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**The Hypnotherapy Journal**

Issue 5 Vol 16

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

Spring 2015

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

# VIEW from the Chair



*Dear Members,*

*Many of you will remember that at the 2015 AGM you elected an almost entirely new board. Much of the past year has been spent building that board into an effective team. There is a lot to take in when accepting the honour of a place on the Board of the NCH. Some of the people who stood for election last year, found that for various reasons, they could not give the time required for the role.*

*We have arrived here, a year later however, as a complete team with all the board roles filled. With just a few small changes of directors and roles we have become an effective team and we are all keen to spend the next year developing this organisation into a more effective Professional association.*

*We are exploring new ways of promoting our industry to the wider world and letting the public know that NCH practitioners are the ones they want to use.*

*Even as this new team was coming together we realised that there were things that could be done to improve both the financial position of the company and the services to members. We have changed our provider for the Admin Service and at the same time merged the admin roles for schools and general admin creating a 'one stop shop' for all members from student to Fellow and the accredited schools.*

*The most significant financial saving however comes from the change of format for the journal. Moving to the online format makes the journal much more portable with access wherever there is connectivity. It also means that we can offer much more variety in the content.*

*This change will allow us to market the organisation to a much larger audience. We are putting together plans to market the publication publically via Amazon. We can also begin to send it to other healthcare professionals and policy influencers. Members too will be able to mail it to local GP and dental practices for example.*

*The board believes this change of format is an exciting development that will go from strength to strength. The annual savings from this change are expected to be in the region of £13,000. However in a few months' time you will have the opportunity to express your opinion on this when we survey you all on the*

*format you wish to have. The board really hope that we will have your support in this exciting development.*

*Our finances have improved somewhat over the year 2014/15. The changes we have now made will leave us in an even stronger financial position for the future. It also means that we can, once again, defer implementing the increase in the membership fees for the next year without limiting our opportunities in marketing and campaigning for our industry and businesses.*

*I have said on several occasions that the key to success for the NCH is developing a stronger relationship between the Executive and the membership. Communication is key to this. I will be encouraging all on the Executive to communicate with you more effectively and where possible make themselves available to meet with you in local groups. Myself and Jill Tonks (Schools and Training) have just begun a round of visits to the accredited schools to ensure this relationship is strengthened.*

*We will also be directing our efforts towards online forums and communications. I would like to invite you all to get involved too. Share your wisdom in the forums, contribute an article to the journal, and contact us directly with your questions or suggestions. Our contact details are published in each edition of the journal and are available on the NCH website. Let's all get connected.*

*I think it is fair to say that this has been a difficult but rewarding year for the executive team. There was a lot to do and the team have worked well towards accomplishing what needed to be done at the same time as learning the roles they have stepped into.*

*I would like to thank them all for the diligence and effort they have shown and the time they have given up to these voluntary positions. I would also like to thank all of you for your patience with me and the executive team whilst we achieved this.*

*All of the above means that we are now in a strong position to move into the coming year confident of achieving our goals.*

*Graham Russell*

# Editorial



*What an Extravaganza. The line-up in February was extraordinary. We re-skilled or up skilled our understanding of working with addictions, thanks to the phenomenal UNK team, with an expert delivery from Mark Tyrrell. Kevin Laye floored many of us with his take on 'quick-fire' therapy and super fast transitional work, before Lynda Hudson sent us all into a trance over the gentle ways in which she empowers children to create change in their lives.*

*The Perdekamp Emotional Method, for me, was utterly avant-garde. Stephan Perdekamp, an actor that has spent decades studying how and where to access essential emotional states, I believe has come up with a real gift to therapy; particularly for those working with children.*

*In an age of digital compulsion, helicopter-parenting and 'snow-plough' parenting (where parents venture first to remove all obstacles from their child's path) children generally aren't getting to experience, and learn to accept and manage, a wide range of emotional states.*

*When I was a teenager I would often bike home from school (in the rain) and have to sit on the doorstep because Mum had forgotten to leave the key out. I would sit there, wet and weary, for an hour or so, excluding the option of warm tea and small chat with the neighbours (as I hated small chat with the neighbours) in a state of pure misery. During that time I would run through many emotional states: anger, self-pity, resentment, and then, usually, a little more anger.*

