaks                           |
| 12:30 - 13:30 | Lunch at the RSM (hot buffet, tea & coffee provided) |
| 13:30 - 14:30 | AGM  |
| 14:30 - 15:30 | Lynda Hudson First Way Forward speaks                |
| 15:30 - 16:00 | Coffee/tea   |
| 16:00 - 17:00 | Stephan Perdekamp PEM speaks                         |
| 17:00 - 18:30 | Networking in the Bar/Canapes                        |
| 18:30 - 21:00 | After Party gathering in the atrium                  |

Members tickets £79!

Click the following link to ensure your place:

<http://www.hypnotherapists.org.uk/shop>

Please note you must be logged in to purchase your tickets.



# Life in the Fast Lane

Kevin Laye, International therapist, trainer, author  
& member of the *National Council for Hypnotherapy*  
takes a closer look at psychotherapy today  
& the ever-increasing demands of the 21st century client....

## Time's Moving On

**W**e live in a new age, a time where one of the most precious commodities we have is 'time', and where also our expectations are to have 'things' instantly. We live in a time where we can email or text someone on the other side of the planet, secure in the knowledge they will receive the message, in most cases, instantly. Our children are learning differently, and have an amazing ability to speak on the phone whilst watching TV and sending an email ...all at the same time.

Some research currently being carried out in Canada is showing on scans that there are specific areas of the brains of children such as the corpus collosum and pre frontal lobes are changing, perhaps it could be said they are mutating or as I prefer to say evolving.

We now have Digital children; so no wonder they have issues at school, when they are still being taught with an analogue methodology.

Business is done at the speed of thought, transactions made globally at the flick of a switch. Life is rapid, fast, and that in itself raises its own stresses and issues. The W.H.O... (World Health Organisation) has stated that by the year 2020 the primary global killer on the planet will be 'stress'.

Doctor's largest outlay in many clinics is the budgetary cost of prescribing anti depressants and other 'happy pills' to patients who report that 'life is getting too much for them'.

Stress however is a 'dirty' word and is a real stigma in corporate life and in many other areas of our life. Even the terminology has changed to show this. We no longer have to attend stress management courses, we now have courses for 'Performance under pressure', which because it does not have the 'S' word in it means it must be more positive in its framing and its outcome. What a pleasant reframe? I think not.

## Stress the silent killer

Stress affects us at a deep bio chemical level and can bathe every single neuro transmitter we have in our corporeal form with its insidious effects. Stress depletes our immune systems, ability to cope with disease and can affect our cardiovascular makeup leading to hypertension, cardio vascular accidents (strokes), diabetes, and other cardiac related illnesses. Stress indeed is a silent killer, because we are expected to cope and not give in to life's stresses.

In life's rat race we cannot be seen to be a weak rat. Corporate businesses build profit schemes around this, for example Tesco have a "just in time" policy to reduce wastage and even on the leisure side we have sites like lastminute.com to help us because we do not have time to plan our lives, just to react to things which become urgent. This is commonly referred to as crisis management.

Out of necessity we become very adept at "putting out fires", however it should be noted that upon closer scrutiny we could be seen to be the ones carrying the matches too. Time, is indeed becoming our scarcest resource. Once it has been used then it has been used up, no second chances, no retakes, you cannot have the time again.



Bearing this in mind then we must review current therapy models to align ourselves with this new way of thinking and being. As therapists choosing to be successful, we need to embrace every possible tool and resource we can to enable us to resolve our clients issues as quickly as possible, and give them back the control they currently do not have, which in my opinion is the "prime-driver" in their "dis-ease", which will manifest itself in the symptomatic behaviour with which they seek help with from you, their chosen therapist.

A good example of this symptomatic behaviour is addictions. It matters not what they are addicted to, cigarettes, cocaine, crisps, chocolate, champagne or chardonnay or anything else beginning with "C", the taking of the addictive substance gives the other "C" which is 'control' on a temporary basis of their

anxieties and stresses. It anaesthetizes them and disassociates or distances them chemically from having to face the reality of the pressures and stress upon them. This is the primary effect at least. The secondary effects are much more serious and damaging, including, cancer, coronary artery disease, obesity, premature dementia and many other serious physiological reactions to things we should not be casually putting into our body.

If we are unable to anaesthetize the stress then it can and often will manifest itself in many ways, at either a deep psychological level or perhaps even at a physiological level too. Even idiopathic diseases such as asthma, eczema, psoriasis and other autoimmune conditions are often exacerbated by stress and anxiety, sometimes to a crippling level. We then add to this all of the secondary negative emotions like anger, frustration, jealousy, shame, embarrassment and guilt and we can be in a real emotional mess.

Dr John Sarno in his book the “Mind Body Prescription” posits the idea that almost all neck back and shoulder pain is caused by trapped stress and anger or even rage. Our clients feel “helpless” and in many ways are, which is why they turn to us the therapist for “help”. We should do this for them as expeditiously as possible.

Now I am not saying that this is for “all” clients who seek our help and indeed there are some who need to emote over a period of time and may have a number of issues to be dealt with and we should treat them accordingly.

I have even had in Harley Street some clients who have as near as damn it ‘instructed’ me not to fix them too quickly because they have a story to tell and see that, (in their mind at least) as an important and integral part of the therapeutic healing process.

Conversely, I get the ‘City’ boys who know of my reputation for rapid work, and they ask if I can “sort them out in their lunch time” as they see no value in keeping something that can be collapsed rapidly. I fix them fast and they are back at work stress free and earning again. For this rapid service they are happy to pay a premium rate.

Being able to adapt to both ends of the time – need spectrum for the client is a very useful ability upon which to call. Options and flexibility of operation is the key. In fact the law of requisite variety states “he or she who has the most flexibility to function will win out in all situations”. A kind of 21st century survival of the fittest, if you will.

So how is this achieved for the client?

There are in these current times a wealth of therapeutic interventions available to a therapist to train in, from Analytical Psychotherapy, Hypnosis in all of its

forms, NLP Neuro Linguistic Programming, EMDR Eye Movement Desensitisation and Reprocessing, CBT Cognitive Behavioural Therapies and the more esoteric Energy Psychologies such as EFT Emotional Freedom Technique or TFT Thought Field Therapy.

So which is best? Well the answer is simple; the technique that is best is the one which is best for the client and provides a desired outcome to overcome a perturbing issue. Another strategy I employ to allow me to often pre-select the modality, in which I am going to work, is to ask the client to send me a detailed synopsis of their current state, along with a history of negative issues and incidents they have experienced. I also ask for details of any medications or drugs they use or have used (both prescribed and non prescribed) as this gives me a chance to research any contra-indications that taking these medications may have.

This process in itself I feel is an integral part of the healing process and many clients have never actually written down the issues and report the process itself was quite cathartic. In many cases I also find it negates the need for the client to need to emote in the session and I do not have to get covered in ‘emotional vomit’ as a friend and colleague once graphically referred to it.

I also find it useful at the end of a successful session to give the client back the document, and ask them to read what they wrote down. On most occasions they re-read it and often report it is like reading about ‘someone else’ and they no longer have any emotional attachment to the ‘story’.

This for me as a therapist is a great indicator that we have made significant progress.

On occasion they will pick up on a specific part of the text and report that this particular aspect still perturbs them. This is good to know, as we can then often work on that specific issue quite quickly, using, once again the most optimum modality for that specific issue. Then, once treated, I will ask them to again re read the document (sometimes in whole, or sometimes in part) and they often report that they can no longer attach any emotional negativity to it.

Clients often report feeling ‘lighter’ or may look confused when they can no longer access the negative emotions that in the past have accompanied the cognitive memory of the disturbing issue.

Many will enter into what is referred to as the “Apex” state. This is the state where the client can no longer access the negative emotional states they came to see you with, which you have “fixed” but that cannot accept that the issue can be or has been resolved so quickly. The logical left-brain aspect will try to find some other explanation for the ‘cure’ rather than putting it down to your

treatment.

Apex clients will often make statements like  
“Well I cannot think of it right now”. (Remind them they could a few minutes ago) or  
“It is not something I can give a SUD (Subjective Unit of Distress 1-10 scale) to. Or  
“You are just distracting me” or  
“This is too simple, it cannot have worked so easily” or  
“Well I feel fine now but I know it will come back later” or



“I have had this phobia all of my life, you cannot get rid of it in minutes”

There are many other variables to this but these are the most common ones I encounter in my work with my clients.

Let us take the last one as an example: I use the bag metaphor and say, “so if the phobia was a bag you have carried most of your life, tell me...how long did it take you to pick the bag up?” The answer is obvious to me, and to them, it took

only a moment to pick it up. You then ask “so how long should it take to drop it and leave it behind you?” Again the answer is obvious, but the “yes buts” come, all the same.

Like all problems there is a simple solution. My personal preferred solution to the apex problem is to say to the client “Okay then, shall I put you back how you were before you came here?”

The common reaction is for the client to say “No” usually accompanied by a definitive and vigorous shake of the head. I then point out that there are only really two answers to that question, one is to react as they did by saying “No” and the other is to say “well I feel exactly the same”.

This is an access to the non-conscious response, and when this is pointed out, the logic circuits tend to kick in and the acceptance that the problem or issue is gone or looks or feels different is accepted. Sometimes this is done reluctantly and sometimes with a “Wow”.

On occasion you do get the odd client who will challenge you when you offer to put them back how they were, and they will respond by saying “Yeah, go on then put me back”. I then simply have to point out how can I put them back to something if it had not gone or had not been changed. Again the logic circuits kick in and they accept that they truly cannot access the disturbing emotion in the same way, if at all.