*Eventually, when my Mother did turn up, I had released the pent-up emotions, and was in a calmer place, ready to move forward.*

*Perdekamp has watched countless actors and children use this technique and he agrees: when the emotions are out of the body, they are out, and you reach a place of physical and emotional peace.*

*Enabling a safe, biological, and easy access to releasing emotions absolutely should be taught in schools, and his method is being rolled out in German schools, as I write.*

*I was talking to the Head of a very progressive senior school recently about the Perdekamp Method, and he was really interested. "I see so many teenagers that want to rage, and need to rage – and yet so many don't know how," he said. Added to that many teenagers have also been told that anger is unacceptable, and so they struggle with releasing it, and also with the guilt that follows if they do. See [www.pem-acting.com](http://www.pem-acting.com).*

*There has been a lot of demand to take up courses with the speakers at the recent Extravaganza, and so there have been many emails of late pointing our members in the right direction.*

*I am already excited about next year's event. If you know of a talented someone that could excite and up-skill our members, please get in touch and email: [sevices@hypnotherapists.org.uk](mailto:sevices@hypnotherapists.org.uk)*

Jo Wallis

## 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: 1. Presenting Issue 2. Approach 3. Outcome

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



**POSITIVE PSYCHOLOGY PROGRAMME**  
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[www.positivepsychologyprogram.com/wp-content/uploads/2015/04/Manual-for-Client.pdf](http://www.positivepsychologyprogram.com/wp-content/uploads/2015/04/Manual-for-Client.pdf)

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**CAMSTRAND CONFERENCE 2016:**  
**Warwick University 8th – 9th June**

This annual CAMSTRAND (Complementary and Alternative Medicine Strategic Development and Direction) conference provides a forum for researchers with a range of experience as well as health professionals and practitioners/students with an interest in complementary medicine research, to share their work and knowledge amongst like-minded people.

For info & booking see: [www.rccm.org.uk/node/291](http://www.rccm.org.uk/node/291)

**NEW - AND CONTROVERSIAL - RESEARCH**  
**Autism Spectrum Disorders and Antidepressants**

New research in Canada has found an association between the use of antidepressants and autism spectrum disorders (ASD).

Over 145,000 women who were prescribed antidepressants, specifically Selective Serotonin Reuptake Inhibitors (SSRIs) in the second and third trimesters of their pregnancy, had their children followed for about 6 years.

Results indicated a significant increase in the diagnosis of ASD from about .7% to 1.2 %. This is considered an 87% increase in the likelihood of an ASD diagnosis if the mother was prescribed SSRIs in the latter two-thirds of her pregnancy. Research is meant to be objective and provide data but, like anything, information can be “spun” to magnify or diminish a particular perspective. Reading an 87% increase sounds huge and then the reminders come about how almost 98% of woman taking SSRIs had children not diagnosed with ASD.

There’s still so much we don’t know about the effects of the antidepressants. If you’re depressed or at risk for depression, and are considering becoming pregnant, then careful discussions need to occur to consider all your options. *Extract from Dr Michael Yapko 2015*

# National Council for Hypnotherapy



## College of Medicine Conference 9th June 2016

### Food – the forgotten medicine.

The College of Medicine is holding its conference 'Food – the forgotten medicine' on Thursday 9th June at the Royal Society of Medicine in London. The conference will be chaired by Dr Phil Hammond and include a wide range of international speakers including:

- Well known US medical doctor and educator, and holistic health advocate
- Dr Andrew Weil
- Professor Bharat Aggarwal
- Professor of Cancer Medicine (Biochemistry) University of Texas
- Dame Sally Davies UK's Chief Medical Officer
- Duncan Selbie Head of Public Health England.

Tickets cost: £100 for members £150 for non-members

To register and for further details visit:

[www.collegeofmedicine.org.uk/events/?dm\\_i=PC7,41PMD,5X6RWJ,ENG-DR,1#!event/register/2016/6/8/food-8211-the-forgotten-medicine](http://www.collegeofmedicine.org.uk/events/?dm_i=PC7,41PMD,5X6RWJ,ENG-DR,1#!event/register/2016/6/8/food-8211-the-forgotten-medicine)

## Dr Yapko's NEW BOOK Out Now



Michael Yapko's new book *The Discriminating Therapist* speaks to the heart of short-term treatments. Instead of analyzing why someone makes the choices they make, *The Discriminating Therapist* focuses on how people choose.