The ‘apex’ originates from Koestler’s ‘Ghost in the machine’ work, and defines the brain working at its apex state where it will always try to find a rationale or reasoning behind something which seems implausible or impossible despite whatever evidence they have to the contrary.

The expectation of many clients does appear to be that therapy can be a long and drawn out process, and the whole concept that an issue can be resolved very quickly is indeed an alien concept to many.

Another advantage to working with such rapidity is that it minimizes the potential for transference to occur. The standard or common ‘therapeutic alliance’ when working with rapid techniques, is very short term, and is often not even relevant in certain cases. A metaphor I use is as follows; it is like taking your broken car to a mechanic. The mechanic could ask you about every journey you have made in the car, and tell you why the way you have driven it or maintained it may have caused the problem, he can even over time educate you into all the fine and precise details of why the car is not working. Then once you have fully understood why it is not functioning as you would hope it to be hands you back

the keys. Not fixed but you understand why it is broken and that understanding should make you feel better about it. So there you are pushing the car home, but at least now you know why you are pushing it home.

Or the mechanic can just fix the problem. Drive or push? What would you choose? Now, another consideration when doing rapid change work with clients is that the speed of change, if not dealt with correctly, may create its own problem. When Richard Bandler the co-creator of NLP Neuro Linguistic Programming does rapid change work, he poses the following question to the client.

“So now the problem that you thought you had, you no longer think is there what do you think, you will do with all the time you used to waste on thinking about a problem that is no longer there?”

This is a typical Bandler-esque type of confusion patten, working with the non-conscious directly by bypassing the conscious or cognitive reasoning process. It is however a serious consideration to bear in mind.

Quite often with a client their issue can become deeply intertwined with their identity and in more severe cases become their identity, so if you are taking away the issue you could also be taking away their identity. Gives a whole new meaning to the phrase identity theft doesn't it?

I feel it is imperative for the therapist to enable the client to be able to deal with this issue. I call it avoid a 'void', the void in question being the space created when the problem is no longer there. What will the space be filled with now?

Well there are a variety of options but one is a strategy I like to train my clients in called eating a P.I.E or Positive Imagery Exercise. It goes like this...

Raise the right hand up and to the right of you so you are looking up at it.... Look into your palm and create a compelling image of what you want to be like assuming that nothing can fail.

Then double the intensity of the picture and brighten it. Then double it again and again...when it looks amazing and only then take a deep breath in and as you exhale pull the image into your chest and absorb it through your heart then as you breathe in intensify the image and as you exhale drive the feeling through your body into every cell muscle nerve fibre and tissue until you are saturated with the good feeling.

Then repeat with another good image. Do this as often as you like..... after all who can ever have enough good feelings? It is a very simple but elegant exercise, which enables the client to quickly develop a positive visual to kinesthetic link, and like the work done to remove the issue it is a rapid technique in both is application and its effectiveness.

It is because it is easy to do, and takes such little time, and has such a strong

kinesthetic effect, that the client will do it.

They feel the results quickly and want more of the good feelings it creates. It is a no-brainer technique.

So in a 'nutshell' as Viktor Frankl used to like to put things, you take away the problem with rapid techniques and you give the client a new strategy to employ to give them good feelings as opposed to the bad feeling they initially came to you with.

I suppose the final consideration must be given to the therapist. If the therapist relies upon repeat sessions with a client to generate an income (we all have bills to pay) and what I am proposing is in many cases we treat in a single session, then surely this is a business suicide?

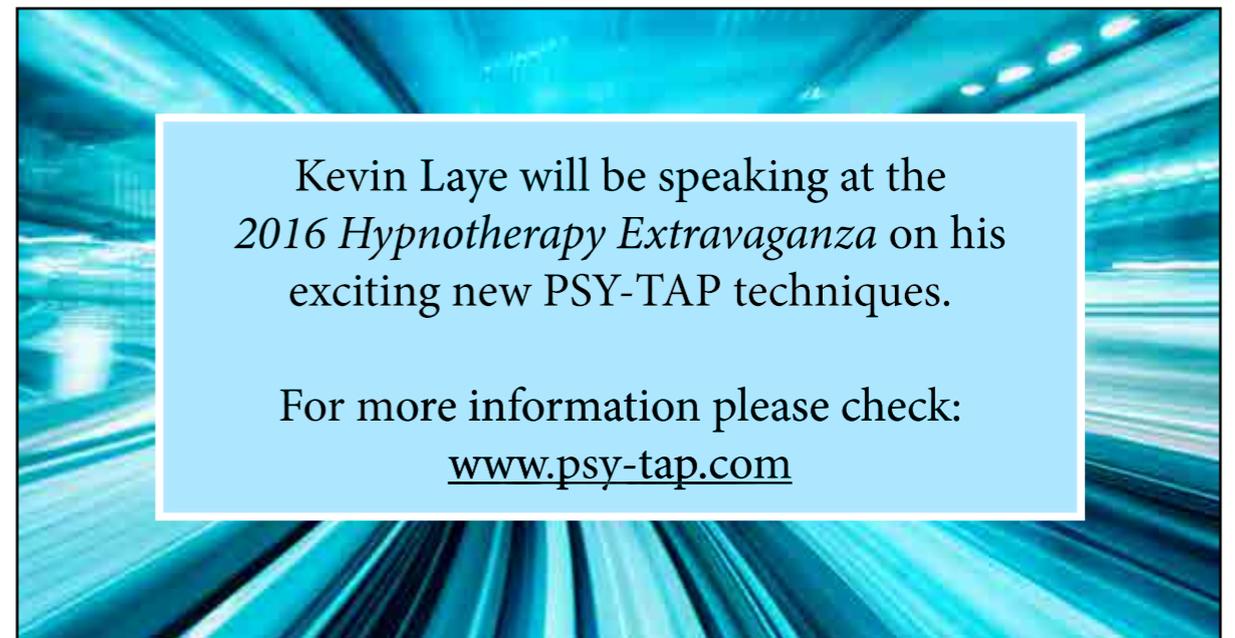
I personally have not found this to be the case.

I believe in modern times when speed is of the essence and becoming our conditioning to expect things to be done 'quickly', a slow change therapy solution will not resonate with many. I believe if a client has the choice of having something resolved quickly for a premium or slowly for less perceived cost then they will often choose the former.

It is also simple math...

One session at £300 or ten sessions at £90? Smarter clients work this out anyway and all you have to do is remind them of the economy of both the monetary value but I think equally as important the time value too. The money you can make more of, the time you cannot. Here's to a good time for rapid therapeutic interventions!

\*\*\*\*\*





Come and Learn the new cutting-edge techniques with Kevin Laye  
– one of the World's top Energy Therapy Trainers.

Psy-Tap (Psychosensory Techniques and Principles) will elevate  
you and your business and help you and your Clients achieve amazing results.

**Psy-Tap Certification**

27-29 February 2016, Telford

30<sup>th</sup> April – 2<sup>nd</sup> May, 2016, Central London

**Confident Hypnotherapist**

2<sup>nd</sup> – 4<sup>th</sup> April 2016, Telford

**Details Here:** <http://psy-tap.com/training-courses/>

**See what others say here:** <http://psy-tap.com>



# The Nature and Treatment of Tinnitus through Hypnotherapy

*by David Collingwood-Bell,  
Specialist Adviser on Tinnitus  
to the National Council for Hypnotherapy*

The Otolaryngology Department of the Hadassah Medical Centre in Jerusalem, incorporating a hospital with an international reputation for successfully specialising in and treating tinnitus, defines tinnitus as 'a subjective complaint of hearing a sound or sounds that are attributed to the ears or the head. The sound is simple and has no linguistic meaning. In that respect it is different from auditory hallucinations.

Clients may need help in understanding that the problem is the suffering that is being experienced as a result of the noise, not the noise itself, which, as Hazell et al pointed out results from 'the ability to hear sounds generated by the auditory system, evidence of compensatory mechanisms that are part of its normal function'.

The distressing noise or noises of tinnitus that are heard in one or both ears or the head are generated entirely within the individual in the absence of any external source. Distressing, even debilitating, as it may be, tinnitus is not a disease and in itself is not causing harm.

However, tinnitus can cause much emotional distress in many clients, resulting in such symptoms as irritability, high anxiety, depression, difficulties in concentration and sleeping problems. It can also negatively affect relationships and activities at work, home and social life.

As shown by Andersson (2002), although its effects are psychological, research studies have found little evidence to suggest that tinnitus can cause psychological disturbance or that it is a psychosomatic form of illness.

According to a research study commissioned by the Irish Tinnitus Association (Naughton P, 2004), there does not seem to exist any form of predisposition towards the development of tinnitus. However other research studies do suggest that those who have experienced severe stress, anxiety and/or depression are more likely to be distressed by it and that personality characteristics can play a large part in determining whether suffering takes place. (Budd and Pugh, 1996: Halford and Anderson, 1991: Stouffer and Tyler, 1992).

Those of a more optimistic disposition are more likely to create better coping strategies, whereas somebody with a more depressed, negative view may well find that the thought of being at the mercy of a noise that may well get worse causes increasing distress.

In their study of 112 members of a tinnitus self help group, Halford and Anderson (1991) found a significant association between the severity of the tinnitus defined subjectively and the two psychological variables of anxiety trait and sub clinical depressive tendency. Their results suggested that 'the worse the tinnitus complaint, the greater the likelihood the individual will have a more anxious personality and a tendency to sub-clinical depression.