Available to buy on Amazon: [www.amazon.co.uk/Discriminating-Therapist-Questions-Distinctions-Direction-ebook/dp/B01BPI8JIU/ref=sr\\_1\\_sc\\_1?ie=UTF8&qid=1458549889&sr=8-1-spell&keywords=yapko+the+discriminating+therapist](http://www.amazon.co.uk/Discriminating-Therapist-Questions-Distinctions-Direction-ebook/dp/B01BPI8JIU/ref=sr_1_sc_1?ie=UTF8&qid=1458549889&sr=8-1-spell&keywords=yapko+the+discriminating+therapist)

## The Research Council for Complementary Medicine (RCCM) seeks new Trustees

The RCCM was founded in 1983 to develop and promote good quality research into complementary medicine and to enhance evidence based medicine in this area. The RCCM is now seeking new trustees.

Previous trustee experience is not essential and being a trustee offers an excellent opportunity to enhance your career. RCCM is looking for a least two candidates, one of which could offer leadership in the future. Please note - the RCCM is a charity and there is no remuneration. There are 6-8 (2-3 hour) meetings a year.

Please contact Nicky Robinson for more details: [nicky.robinson@lsbu.ac.uk](mailto:nicky.robinson@lsbu.ac.uk)

# CONGRATULATIONS to our newest HPD Qualifiers!

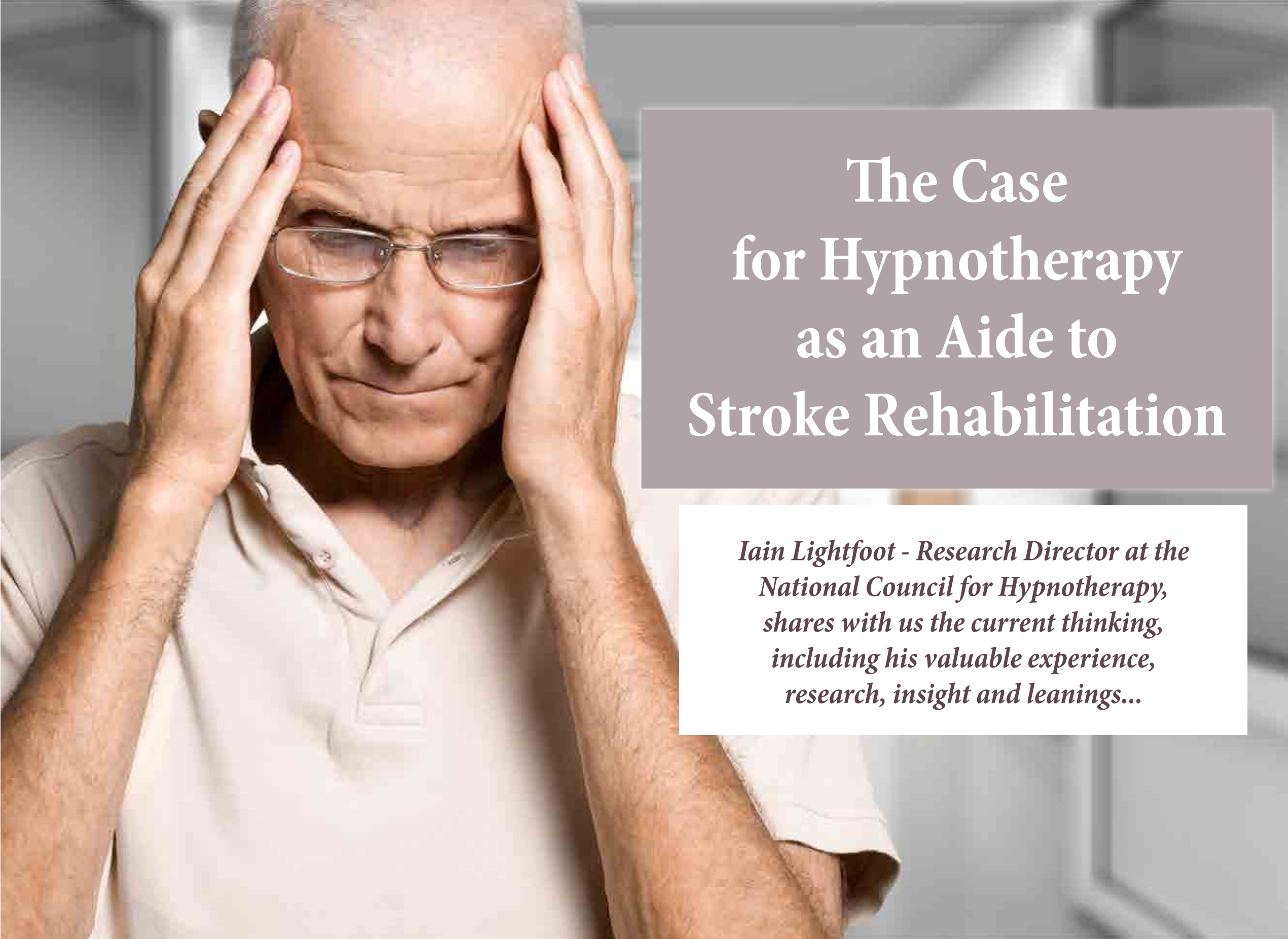
A black graduation cap with a tassel is placed on top of an open, thick book with yellowed pages. The items are resting on a dark wooden surface. The background is a soft, out-of-focus green and yellow gradient.