An individual with a negative cognitive set is less likely to actively explore what may be beneficial in reducing tinnitus primacy and less likely to actively explore what may be beneficial.

Depression can also lead to selective recall favouring negative over positive schemata. This may make the depressed individual less likely attend to, recall and focus upon stratagems that may offer relief from tinnitus.

Stress can be a significant factor in most cases of tinnitus and a number of research studies have found this correlation between stress and tinnitus, both



from the point of view that the annoyance and suffering created by the aberrant noise creates stress and that excessive stress may well have contributed to the onset of the tinnitus in the first place. In the research study produced for the Irish Tinnitus Association, Naughton writes that 'some 34% of respondents reported that some kind of 'life stresses' accompanied the onset of their tinnitus. In a professional information sheet for Primary Care the British Tinnitus Association includes the offering of advice to patients suffering from Tinnitus 'on the local availability of relaxation training and stress counselling in a list of what one can do to help. (Tinnitus Guidelines for Primary Care)

As there is no medical or pharmacological cure any therapy has to have successful management of the problem as the aim, although medication may alleviate certain of the concomitant conditions, such as depression, anxiety or stress.

Because it is the reaction to and the attitude towards the tinnitus that are the crucial factors, this is why psychological therapies, such as hypnotherapy, are considered to be the most effective.

However, I agree with The Irish Tinnitus Association (Naughton P 2004) and recommend to most clients that a combination of approaches are the best way forward. This is in line with Hogan's recommendation in Tinnitus: Turning the Volume Down (1998) that it is best to follow a multi-modal approach, usually consisting of medication in certain cases, Tinnitus Retraining Therapy, incorporating sound enrichment aids, and hypnotherapy to deal with the more psychological and emotional aspects. Hypnotherapeutic treatment may well be enhanced when combined with Cognitive Behaviour Therapy when appropriate.

Tinnitus has a most diverse aetiology. As Andersson (2002) points out 'tinnitus is known to occur as a concomitant of almost all the dysfunctions that involve the human auditory system.'

Whilst most would agree that, in many tinnitus cases, the initial trigger would have been some form of cochlea damage, for instance that caused by hearing loss as a result of the ageing process, or infections or loud or consistent external sound, its actual development and persistence is caused by cortical reprocessing and the emotional involvement of the limbic system.

In this sense it can be likened to phantom limb pain in that the site for the sending of sensory information has been changed to within the neural circuitry of the brain.

*'The manner in which the limbic system responds with negative emotions is crucial to the treatment of tinnitus. The greater the amount of negative emotion, the more the conditioned reflex is enhanced, with the result that more and more attention is given to the tinnitus. ...some patients develop such an extreme fear that the tinnitus becomes phobic in nature.'*

The manner in which the limbic system responds with negative emotions is crucial to the treatment of tinnitus. The greater the amount of negative emotion, the more the conditioned reflex is enhanced, with the result that more and more attention is given to the tinnitus. Indeed some patients develop such an extreme fear that the tinnitus becomes phobic in nature.

This is why tinnitus is such a hard thing to conquer as the patient is caught up in a vicious loop of stress and troublesome noise. Referring to Schulman's hypothesis (1991) that sensory systems and emotions are linked by memory, Hogan states that 'the key to understanding tinnitus is realising that you are hearing an

ever present memory, similar to a Pavlovian response that loops endlessly.'

In the case of tinnitus, not only will there be a memory of the sound, which is not initially understood, and attached to that the memory of fear and anxiety, but also strong negative emotions associated with explicit memories, which might involve depression, anxiety and maybe panic, and so the memory loop continues, endlessly recycling and often worsening.

However, just as these cognitive processes can lead to negative emotional reactions, they can also give us the ability to make decisions with regard to the kind of action that should follow the emotion. As LeDoux (1998) points out this 'allows a shift from reaction to action (and) allows us to be emotional actors rather than just reactors.'

Hypnosis, as with any other therapy, may not be a successful treatment for all clients. However, a review of the research studies, backed up by my own extensive experience, leads me to the encouraging conclusion that the success rates can be high. According to Hogan, who based his conclusion on the large number of studies to which he refers in his book, between 50% and 76% of subjects were able to reduce both the volume and the distress of their tinnitus with hypnosis.

An example of such a study is the clinical trial by Brattberg (1983) in which 22 of the 32 subjects learned in one month to disregard the disturbing noise and 3 were completely cured.

In the discussion in the report of the study, Brattberg noted that 'hypnotherapy has shown itself to be an excellent method of helping these patients to learn to live with the noise' and continued to state that 'for at least 50% of the patients the results of the treatment have been maintained for ten months.'

In another study Attias J et al (1990) compared the efficacy of self hypnosis to two control procedures and found that '73% of self hypnosis subjects reported disappearance of tinnitus during treatment sessions'

A much larger study was that conducted by Ross UH et al (2007) in which a total of three hundred and ninety three patients 'were treated within an inpatient closed group twenty eight day setting with hypnotherapy.

'After therapy a decrease in TQ (Tinnitus Questionnaire) score was seen in 90.5% of the patients with subacute tinnitus and in 88.3% of those with chronic tinnitus. Assessment of the TQ score at the end of therapy revealed highly significant improvements' and 'the TQ score remained stable in the follow-up controls.'

As was concluded by Marks N et al (1965), as a result of a different study, 'it does, therefore, seem worthwhile employing hypnosis for tinnitus even if one concentrates entirely on the personal state of the patient and the patient's reaction to his or her tinnitus.'

It may help to note that each research study tends to rely upon just one hypnotherapeutic approach, whereas the different causes of tinnitus, different predispositions and different reactions to the problem demand a variety of approaches and methods, which an experienced hypnotherapist will use to provide a bespoke treatment for the patient. Hypnotherapy, in the hands of a well qualified and experienced practitioner, who is knowledgeable about tinnitus, is likely to achieve an even better ratio of results.

The Hadassah hospital referred to at the beginning of this paper lets its tinnitus patients know before they attend that they must consider staying in the local area for four to five weeks for treatment. This may not be a feasible plan in most situations but it underlines the commitment and investment in time, which is required by both patient and therapist in treating tinnitus. Although clients of mine have 'lost' their tinnitus after as short a number of sessions as six, most clients will need to understand from the outset that treatment will probably take time, certainly months rather than weeks and maybe a year or more although that is not common.



*‘There are a large variety of approaches and techniques, which might well be used in treating tinnitus and the following outline will hopefully provide an insight into the key methods that might be used.’*

## APPROACHES AND TECHNIQUES:

### 1. DISTRACTION – CREATING ALTERNATIVE FOCUSES OF ATTENTION

Creating an alternative focus of attention to distract the patient away from the tinnitus, thus starting the process of habituation and giving hope by allowing the tinnitus, even for brief moments at first, to stop dominating the foreground of the patient’s experience.

### 2. RELAXATION TRAINING

Deep relaxation is a significant part of the healing process and a foundation for subsequent treatment interventions.

### 3. THE USE OF SENSORY RICH METAPHOR

Relaxation work could well be followed by the introduction of sensory rich metaphorical stories and adventures that, as well as being totally absorbing and indirectly relaxing, will help to develop neural pathways that have nothing to do with the tinnitus and incorporate indirect suggestions about the healing process.

**4. METAPHORICAL SENSORY TRANSFORMATIONS AND THE USE OF CLIENT IMAGERY** may well be used to help the patient sense the noise in an entirely different way or hear instead a pleasurable sound of one’s own choosing that is associated with more positive emotions.

### 5. THE SIGNIFICANCE OF SELF-HYPNOSIS

Teaching the client to develop self-hypnosis is crucially important in order to maximise the effectiveness of the treatment and also to bring down the number of treatment sessions required.

### 6. THOUGHT STOPPING OR FLIP-SWITCHING

Focusing on the negative aspects of one’s tinnitus attracts more tinnitus and more of what one does not want, so thought stopping and other techniques derived from Cognitive Behavioural Therapy and Neuro-Linguistic Programming help the patient to replace negative thinking with thoughts that are more positive.

**7. TECHNIQUES TO REDUCE AND HELP THE PATIENT TO MANAGE STRESS AND ANXIETY** may need to be introduced early on in the treatment.

### **8. OVERCOMING DEPRESSIVE MOODS**

As depression can often accompany tinnitus, the selected hypnotherapist may need to be knowledgeable about, and competent in, using approaches that will help a patient overcome low moods in order to break away from that feeling of 'learned helplessness' and move towards a state of 'learned optimism' as described by Seligman (1990).

### **9. REGRESSION THERAPY**

As feelings connected to past stress, anxiety and/or emotional distress may well be attached to and be worsening present negative emotion, regression therapy may be required for some patients in order to discover root causes, release unwanted emotions and reframe the memories of past experiences. This is often followed by parts therapy.

*'To be an effective therapist for tinnitus the practitioner needs to display a deep practical knowledge of tinnitus, and a commitment to genuine and total care in which they need to think in terms of treating the whole person.*

*This may mean helping each patient to consider and learn lifestyle changes and promote better health in body as well as mind.'*

Ideally, in selecting a hypnotherapist to help with tinnitus, a client will look for a qualified and experienced hypnotherapy practitioner, who has attended a course on the nature and treatment of tinnitus and who can show competency in working with depression and high anxiety.

If you are interested in learning more and would like to attend a CPD day course on the Nature and Treatment of Tinnitus please contact me on:

[www.hypnodelwyn.db@gmail.com](mailto:www.hypnodelwyn.db@gmail.com).