Claire Jack  
Sarah Heal  
Jacqueline Karkeek  
Sue Spratt  
Fflur Medi Evans  
Kerry Wiggins  
Alison Threlfall  
Elyssa Edmonstone  
Sarah Ariss  
Elspeth Bradley  
Emma Bromley  
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Sylvia Kennedy  
Jackie McCormick  
Cathy Kay  
Claire Brigg  
Shaun Barker



# The Case for Hypnotherapy as an Aide to Stroke Rehabilitation

*Iain Lightfoot - Research Director at the National Council for Hypnotherapy, shares with us the current thinking, including his valuable experience, research, insight and leanings...*

# *“I am not what happened to me, I am what I choose to become”*

*Carl Jung*

The victims of stroke consider themselves to be survivors because not everybody lives after the event. Currently, it's reported that “one in eight people die within 30 days of having a stroke” (Stroke Association 2016a) which means that it's vital that people receive the correct medical treatment as soon as possible afterwards, be under no illusions that this is a medical emergency.

Here are some of the most common symptoms that people need to be aware of:

- Facial weakness.
- Arm weakness.
- Speech problems.
- Weakness on one side of the body.
- Difficulty finding words, confusion.
- Blurred vision loss of sight.
- Sudden severe headaches, dizziness or unsteadiness.

For the survivors of a stroke, they will need to address the many life changing differences after the event. Although the effects differ for each individual, depending on the severity of the event, the post-stroke changes will provide differing levels of difficulty and challenges which will stay with individuals for the rest of their lives.

There are some external differences which are apparent to everybody, the most common being, an inability through to reduced movement in one side of the body. Whilst there is no doubts that this change provides extreme challenges for the individual this would seem to be the only the tip of the iceberg of transformation.

Far from obvious to an outsider are the levels of tiredness and fatigue, of the pain and headaches, and of the changes to the individual's emotional state (Stroke Association 2016b). These can come in the forms of anxiety, frustration, anger, depression and the difficulty in being able to control the feelings, often termed as “emotional liability” (Stroke Association 2016 pg7).

This paper seeks to provide evidence of one man's journey in rehabilitation, where small changes become major victories and the client determinedly seeks to unlock further physical movements into the future. For the main it is written in first person as I reflect on the journey, of both therapist and client. It is my aim to open debate to reveal best practice within the hypno-therapy community and publish shared experience into the future.

## *New beginnings.*

I first met my client when he was seeking to build a relationship with a new hypnotherapist, someone who wanted to assist him in the difficult journey of change. The goal for our future sessions would be to attempt to regain movements in the left-hand. Incidentally, the client had been paralysed on his left hand side.

My client, at the time had been able to exhibit small movements in the fingers, similar to an idemotor response and rather than giving up, remembering everybody that time had told him not to expect any movement to return, he was simply determined and knew deep inside of himself that movement could return. This was evidenced by his having been told that it was unlikely that he would have ever walked again, but, with determination and belief he was indeed able to re-learn this function.