I am indebted to the National College of Hypnosis and Psychotherapy for giving me the opportunity and guidance to make a study of the nature of tinnitus and its treatment through hypnotherapy as my dissertation for the Diploma in Hypno-Psychotherapy.

## List of References

Andersson G: Psychological Aspects of Tinnitus and the Application of CBT: Clinical Psychology Review, 22, 7, 977-990 (2002).

Attias J, Shamesh C, Shoham C, Shahar A and Sohmer H, Institute for Noise Hazards Research, Chaim Sheba Medical Centre, Ramat-Gan, Israel; reported in Scand Audiol, 1990, 19(4), 245-9

Brattberg G, An Alternative Method of Treating Tinnitus: Relaxation Hypnotherapy through the Home Use of a Recorded Audio Cassette, International Journal of Clinical and Experimental Hypnosis, 31, 90 = 97, 1983

Budd RH and Pugh R (1996), Tinnitus Coping Style and its Relationship to Tinnitus Severity and Emotional Distress, Journal of Psychosomatic Research, 41,4: 327-335.

Budd RH and Pugh R (1996), The Relationship between Locus of Control, Tinnitus Severity and Emotional Distress in a Group of Tinnitus Sufferers, Journal of Psychosomatic Research, 39: 1015 – 1018.

Hadassah Medical Centre: What is Tinnitus? Available at [www.hadassah-med.com: Medical Services: Medical Departments: Otolaryngology: Tinnitus](http://www.hadassah-med.com:Medical Services: Medical Departments: Otolaryngology: Tinnitus). Accessed on 10/03/10

Halford JBS. and Anderson SD, (1991), Anxiety and Depression in Tinnitus Sufferers, Journal of Psychosomatic Research, 35, 4 – 5: 383 – 390.

Hazell J, Sheldrake J, Lee N; The Tinnitus and Hyperacusis Site: Home Page: Available at [www. Tinnitus.org](http://www.Tinnitus.org): accessed on 10/03/10

Hogan K (1998), Tinnitus: Turning the Volume Down, Chapter 5, Network 3000 Publishing Co. LeDoux J, The Emotional Brain, Weidenfeld and Nicholson, 1998 Marks N, Karle H and Onisiphorou C (1965) A Controlled Trial of Hypnotherapy in Tinnitus Aurium, Clinical Otolaryngology, 1965, 10, 43-46,

Naughton P: The Quest for Quiet: A Research Study for the Irish Tinnitus Association: Funded by the National Disability Authority: 2004: Accessed at [www. Deafhear.ie/documents/pdf/2024.pdf](http://www.Deafhear.ie/documents/pdf/2024.pdf).

Ross UH, Lange O, Unterrainer J, Laszig R, (2007) 'Ericksonian hypnosis in tinnitus therapy: effects of a 28-Day inpatient multimodal treatment concept measured by Tinnitus-Questionnaire and Health Survey SF-36; Eur.Arch Otohinolaryngol. 2007 May; 264(5): 483-8

Seligman MEP, 'Learned Optimism', Alfred A Knopf, 1990 Shulman et al in the proceedings of the Fourth International Tinnitus Seminar, 1991 as reported by Hogan K in Tinnitus: Turning the Volume Down, p79, Network 3000 Publishing Co, 1998 Stouffer JL and Tyler RS, (1992), Ratings of Psychological Changes Pre and Post Tinnitus Onset. In Aran JM and Dauman R (editors), (1992), Tinnitus 91. Proceedings of the Fourth International Tinnitus Seminar, Kugler Publications, Amsterdam, 433 -452.

Tinnitus Guidelines for Primary Care, (reviewed December 2009). A Professional Information Sheet of the British Tinnitus Association. Accessed at [www.tinnitus.org.uk](http://www.tinnitus.org.uk). April 2010.



# Supervision

within the National Council for Hypnotherapy.

## **What is Supervision? Would you and your business benefit from it? Would you like to become an NCH-accredited Supervisor?**

**M**any practitioners often have queries concerning clients or best practice procedures, and would profit immensely from advice about building their businesses, or even benefit from just bouncing new ideas off a seasoned and skilled practitioner.

Supervision is a really important part of the hypnotherapist's toolbox, enabling you and your practice to reach its full potential. We cannot recommend it highly enough.

*National Council for Hypnotherapy* Supervision is an asset that is offered to all of our members.

The benefits of one-on-one discussions every few weeks with accomplished Hypnotherapists can make a real impact on your confidence, experience and ultimately on your success.

The *National Council for Hypnotherapy* recommends that you have for the first 3 years of qualified practice and 300 client hours - around 30 minutes each month (or an average of 6 hours per year) of contracted supervision with an NCH accredited supervisor.

You may wish to enhance your skill set and become an NCH supervisor yourself, or you may even wish to run an NCH accredited school - in which case you are required to have NCH accredited supervision staff amongst your lecturers.

The latest NCH Supervision Course was created by the NCH and is based on a Solution Focused approach.

In the *Hypnotherapy Journal* we are always listing newly-qualified NCH Supervisors, or you can click the following link to the Therapist Finder on the NCH website and then use 'Advanced options' to select Supervisors only.

Click this link to the therapist finder:  
<http://www.hypnotherapists.org.uk/therapist-finder/>

### PLEASE NOTE FOR YOUR DIARY:

#### Upcoming NCH Supervision Courses:

Module 1: Saturday 29th & Sunday 30th October 2016

Module 2: Saturday 26th November 2016

Once successfully completed, this training will allow you to supervise other NCH Members. There is a limited number of places on this course and places are allocated on a strictly, first-come-first-served basis.

#### The Course Requirements are:

To apply for a place on the course you need to be an Accredited Member of the NCH.

A brief telephone interview with the NCH Supervision Director will also be required before a place can be allocated.

#### Course Structure:

The course will consist of a number of elements:

- 1) A pre-read for Module 1, introducing you to the concepts and some of the background to prepare you for the training.
- 2) Module 1 - Two day training on 23rd and 24th January 2016 in Central London.
- 3) A period of 3 months where you practise using the framework by working with others on the course, within a triad, supervising each other using all the possible formats (face-to-face, phone, Skype, group). The experience you gain from this time will contribute to your certification portfolio, which you will be working on at the same time. Supervising within your own group creates a very safe and enjoyable way to build on your skills and to learn.
- 4) Skype meetings to answer any questions and share your experiences of supervision.

- 5) Module Two - A final day of training on 23rd April 2016, covering Risk Management and Assessment for supervisors – essential knowledge for both therapists and supervisors. This will also be held in Central London.
- 6) Submission and assessment of your certification portfolio.

#### Course fees:

The course fees are £610 inclusive of VAT and this includes all assessment fees leading to certification.

However, we are offering an Early Bird rate of £500 (including VAT) if you sign up and pay for the training early.

#### How to Apply:

To apply for the course or if you have any questions then please contact the Supervision Director at [supervision@hypnotherapists.org.uk](mailto:supervision@hypnotherapists.org.uk) Once your application has been approved, you will then get full instructions as to how to book and pay for the course.



Following is also a list of currently accredited Supervisors, their websites and their email addresses.

Please note almost all of those Supervisors listed use Skype or telephone - so if you find someone you like, it doesn't matter if they are not located within the area you live.

Just click the links to email or go straight to their website.

## SUPERVISOR LISTINGS (in no order)

Heidi Woodgate

North Kent/Skype

Email: [heidi@northkenthypnotherapy.com](mailto:heidi@northkenthypnotherapy.com)

[www.northkenthypnotherapy.com/nch](http://www.northkenthypnotherapy.com/nch)

Su McPherson

Northamptonshire

Email: [su@daventryhypnotherapy.co.uk](mailto:su@daventryhypnotherapy.co.uk)

[www.daventryhypnotherapy.co.uk](http://www.daventryhypnotherapy.co.uk)

Pat Hoare

Exeter

Email: [pat@pathoare.eclipse.co.uk](mailto:pat@pathoare.eclipse.co.uk)

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

Michael Cameron

London Area

Email: [michaeljcameron@hotmail.com](mailto:michaeljcameron@hotmail.com)

[www.cognitvetherapy.me.uk](http://www.cognitvetherapy.me.uk)

Sharon Dyke

Taunton

Email: [sdhypnotherapy@yahoo.co.uk](mailto:sdhypnotherapy@yahoo.co.uk)

[www.sdykehypnotherapy.co.uk](http://www.sdykehypnotherapy.co.uk)

Brenda Cox

Essex

Email: [brendacoxhypnotherapy@gmail.com](mailto:brendacoxhypnotherapy@gmail.com)

[www.brendacox.co.uk](http://www.brendacox.co.uk)

Jessica Dowd (nee Driscoll)

Cardiff

Email: [jess.hypnotherapy@gmail.com](mailto:jess.hypnotherapy@gmail.com)

[www.solutionhypnotherapy.co.uk](http://www.solutionhypnotherapy.co.uk)

Dani Dennington

Thame, Oxfordshire and Buckinghamshire

Email: [dani@thecroftpractice.co.uk](mailto:dani@thecroftpractice.co.uk)

[www.thecroftpractice.co.uk](http://www.thecroftpractice.co.uk)

Esther Long

London area/prefers telephone

Email: [longteta3@hotmail.co.uk](mailto:longteta3@hotmail.co.uk)

[www.synergy-counsellingandtherapy.co.uk](http://www.synergy-counsellingandtherapy.co.uk)