Although I had never worked with anyone having survived a stroke before, I was determined, as I do for my clients, to do the very best that I could for them. The only issue in this case having done some background research, I discovered that the earlier treatment was started the more chance of rehabilitation being successful (Teasell and Hussein 2013).

Of course I was concerned because of the number of years post-event, it is reported that “neurological recovery peaks within the first three months” (Salter et al 2006, Teasell and Hussein 2016 pg2), nevertheless, I would do my very best and was hopeful given the sufficient evidence that neuroplasticity, the brain's ability to build new synapses, and reconfigure the areas of the brain to take over from the damaged regions, could well see improvement happen. Just because 50% of the brain's working areas were not working and other areas not working as they should, neurons were still being created daily and so synaptic plasticity could be relied upon. Of course the fact that my new client was indeed walking brought proof of this positive plasticity effect.

## *Could hypnosis really help?*

The first concern for me was how exactly how could I help? Having done some research on the internet I discovered a number of ways in which I should begin to explore and, as a result I developed a repetition of words to assist the synaptic plasticity process, words such as remembered, repair, renew, rebuild, recollect, re-strengthen and recall.

The methods used while in hypnosis were:

- Reliving past events when the client had full function of the hand.
- Visualising future occasions with full hand movement.
- Using subconscious indirect metaphors to promote repair of the synapses.
- Visualisation of numerous exercises to strengthen muscles and to help rebuild synapses.

By using the above techniques, and through the client's attempted movements in hypnosis, and supported by contemporary physiotherapy techniques, there seemed to be a breakthrough at around the session 6 point (7 hours of therapy). Outside of the session the client was able to apply pressure that was to grip his wife's hand. After 100% nil movement, for approximately six years, there was pressure, and this force was able slowly able to be applied.

During the remainder of the sessions the main focus of work was to build upon this grip action. This action was able to be replicated and subsequently strengthened. This recovery profile seem to fit with Gilbert-Diamonds findings that the biggest change occurred between sessions 6 to 8 (2006 pg177).

From no movement in the left-hand, to slight grip pressure has occurred over a period of approximately four months. During this time the client was using also regularly using self-hypnosis to fully visualise the movements and to enable a deeper hypnotic state.

## *Another breakthrough?*

Following a period of reflection and review of progress, and having renewed our arrangement for another eight sessions I was hopeful that we could get the grip action strengthened, and yet the client had other goals and expectations.

Having been told by his physiotherapist that the grip action was the 'easier' hand action to achieve it would be relaxation and stretching of the hand that would pose him the greatest difficulty and may not be achieved and in fact the physiotherapist was overall sceptical regarding the hypnotherapy intervention.



With his usual determination and courage my client decided that this was a challenge he was willing to take! In these next sessions we discovered that the client's love of snowboarding could and should be utilised as often as possible. Whenever there was a memory or visualisation it was always the adventure of the Alpine mountains which the subconscious mind would willingly bring to the fore. Coupled with the use of the earlier techniques, past memories of snowboarding, indirect metaphor to allow the rebuilding and renewing of the synaptic highways another breakthrough was seen to have occurred, at around session 4 (total session 12).

Relaxation and stretching movements have begun to be witnessed and although mainly associated with the left-hand ring finger and little finger there is also, currently, tiny movement of the remainder of the fingers. These movements were recorded, at the request of the client, so that the physiotherapist could re-view progress. From the original physiotherapy stance of prior disbelieving, the therapist is now fully supportive and the client continues to make small progress with each session. In addition, the client now uses an electronic device to generate electrical impulses into the muscles in order to strengthen them further to build upon the extensor movement generated by overcoming the stronger flexor muscles that the client can't explicitly relax – this in turn aids the neuroplasticity process.

## Current Thinking.

Hypnotherapy has been used as a method to support a survivor of stroke in his journey to regain some movements in his left hand, which previously had not been seen in six years. Through the belief of both therapist and client in the process of neuro synaptic plasticity, the client has developed a sense of grip, identification and relaxation including extension of the hand. This has been enabled through determination, belief and identification of the client's most vivid and enjoyable memories and future pacing of movements, something which Gibert-Diamond (2006) has also showed to have brought successful outcomes.

As an observation, the client's grip action has now become expected in session, and as a therapist and client we forget that it was only until recently that this movement had been regained. In terms of benefit, it is my belief that through the use of hypnosis, the client has seen an increase in motion, in strength and has greater motivation for future beneficial change. Gilbert-Diamond's hypothesis was that "a hypnotic procedure may counteract learned non-use of the paretic limb after stroke" in terms of empirical evidence, I would state that I fully support his hypothesis.

There is no doubt that it has been the hard work of the client which has seen the small movements return. No single procedure, profession or act has enabled the change but more so all the support techniques and activities working towards a common goal has helped a survivor to conquer some of the challenges which he faces daily.

I hope to continue to work with my client and other survivors into the future, those who could well benefit from hypnosis to aid the rehabilitation following a stroke. Neuroplasticity in action is an amazing phenomena which can be emotional for everyone concerned. I welcome debate and the opening of dialogue into best practice in hypnosis for stroke rehabilitation techniques.

### References:

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*If you have interesting views on using hypnosis with stroke survivors or indeed anything to share on hypnosis for health or the benefits of neuroplasticity - then please get in touch with Iain directly.*

*Email: [research@hypnotherapists.org.uk](mailto:research@hypnotherapists.org.uk)*

Picture: Mr Iain Lightfoot MSc DHyp MNCH GCGI  
Research Director - *National Council for Hypnotherapy*

# Hero Therapy

What is it?  
How Do I Use It  
With My Clients?

Mark Tyrrell of Uncommon Knowledge  
& [hypnosisdownloads.com](http://hypnosisdownloads.com) demonstrates  
just how to use Hero modeling ...  
to enable our clients with  
exciting new skills & attitudes ...



The boy in front of me was only nine and terrified of vomit. He'd had three nasty experiences fairly close together – once when his sister had been very sick on a cross-channel ferry, once when she'd thrown up on Christmas Eve, and once when she (the poor girl!) had been ill at a friend's birthday party. Now James was terrified it might happen again. He kept refusing to visit friends and was constantly anxious around his sister.

However, he was easy to talk to and had a lot of interests. And being so young, he was exquisitely in touch with his imagination and therefore highly hypnotisable. He also badly wanted rid of his fear. He told me in copious detail what had happened during these 'sick times' and said that even just remembering them made him feel scared.

Time to get him feeling brave.

## **How Arnold Schwarzenegger helped me with a client!**

We changed subject: "What movies do you like to watch, James?"

"I love watching Arnie's films with my dad!"

(I was relieved to hear that his father was involved – Arnold Schwarzenegger's films are not usually considered suitable for children!)

"Why do you like him?"

"He's big and brave, he's a hero!"

I asked him to close his eyes for a few seconds and imagine Arnie in a hero role. Then we talked at length about what Arnie's characters are like. I'm not sure that empathy was top of the list of their qualities, but there you go. I then asked James how he supposed Arnie would have looked after his sister in those vomit situations if he had been there. James was not in any doubt.

"He would have been brave and calm! Nothing fazes him! He would have just helped my sister and sorted her out."

Next I got James to shut his eyes and re-imagine those same situations, but this time watching them from the outside and seeing Arnie playing the role of James. Instead of getting frightened by these 'memories', a smile appeared on his face.

Then I asked him to imagine, for a while, actually being the Austrian muscle man himself, to feel his strength and cool calm collected thoughts.

Now I asked him to remember those times as if he had been Arnie. Now he could think about all those previously traumatic memories calmly and enjoy his own strength.

*"By connecting with the core strengths of his hero, we had reframed those memories from recollections of fear and helplessness to recollections of calmness and courage. This changed the way those traumatic memories were processed in his young brain and successfully de-traumatized him."*

'Hero therapy' reframed his memories from recollections of fear and helplessness to calmness and courage.

That session lasted about 30 minutes. His mother told me some time later that James had actually been able to help and reassure another child at school who was sick in the classroom.

Thanks to Arnie, the phobia had gone.



Of course not everyone has 'heroes' but most of us admire or look up to someone for something. If you want to help someone re-negotiate an old memory to help change the pattern of their response to similar situations in future, or to create a new more positive blueprint in someone's mind for an upcoming event, then follow the five steps on the following page.