Joe McAnelly

Newcastle area

Email: [2mytherapist@gmail.com](mailto:2mytherapist@gmail.com) Skype: joenlp

[www.newcastlehypnotherapy.info](http://www.newcastlehypnotherapy.info)

Gill Wood

Wimbledon

Email: [Gillwood19@gmail.com](mailto:Gillwood19@gmail.com)

[www.gillwood.net](http://www.gillwood.net)

Dawn Biggs

East Sussex

Email: [dawnbiggs@ukcounsellingservice.com](mailto:dawnbiggs@ukcounsellingservice.com)

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

Colin Hudson

Sussex

Email: [info@apollo-hypnotherapy.co.uk](mailto:info@apollo-hypnotherapy.co.uk)

[www.apollo-hypnotherapy.co.uk/clinical-supervision](http://www.apollo-hypnotherapy.co.uk/clinical-supervision)

Marion Ware

Whitstable, Kent

Email: [info@marionware-hypnotherapy.co.uk](mailto:info@marionware-hypnotherapy.co.uk)

[www.marionware-hypnotherapy.co.uk](http://www.marionware-hypnotherapy.co.uk)

## SUPERVISOR LISTINGS (in no order)

### Jill Tonks

All areas (skype preferred)  
Email: [jillmtonks@aol.com](mailto:jillmtonks@aol.com)  
[www.jilltonks.com](http://www.jilltonks.com)

### Valerie Hird

All areas (telephone preferred)  
Email: [val\\_hird@hotmail.com](mailto:val_hird@hotmail.com)  
[www.hypnotherapyork.com](http://www.hypnotherapyork.com)

### Peter Adamson

All areas  
Email: [peter@psychotherapy4all.com](mailto:peter@psychotherapy4all.com)  
[www.psychotherapy4all.com](http://www.psychotherapy4all.com)

### Tracey Grist

All areas  
Email: [hypkids@gmail.com](mailto:hypkids@gmail.com)  
[www.southlondontherapy.co.uk](http://www.southlondontherapy.co.uk)

### Nick Mawer

Bath and Keynsham  
email: [nickmawer@live.com](mailto:nickmawer@live.com)  
[www.nickmawer.co.uk](http://www.nickmawer.co.uk)

### Alan Wick

Wrexham, Wirral and Manchester  
Email: [positivehypnotherapy@yahoo.co.uk](mailto:positivehypnotherapy@yahoo.co.uk)  
Skype: alan-at-positive-hypnotherapy  
[www.positivehypnotherapy.net/supervision/index.asp](http://www.positivehypnotherapy.net/supervision/index.asp)

### Mary Llewellyn

Doncaster  
Email: [MairLLLL@aol.com](mailto:MairLLLL@aol.com)  
[www.TickhillClinic.com](http://www.TickhillClinic.com)

### Gloria May

London  
Email: [gloria.may@chilternstreet.co.uk](mailto:gloria.may@chilternstreet.co.uk)  
[www.GloriaMay.co.uk](http://www.GloriaMay.co.uk)

### Chloe Cook

Stafford and London  
Email: [chloe@openmindhypnotherapy.co.uk](mailto:chloe@openmindhypnotherapy.co.uk)  
Skype: openmindhypno  
[www.openmindhypnotherapy.co.uk](http://www.openmindhypnotherapy.co.uk)

### Marcia Tillman

Kent & Central London  
Email: [info@lifeclinics.com](mailto:info@lifeclinics.com)  
[www.lifeclinics.com](http://www.lifeclinics.com)

### Hilary Norris-Evans

Wiltshire, Gloucestershire, Bath, Bristol  
Email: [getmindfit@hotmail.com](mailto:getmindfit@hotmail.com)  
[www.getmindfittraining.co.uk](http://www.getmindfittraining.co.uk)

### Michael Hughes

Bristol  
Email: [info@michael-hughes.co.uk](mailto:info@michael-hughes.co.uk)  
[www.michael-hughes.co.uk](http://www.michael-hughes.co.uk)

### Deborah Pearce

Sidmouth, Devon  
Email: [dpearcehypno@gmail.com](mailto:dpearcehypno@gmail.com)  
[www.deborahpearce.co.uk](http://www.deborahpearce.co.uk)

### Christine Key

Chertsey and Egham - Surrey  
[chriskey1@aol.com](mailto:chriskey1@aol.com)  
[www.chriskey.co.uk](http://www.chriskey.co.uk)



# How to Help Your Client Overcome Their Limiting Beliefs

3 cognitive therapy techniques to rapidly reframe unhelpful ideas

You never know what goodness is locked inside your client's negative beliefs:

“They'll all hate me!”

“You must think I'm an idiot!”

“I know exactly what's going to happen, I'll just go and make a fool of myself again!”

As a practitioner, I know you've heard negative beliefs like this again and again. And boy, do they ever cause problems.

They lurk unexamined like scary sea creatures skulking beneath the waves of consciousness and can only be seen for what they are once they are raised from the murk and viewed in a wider context....

*Introducing Mark Tyrrell of Uncommon Knowledge*  
[www.unk.com](http://www.unk.com)

So how do you start bringing damaging assumptions into the light of day without it being overwhelming? Cognitive reframing is an art as well as a science.

A reframe, done artfully, can certainly help people think differently, more widely and creatively. But a cognitive reframe should be able to appeal to emotion as well as logic. That's why learning to deliver reframes in a way that makes them intensely compelling is so important.

When writing my new book on reframing and creating our new course Conversational Reframing, it became clear that the delivery and 'clothing' of the reframe is vital.

For a reframe to 'take', it needs to be delivered during a time in which the client's attention is locked on what you are saying so that they are more open to new and healthier perspectives.

So what kinds of cognitive distortions might we need to reframe to help our clients lead happier, more fulfilling lives?

*Here's a quick rundown of some of the types of assumptions that operate below the choppy waves of life. You've probably heard more than a few of these:*

### Fatalism

Nothing ever works out for me.

I guess I just wasn't meant to be happy.

People like me never get a lucky break.

I think I've attracted this bad luck.

It's karma for the way I treated my first husband!

I've somehow brought this disease on myself.

### Mind reading

She must really hate me now!

They all think I'm stupid.

He'd rather go out with her than me!

### Genetics

My mother was a depressive, I must have got it from her.

### Medicalizing

This anxiety/depression is a medical disease, just like Type 1 diabetes!

Once an alcoholic, always an alcoholic! No one ever really recovers!

### Infallible prediction

I know exactly what's going to happen! They are all going to hate me!

### Judging others by one's own standards

It's just not right. People just shouldn't behave like that!

I would never do that!

### Cause / effect

She broke up with me because I'm not like her first boyfriend.

### Comparison to others

My friend has been depressed for decades, so I feel like I'll always be depressed.

### Intentionality

He's trying to make me feel guilty for not having done enough overtime at work.

### Personality profiling

I could never get a job like that in marketing because I'm an introvert.

### Globalizing from the particular

(It's true there, so it's true everywhere)

My marriage fell apart. I screw up everything!

### Internalizing the negative

My boss was in such a weird mood today. I must have done something awful to upset her.

### Stabilizing the negative

I'll never meet anyone else I like as much.

I've never had any success and I never will.

There are plenty more where those came from, but those are a few of the kinds of assumptions that limit people's lives – and often remain untroubled by any direct challenge. Oh, and you may have noticed something about all these interpretations...

The problem of negative certainty. That's right. They are all extreme. Black or white. All or nothing. "She hates me!" Not "She might not like what I did there." Life is seen in emotionally extreme terms.

Now, don't get me wrong. These subjective interpretations of situations may or may not reconcile with the way things are for a particular person. But one thing's for sure. We and our clients can't assume that they represent reality. And even if they represent some parts of reality, they probably never represent as much as the cognitive distortion would have the client believe.

Being too sure that your own take on something – especially a highly emotive issue – is right can lead you down so many wrong paths and is something to overcome.

There is nearly always another more moderate and subtle way of seeing.

We know that when people depress, get angry, or feel any strong emotion, reality becomes biased for them. They become less objective. So part of treatment can be a gentle (I don't even want to say 'challenging') exploration of someone's assumptions. Now, how best to do that?

Here are three ways to sow a little helpful uncertainty.

1) Cast doubt with a subjective frame.

Of course, you need to respect what your clients believe, because clashing too crassly with someone's belief system can break rapport in the blink of an eye, regardless of how 'positive' you are trying to be (as you can see, for example, in the dangers of excessive praise).

But you can specifically and overtly frame their 'statement of fact' as an 'opinion' or 'idea' when you feed back what they've said. This is a gentle first step to deeper reframing later in therapy.

Example:

Client: "Nothing is good in my life, nothing!"

You: "It's really horrible to feel that nothing's good, isn't it?"

So you're not explicitly saying: "Ah, that's just your take on it," as that can be so easily rejected. Rather, you're communicating sympathetically in a way that carries a subtle reframe.

2) Have them 'modify their position'.

To help people properly, you sometimes need to get specific.

"My whole life is a mess!" is a generalization. If someone tells you they "can't do anything right", you could ask them if they know how to tie their shoelaces, how on earth they managed to find your clinic, or whether they know how to switch on their TV.

I'm not suggesting you use exactly those examples (although, knowing me, I probably would!). But what I'm saying is, it's easy to get sucked into the emotional extremism of someone with emotional difficulties.

When your client moves away from emotional extremism and becomes more moderate in their responses – and therefore in their cognitive interpretations – then therapeutic progress can be rapid.

Example:

You: "I think you mentioned you have a lovely daughter."