## The 5 steps of Hero Therapy

**1) Identify the hero** Ask who your client admires, or who they feel would be best suited to deal with the situation they're having difficulties with. This can be someone they know, someone in the media or even a fictional character.

Who in the world can you imagine would be best able to deal with what you've been talking about?

**2) Identify the hero's qualities** Ask what specific qualities their 'hero' or exemplar has that would change the nature of the experience.

You're looking for responses like: He's big and brave, he's a hero! She doesn't let little things bother her. She concentrates on what must be done.

**3) Watch the hero perform** Get them to close their eyes & in their mind, watch their hero dealing with that situation, bringing all qualities to bear.

**4) Take on the hero's qualities** Ask them to imagine being that person and going into the (formerly) difficult (or expected to be hard) situation as their hero, to experience what it's like to have full access to those 'heroic qualities'. Elicit detailed descriptions of what it feels like.

**5) Internalize the hero's attributes** Bring their attention to the fact that they can now internalize those qualities as part of who they uniquely are.

We can help people 'borrow' attributes displayed by extraordinary men and women but ultimately, I think, real heroism is to be found within seemingly everyday people. As 'superman' Christopher Reeve said: "A hero is an ordinary individual who finds the strength to persevere and endure in spite of overwhelming obstacles".

Subscribe to Mark's **Clear Thinking Newsletter** for therapists & get regular therapy techniques like the one above.

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

# Havening

Is it Neurononsense?  
Or EMDR with a cuddle?

*It's all over the internet, it's been serialised in the Daily Mail, it has Paul McKenna doing back-flips: "Havening is going to change the entire face of psychology" & it's purported to be the newest cure-all. But is it, really?*

*Rob Thistlethwaite reports*

## Hip, Hop & Havening

The Havening Technique (or Amygdala Depotentiation) was developed by US neuroscientist Dr Ronald Rudin (he has a PhD in neuropharmacology) and his brother Dr Steven Rudin, in around 2010 and is, currently, widely revelling in the acclaim that it is the *most effective* trauma therapy. Havening has been extensively publicised by Paul McKenna both in the press and in his book *“The three things that will change your destiny today!”* and several ‘how to’ videos can be found on the Internet, specifically on YouTube. Yet I have been told there are only around 40 fully certified Havening practitioners worldwide.

Havening (the transitive verb of the word haven) means literally to put into a safe place. Rudin’s book based on Havening *“When the Past Is Always Present: Emotional Traumatization, Causes, and Cures”* says Havening belongs to the group of therapies called Exposure Therapies, but more specifically, Psychosensory Therapies. Rudin argues cohesively in the book that we can use sensory input to ‘restore dysfunctional systems to healthier function’.

We know that sensory input can alter our brain - we can experience joy when listening to music, grief when watching a film, comfort when being massaged, for example. Rudin’s book explains how we are experiencing extrasensory responses all day long, and that we can use these now to our advantage.

Francine Shapiro’s E.M.D.R therapy, also a psychosensory therapy, is also an acclaimed, effective treatment for trauma, particularly post-traumatic stress disorder, It has achieved worldwide attention and is currently taught in numerous forms, *and* it is a proven treatment in very, very many controlled studies. TFT and EFT also fall into the same psychosensory category. I use a derivative of E.M.D.R in my own practice. Though I don’t use it often, when I do, it is to powerful effect.

Rudin’s website says Havening is: “system of scientific procedures that involves eye movements and touching people on their arms,” (and other body parts, more detail later). Compared with NLP and talking therapies, it says Havening can “cure people quicker and cure multiple problems in one go”, including “trauma, fear, distressing memories and compulsions”.

*It says: “Havening can cure people quicker & cure multiple problems in one go”, including “trauma, fear, distressing memories and compulsions”*

In a nutshell, from what I have read and seen, self-Havening involves a process of accessing the unwanted emotional state or memory, SUD scaling it from one to ten, clearing your mind and then gently stroking your own arms while engaging in a series of relaxing visuals - punctuated by a combination of eye movements (seemingly derived from EMDR). Sometimes singing or humming a song (like Happy Birthday or Old McDonald had a Farm) is also incorporated.