Client: "Yes, I do. She's the sweetest thing!"

You: "And you mentioned you felt there is nothing good in your life. So is it fair to say that there is at least one good thing in your life?"

Client: "Well... yes..."

You: "Okay, so what I'm interested in here is getting a bit more specific with what you want to be better in your life, because depression has a way of convincing people into thinking in absolute terms and we've just seen that in action."

3) Where is the evidence?

Strong emotion makes us second guess the future or makes us feel convinced we know 100% for sure the way things are.

Learning to relax with uncertainty can directly improve the mental wellbeing of your client.

Being able to sit pretty with not knowing whether we've upset someone or whether our date will like us or how the first day at work will go is a great life skill. Refusing to jump to negative conclusions or be sucked into believing one's own scary imagination helps clients break through much of the over thinking and feeling that accompanies so much emotional distress.

*'Knowing how to hold a meaning vacuum until real evidence comes along is something you can teach your clients. The calmer we can be, the more able we are not to prematurely speculate.'*

Knowing how to hold a meaning vacuum until real evidence comes along is something you can teach your clients. The calmer we can be, the more able we are not to prematurely speculate.

So knowing how to relax your client so that they can see reality more in the round, with less bias, is a vital therapeutic skill.

Telling your client that you're struggling with what they have told you because you're "not sure the evidence is strong enough" is a neat way of helping them question their own negative certainties without directly clashing with them.

Example:

Client: "She really hates me!"

You: "Has she told you in so many words that she really hates you?"

Client: "No."

You: "Did she tell someone else who has told you this?"

Client: "No."

You: "So, what evidence is there she really hates you? Is she the kind of woman who is full of hate?"

Client: "No...actually, she's quite a kind person."

You: "I'm interested to know how you know she hates you."

Client: "Well...she must do, after what happened..."

You: "It's certainly possible she might, but the evidence so far doesn't look so good."

Client: "What do you mean?"

You: "Well, we have to live by feedback and evidence, I think, at least some of the time. And from what you've said about what she's like as a person, the lack of concrete evidence that she hates you, and some evidence you mentioned earlier that she'd still like to make a go of it, I'm struggling to understand why you feel she must hate you. Maybe there is some evidence I don't know about...?"

Notice there is no arguing or telling the client they are wrong, just an encouragement of more objective thinking.

*'You can also ask people simple questions like:  
"Just as a thought experiment, what would be another way of looking at that?" I think it's vitally important to understand that people don't often hold these beliefs consciously.'*

You can also ask people simple questions like: "Just as a thought experiment, what would be another way of looking at that?" I think it's vitally important to understand that people don't often hold these beliefs consciously.

You may often hear people say things like, "Yes, I know logically I'm not really stupider than other people, but I feel as if I am."

This way of talking is one of the tell-tale signs of hidden assumptions lurking below the surface of the mind, secretly driving the way people view the world and sometimes blocking real hope from growing and flowering within them.

It's only when we dredge up those dark shapes from beneath the choppy waves of feeling that we come to see that what seemed to be all powerful monsters are, in fact, bits of old weed that can be discarded, now we can see them for what they are and can enjoy casting our eyes across the vastness of the open sea and land.

Click here to read this article on the UNK blog:

<http://www.unk.com/blog/crack-open-clients-limiting-beliefs/?nch>

## **NCH Member offer!**

Did you enjoy Mark's blog?  
Then subscribe to UNK's free therapy newsletter!  
Only for NCH members

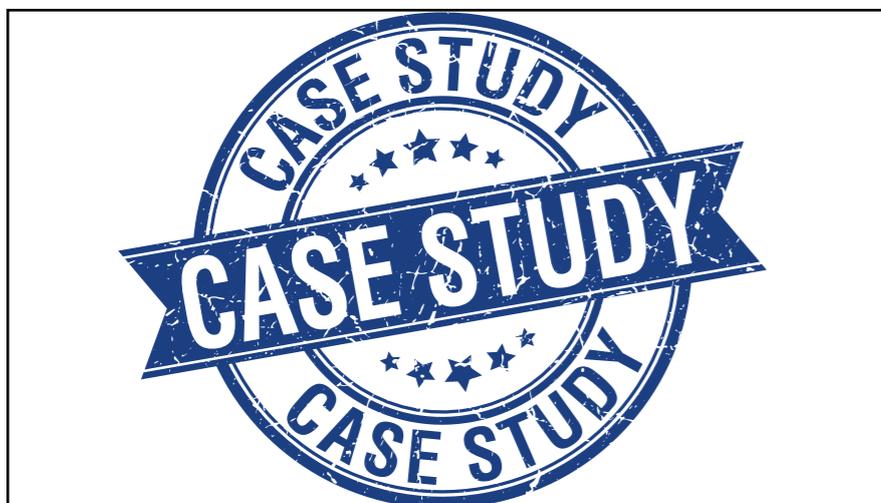
Subscribe to UNK's *Clear Thinking* Newsletter for therapists and get Mark Tyrrell's '5 Things You Must Do When Treating Depression' eBook for free!

Here are some of the therapy resources you will receive as a free Clear Thinking subscriber:

- Brand new therapy techniques every week you can use with your next client
- The '5 Things You Must Do When Treating Depression' eBook
- Therapy worksheets for you and your clients
- Video presentations on how to treat things like trauma, smoking and more
- Special subscriber offers to online courses for therapists

*and lots more, all completely free for as long as you are subscribed to Clear Thinking.*

**For the free member offer click:  
<http://www.unk.com/nch>**



# A HOUSE IS NOT A HOME

by Dr Brian Roet

In this case study, esteemed Fellow of the *National Council for Hypnotherapy*, revered and internationally-renowned psychotherapist and Parts Therapy trainer, Dr Brian Roet, shares his story about an agitated teenager and her challenging road to change.

*(DISCLAIMER: The below narrative is based upon a true study but names have been changed, abbreviated or withheld for various reasons. Some details may have been withheld or modified to protect the privacy of individual. Any resemblance to actual events or organisations should neither be assumed nor is implied.)*

Jennifer is fourteen. She is mature for her age and spreads angst and agitation wherever she goes.

She has been expelled from two schools and is having problems at her present school. The headmistress, Mrs. Barker, who referred her to me, said that a Damocles sword was hanging over her and if there were any more problem she would have to go. She was referred to me to see if I could halt her downward spiral and prevent the next step down in her failing life.

Jennifer presented herself as a very confident girl. Everything was the fault of others. She was not to blame for all the complaints that surrounded her.

She explained all the accusations with an attitude of self belief. Butter wouldn't melt in her mouth. The teachers; students; headmistresses were all wrong. She was misunderstood, misinterpreted and blamed for things she did not do.

In spite of all I knew about Jennifer I liked her. She had a spark, a potential hidden below the surface. There was something else going on inside that was not being reflected on the surface.

Her history was one I had heard many times before. Her parents had argued continuously before they divorced when she was nine. There had been no love in the family. Jennifer lived with her mother and visited her father every second weekend. Her mother was depressed, spending much of the day in bed. Her father was a busy accountant devoting any spare time to two children from his second marriage.

Jennifer did not fit in anywhere. She did not feel loved or even wanted. She

craved attention, lacked confidence and understandably had a very low self esteem. To all her friends and teachers she was the complete opposite—confident, aggressive and full of self importance.

To maintain her external persona---preventing others from discovering the real Jennifer—she had a “shell” which was pulled down to stop the outside world seeing a frightened girl inside.

“I feel so vulnerable”, she told me after a number of visits. “I am frightened of other people knowing who I really am. If they knew they wouldn't like me. I would have no friends”.

Fear was a major component of Jennifer's life. She was frightened of doing exams in case she failed. To overcome this problem she was late for exams and then had an excuse for her bad results.

Confident people have the motto—“Better to enter the race and fail than not to enter the race at all” Jennifer's was—“Better not to go in the race, and then I can tell myself I didn't fail.”

Her failure to sit exams, attend detentions, study, behave in class were causing so many more problems than solutions. She was in denial, would not discuss any alternative, and unwilling or unable to face up to the outcome of her actions.

My work with Jennifer was not progressing and the Damocles sword was getting closer to falling.

I discussed her with Mrs. Baker. She believed there was promise there some-

where, and was loathe to expel her if it was at all possible to help the “real Jennifer” to show herself. Mrs. Baker was having a difficult time convincing the teachers to cope with Jennifer in the hope that I could perform some magic.

One week Jennifer came in with a different aura around. An aura I had not seen before. I would describe her as “radiating warmth”. I commented on the change and she said she had made a discovery.

I was really intrigued and said “Please tell me about this remarkable discovery?” “I have just realized that Mrs. Baker really likes me. She has been supporting me against the other teachers in spite of all the things I have done. I can’t remember that ever happening before--an adult taking my side when I have been misbehaving.”

She started to cry. I sat quietly for some minutes not wanting to disturb what was happening inside her.

“You have also helped me a great deal,” she said through her tears, “you have listened to me without judging. You have pointed out many things I knew but didn’t want to hear. You have helped me face who I am, what I am doing, and where I will end up if I don’t change. Could you help me to change?”

I was a bit stunned.

Here was a fourteen year old girl who had spent her life lying, confronting me with the truth and so openly asking for my help.

I thought for a minute or two and had an inspiration.

“I believe I can help if you are brave enough to do what I ask.”

She looked worried and concerned about what she may be agreeing to. She did not speak for a little while then said, “I think I trust you, so yes I will do what you ask if I can.”

“Good girl. You will be entering the race. I want us to discuss this shell of yours. I am going to tell you about the hermit crab. Do you know what they are?”

She looked puzzled. I don’t think she was expecting that sort of question.

“No”, she said cautiously, “what are they?”

“Hermit crabs are special. They have no shell of their own so have to use shells that are discarded by other crabs. They have a very sensitive backside that needs protection from creatures in the sea that may eat them. They walk around the seabed looking for a shell that they can fit in. Then they back their sensitive bottom into this shell and wander around safe and happy. After a while the shell becomes too small and tight for them. They feel uncomfortable so they pull themselves out of that shell and crawl into a bigger one that is much more comfortable. They must feel very nervous whilst they are making the change.

“I think it is time to change your shell for a bigger one.”

“I would like you to close your eyes, use your imagination, and imagine you

are in this tight, outdated shell, and you are changing it for a larger more comfortable one”.

She sat with her eyes closed, concentrating on her inner world for quite a few minutes. Then she opened her eyes, smiled, and said,

“That was amazing. I saw myself squashed in a shell that was too tight for me, it was a spiral shell and there was no room for my friends. I then found a much bigger one with many more rooms. I got inside that and made it really comfortable. I invited some friends in and they really loved it, I felt so good having them there.”

We talked about her picture, and she talked about how she needed to be brave and prevent the shell ruining her life. She believed that the new shell would make a great deal of difference.

I asked her to spend ten minutes a day thinking about the new bigger shell; take a risk by telling a friend that she was not as confident as she had appeared; to “enter the race” instead of avoiding it; to behave in class even though she may want to gain attention by causing disruptions.

I told her that this was a lot to ask and for her to do her best.

When I saw her a week later she was still looking well, but not as glowing as at the previous visit.

Things had gone well but she did not succeed in everything I had asked her to do, and was worried I “wouldn’t like her”.



I praised her for the things she had done and asked her about another animal that has a shell—a snail.

“Is a snail slow?” I said.

She thought for a while worried in case she made a mistake over such a silly question. “Yes it is” She replied.

“In fact, Jennifer, it is not slow. It goes at its own pace, and I would like you to go at your own pace.

Don’t you think it would be strange to see a snail whizzing across the floor?”

She agreed, and I told her she was doing very well making the changes in her own way. “An important thing,” I said “is to make mistakes, as it is the main way

we learn. As you learn from experiences you become wiser, less frightened and more able to be yourself—your real self, in the best shell and going in the race. It doesn't matter if you win the race as long as you try, enjoy the experience, and feel good about yourself for doing what you did.

Generally change can be difficult. It doesn't need to be if you go at your own pace." Jennifer looked overawed by my speech.

"It all looks TOO difficult. There are so many things you are telling me that seem too hard for me to do".

I agree, I have talked too much too quickly. That is a mistake I have made.

I am going to learn from that mistake. Let's take it in little stages. Are there any of the things I have said that you CAN do?"

Jennifer thought for quite a while.

"Yes" she said very slowly " I can spend a little time before I go to bed praising myself for some of the things I have done during the day."

"Well I am going to praise you for thinking of doing that, because it is a very important thing to do. It will help you to like yourself and gain confidence to go in the race"

Jennifer and I worked together to make improvements to her confidence; self-esteem; ability to be herself with friends, and eventually like herself for who she was.

It took many sessions, many hiccups along the way, many tears (and some laughter). She had great courage to do things differently, to learn, to change, to overcome disappointments when things didn't go as she (we) hoped.

When we parted company she was like a toddler who had constantly fallen over and was now able to walk in a teetering way with occasional falls.

She was able to get up after these falls and continue on her way—bruised but determined to keep going and not resort to her previous method of travelling through life.

\*\*\* \*\*



**Doctor Roet's next workshop will be at  
Regents University,  
London, on Saturday 16th of April 2016**

## Integrated Parts Therapy

Dr. Brian Roet's next workshop is at Regents University  
on Saturday 16th of April.

Brian will detail techniques to explore 'parts therapy' to those practitioners of hypnosis and those therapists keen to add this valuable tool to their therapy.

Unconscious metaphors often play a major role in the cause of symptoms. Dr Roet teaches unique methods to explore individual parts, and guide clients towards their own natural resolution.

Parts such as "the critic", "judge" or "catastrophiser" often underlie the client's fears and worries, resulting in psychological or physical symptoms.

Dr. Roet teaches and demonstrates hypnotic techniques to locate these troublesome parts, and ways to create metaphors that resolve the symptoms.

For example the "critic" may become the "praiser"; the "judge" the "acceptor" and the "catastrophiser" become calm and relaxed.

In his workshops participants will be led step-by-step, to learn about these unconscious parts, and how to help clients make changes that ultimately change their lives.

<http://www.docroetsworkshops.co.uk>

Email: [hello@brianroet.co.uk](mailto:hello@brianroet.co.uk)

# Metaphor of the Month

## The Tree that Couldn't by Stella Rodgers

*In this issue one of our members here contributes a story she wrote herself.  
(A brief synopsis of what prompted the story, is at the end of the piece.)*

**I**n the old days when Mother Nature was young (and a bit inexperienced) all the trees in the forest just always did as they were told even though they couldn't remember why, and as the seasons changed they turned brown and shed their leaves every winter. Except one year a pretty, half grown, green tree that was quite bright, didn't do anything and all the other trees thought it was very rude to ignore Mother Nature in that way, and they said so to each other, whispering behind her back. (Other trees just didn't act like friends should). This particular green tree just didn't turn brown and let go its leaves as all the others did; it stayed very still and thought that nobody would notice.

When Mother Nature found out she was a bit cross and asked green tree why. "...Er ... I can't decide." This completely stumped Mother Nature; she didn't know what to do, so she got cross. "You are very Lazy" Mother Nature said. The tree replied, "I'm not lazy! I just can't decide"

The young Mother Nature got exasperated and so went to the older Mother Earth to ask advice, who thought about it a lot, and she conferred with the Divas of the Seasons. The discussion turned to the subject of principle, of free will. That was what Mother Nature had given all subjects within her realm, and it was treasured very highly. Some of the Divas said, "Why shouldn't all the people of the forest do as they think best?" "But ... there would be no order in the forest!" said others, horrified! Someone suggested that maybe the pretty, bright, young green tree was making a sort of protest against being told what to do all the time? Perhaps she thought her freewill had been interrupted?

After due consideration Mother Earth said this to Mother Nature: "There are many kinds of plants and flowers and vegetables who grow in different type of soil and nutrients to do well, and also have different needs and different places where they feel happy. "Here the Mountain and Valley Divas nodded in response, and then she added: "Perhaps trees don't want to be all the same?"

Mother Nature couldn't understand this at all, she had always thought that all the trees were happy, and the young half grown green tree was simply being obstinate, and besides, it never even mentioned being unhappy, so she didn't see what that had to do with anything. However she tried to be very patient and went back to the green tree and tried to reason with it again. "But you won't grow tall like the other trees, if you don't change with the seasons! Everything needs the winter to sleep and rest."

The other trees that did as they were told said: "Your leaves will become horridly thick and waxy all through the winter hard months if you don't let them drop off and get new ones next spring!" But this didn't help; in fact this only made the tree more confused. (More unhappy and unable to decide anything at all.)

The Divas of the Elements, sun, moon and stars, talked to her explaining how they had their part to play in the seasons turning year by year. (But that didn't help.) Wind, rain, snow and hale tried to explain why she had to be the same as everyone else, but with no effect (if anything she got a bit stubborn at this point.)

Flowers, fruits, vegetables and nuts all in vain tried to persuade her the same thing. (She's getting irritated here.)

And she just kept saying that she couldn't decide and she felt even worse, (and a little more stubborn). At the request of Mother Nature all the creatures came back to talk to the green tree.

Squirrels, Mice, Foxes, Badgers, Voles, Birds of every kind, all tried to talk to her, with their familiar twittering and chatter, chattering and twitter but still in all the confusion and noise she couldn't decide. (In fact that all got on her nerves even more).

By this time all the noise and talking began to have a curious effect... she began to not hear anything at all! Which was very handy because she didn't want to hear arguments, bickering and shouting, in fact all the forest was in an uproar, and harsh words were spoken, which was upsetting and some forest friends even fell out with each

other, taking sides in the discussion, (which didn't help.)

All this only made the green tree feel more and more sad and useless, so she stopped listening to them, in fact she got very good at not hearing anything at all, and folks had to shout to get her attention. She developed a handy knack of listening to the music of the wind in her branches, which cut out all the noise and commotion; she could feel the soothing sound of the rain on her when it wasn't there; she could even imagine peace and tranquillity rustling, sweeping through every part of her. This ability was surprising to her, a new gift from herself to herself!

The more she concentrated on this beautiful ability to imagine, the more peaceful she felt, and it was a nice rest from having to decide anything.

In time the birds and Creatures all left her alone, so she thought to herself secretly, "Nobody wants to know me, I must be so useless." So she concentrated on the sound of the wind in her branches that seemed to be her only friend, at times rain would come and make nice music to her, but they were only briefly a help (and she was sad at the injustice of it all.) Even the woodpecker that made a hole especially to raise her young went away, and so she blamed Mother Nature for being so bossy! (And then she seemed to be angrier at everything). Winter approached. Passing birds migrating on their way south sang out to her calling in a distant way, "We can see you!" Because she was different, a green tree, amongst the dull browns of winter. (That was a strange feeling.)

The days got shorter and shorter as time seemed to stand still; snow covered her in a thick blanket that hardened into a protective shield. The sun did his best to shine in the daytime, and night times were so quiet as all slept, peacefully. (Except the green tree that worried all the time.)

Then one day an exceptionally big storm came, it was very noisy and sounded rather violent. A wise old owl was blown off course into this part of the forest where he'd never been before. (The sight of the creature in distress quite upset her.) The gale blew him into the woodpecker's hole where he sheltered. Till it was feeling calm again outside, this made the tree happy to be able to help, (a bit of company is nice.)

When he came out to see where he was, he nudged up to the tree and, being a kind and polite owl, spoke to the tree saying: "Thank you so much for the shelter, I don't know what I would have done if you had not been there, and if it wasn't for you I might have died!"

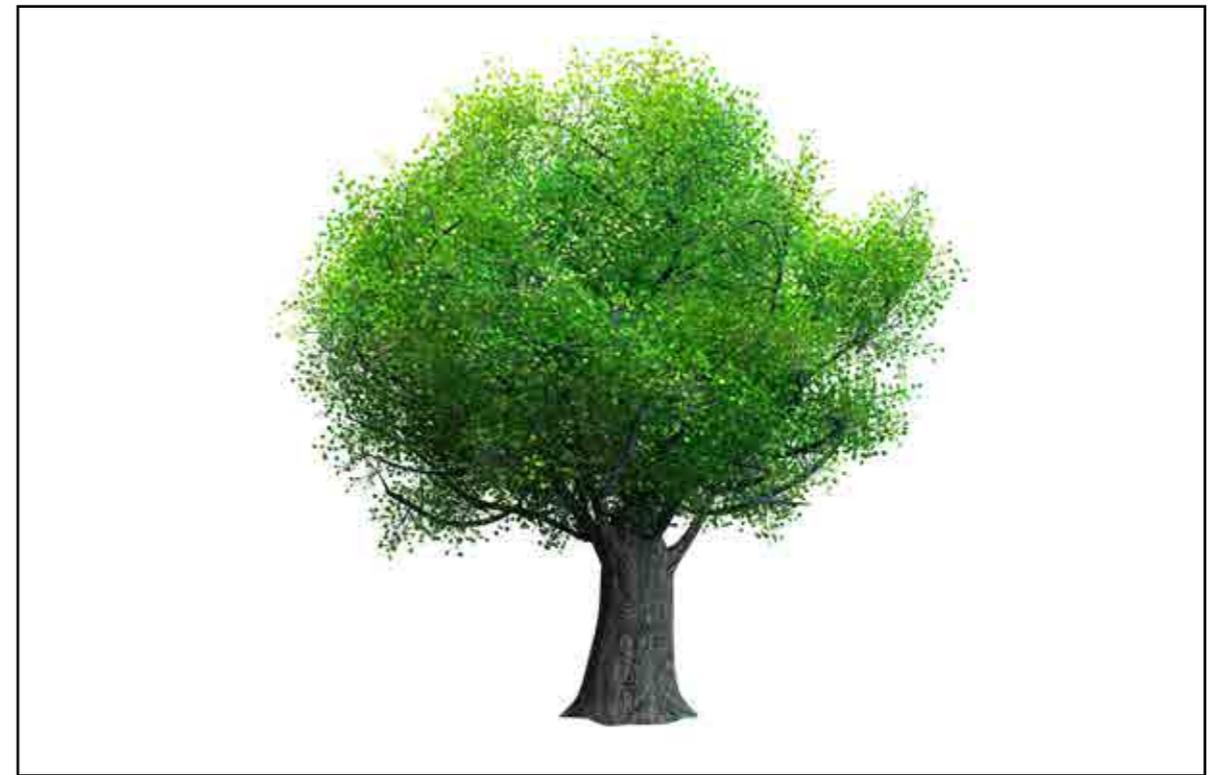
The green tree answered: "I didn't decide to shelter you - I didn't decide to let you get into my tree trunk - I didn't decide any of that."

Being a very wise old owl he could see that something was going on here and said: "But you did decide." This was a big shock to the tree. \*What? How did I decide? I don't remember deciding!" Then the Wise Old Owl said: "Look, everything in life is a decision, you decided to do nothing".

Green tree was amazed... shocked even! But this sounded right! Yes, its true, she could see that she had decided not to go brown. Yes, its true she had decided to stay

green because it felt better. Yes, it's true! She had decided to be different. Yes. It was all true! She HAD the ability to decide things all along!

Wow! Now she could hear how it all made sense, see how the experience was right, feel what this all meant in a new way. Then Owl added, "We are all different because we are all individuals, and this makes us each special, and so we all are special and different in some way". He smiled and then asked "Don't you remember growing up as a little sapling? In your own special place, with your own special surroundings enjoying the sun and rain?" (Yes she did.) "Can you remember every detail.. . All around and above you... Happy to be learning to be you. Happy just to be you in your own element?" Yes the green tree did remember all these happy times without a care in the world, (It is so good to remember all this). And then he added, "There are many times



when being different is such a wonderful ability, you could actually teach others how to be like this, because they will want to learn about being special, unique, an individual just like you." She thought and thought about all this, (in a special way.)

The next spring Mother Nature saw that it was true what the wise old owl said, the tree was not lazy or uncaring it just wanted to be independent all along (and that it's a special gift to have inside anyone.) The result of this was very satisfactory indeed because there was a big celebration.

The Weather Divas smiled on the party, which went on for days. All the creatures, flowers and berries of the forest made it special for the new 'forever green tree' (that's what they called her now). The creatures sang pretty songs in their happy voices; the flowers and berries covered her in beautiful garlands that felt so soft and loving, the

sun shone warm and brightly in the day, and the stars came down and twinkled prettily at night in her branches to show their affection.

Later when she asked all her old friends why they left her alone for so long they replied: "We didn't like to spoil your concentration when you were deciding not to do anything!" and everyone laughed and laughed!

In time the green tree taught other trees how to be different and individual, many decided to stay green all year round, and its not easy to withstand all the storms (so no lazy trees could do it.)

Their leaves now grew so new and shiny, the bark grew thick and strong and felt so good, the thought of this new and exciting adventure made everyone feel even more special. The new winter trees loved the sound of the whistling wind, the pattering rain in their thick waxy leaves, and the way the snow felt on the branches like a cosy warm blanket. Now the passing birds on their flight to warmer places said that it looked as if Mother Nature had clothed them in pretty sparkling diamonds that shone on the snow in the winter sun!

In fact a big celebration takes place now every year in winter (you might have heard of it) just for the evergreen trees to come indoors to the humans houses because they are special and appreciated, just at Christmas time.

SO in the end the Evergreen tree that couldn't – wasn't...! All along it was the tree that did!

*Stella Rodgers*

*Stella says:* I wrote the story some years ago for a teenager who was badly in need of self acceptance. At the time of the appointments the case study was difficult because the parent brought the teenager, and the situation had complicated family dynamics plus what was thought I should be doing! Control was a very big issue there.... Outcome uncertain due to said control issues. Although they didn't come again manners were observed in the most polite way.

When the teenager contacted me some months later I was so pleased because I'd written the story in the brave hope one day I'd be able to in some way pass it over. So I sent the story, (hooray for electronics!) and as we all know metaphor is so powerful. I do know that the fact that I'd been thinking about this young person and taken the time to write the story just for her, made an impression at the time, I could hear her understanding my acceptance of her situation, which meant she was brave to get in touch.

We put message bottles into the troubled waters of time, and trust the tides of change are carrying all our hopes home. Amen to that.

Stella Rodgers. [www.spiritualize.net](http://www.spiritualize.net)

## **Invitation to all Members:**

We want to include even more member contribution in future issues of *The Hypnotherapy Journal*.

Please email your letters or comments and I will include them wherever we can.

If you would like to contribute valuable case studies to help other members, please email the information in the following three-tier format (if you can): 1. Presenting Issue 2. Approach 3. Outcome

We would also like to include regular metaphors. If you have a favourite - please send it in!

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



Do you know anyone who should be in the NCH? Then you can let them know...

The NCH represents over 1,800 hypnotherapy professionals within the United Kingdom and is committed to ensuring the highest professional standards possible amongst our members.

The National Council for Hypnotherapy holds one of the largest registers of independent Hypnotherapists in the United Kingdom and strives to maintain the highest standards among its members.

The NCH is the largest 'not for profit' professional hypnotherapy association; our mission is to promote the benefits of hypnotherapy, to serve our members and provide the highest standards of care to the public.

*The Hypnotherapy Journal* is published quarterly by the National Council of Hypnotherapy and is free for members.

Because of potential copyright implications, no part of this e-publication may be reproduced in any form without prior permission of the editor, but where possible this is usually given, so please ask.

Contributions are welcomed, but we cannot accept any liability for loss or damage, however caused. The preferred method for receiving contributions is by email in word format. Artwork may be sent in pdf, encapsulated postscript (EPS), TIFF or JPEG (max quality only).

By submitting a contribution you grant the NCH an irrevocable worldwide non-exclusive royalty-free licence to publish in *The Hypnotherapy Journal* or any other NCH publication, in any format. You also warrant that the article is original, does not infringe any copyright, and that you have the authority to grant us these rights to publish. Copyright remains with the author unless otherwise specified.

Any views expressed in *The Hypnotherapy Journal* are those of the contributor and are not necessarily shared by the Editor, Committee or members of the NCH.

National Council for Hypnotherapy  
[www.hypnotherapists.org.uk](http://www.hypnotherapists.org.uk)