Whether you or your client does the stroking, I believe, is an ethical consideration. The stroking can also be ‘hug havening’ (stroking your own arms) face havening, arm or forehead havening.

## Delta Waves & Evidence

There is evidence that memories are particularly amenable to change just after they’ve been recalled. Just look at the Rewind Technique and its continued success. There is also evidence that being touched directly affects our emotional processing.

Paul McKenna insists Havening “floods your brain with delta waves” - a high amplitude brain wave with a frequency of oscillation between 0–4 hertz. Delta waves are associated with the unconscious and slow-wave sleep and they can also occur in very deep meditations.

When people listen to the lower frequencies of delta waves, their brain starts producing important hormones for a healthy life and simultaneously, cortisol levels decrease.

Rudin says the gentle and soothing touch that you apply to your upper arms also “produces an extrasensory response of safety that arises from the evolutionary equivalent of what a mother’s touch does at the time of birth. It is innately wired. Concurrently with havening touch the therapist distracts the individual. Since the mind cannot hold two thoughts simultaneously, the use of distraction displaces the recalled event from working memory and prevents it from re-activating the amygdala.”

*‘The process works by boosting levels of the mood-stabilising brain chemical serotonin, which then disrupts the link between the memory of an event and the distress it causes.’*

The process works by boosting levels of the mood-stabilising brain chemical serotonin, which then disrupts the link between the memory of an event and the distress it causes. At the end you can still retrieve the memory, it just no longer causes you any anxiety.

## Research

It has been said Havening is a gentle way of achieving the same level, or enormity, of change that EMDR does. Havening also appeals to the quick-fire therapies that clients seem to be demanding, more and more.

There's not a lot of research available on the results of Havening, but one research team, led by King's College London and which included a behavioural scientist Professor Neil Greenberg and Paul McKenna, has published its small study in Health Science Journal.

The participants were a group of 27 men and women, who had reported problems with work due to anxiety or depression, and were each given a single session of Havening. The participants were followed-up a week later, and again after two months, using 'several standardised measures of psychological well-being'.

*“Overall, we found that within this small sample there was a clear improvement on all mental health measures after the Havening intervention,” said Professor Neil Greenberg.*

“Overall, we found that within this small sample there was a clear improvement on all mental health measures after the Havening intervention,” said Professor Neil Greenberg. “Their reported symptom scores fell from moderate clinical levels to non-clinical levels and participants recounted sustained improvements up to two months after the Havening process.

“Our data provide some preliminary evidence that Havening may be capable of rapidly improving depression, anxiety and impaired function through a single session.”

However, Professor Greenberg cautioned that, because of the small number of participants and the simplistic design of the current study ‘Havening needs to be subjected to a more comprehensive study before we can be confident that it is indeed an effective treatment method compared to other well-established, and usually more time-consuming, therapeutic techniques’.

## Self-Havening

I directed three friends, all therapists (who wished not to be named) to the Paul McKenna's YouTube self-Havening clip and asked them to give it a go, following his guidelines. (Paul takes you through process step-by-step as you watch – see the video link later in this article).

I told them I didn't need to know any detail as in what emotions they were trying to shift, just what the outcome was: positive or negative. Two of them reported a 'very reasonable' shift in emotional depotentiation, the third, who said she had tried to move a weight concern, said it had no effect. I figure two out of three isn't bad. One of the therapists likened it to 'EMDR with a cuddle' the other thought it was a great placebo and insisted that if 'you devote any amount of time to concentrating on removing an unsupportive feeling, using any Psychosensory or distaction technique - you'll probably get the same effect'.

*‘if you devote any amount of time to concentrating on removing an unsupportive feeling, using any Psychosensory or distaction technique - you'll probably get the same effect’.*

Another psychotherapist friend is really keen to learn how to do it properly, but is only put off by the price tag (you can pay anywhere from £500 - £750) including the fact that you have to provide 30 plus case studies to boot. Another runs a really busy practise and just doesn't have time to do the case studies. Add to that the Submission of 2 video sessions where you use Havening Techniques and the successful completion of a Science Review, to check your understanding of the science behind Havening Techniques.

You then need to also take an Online Ethics Course at further cost, and there's an annual fee of \$99 for your listing on the Havening.org website. The same friend also says it's all over the public domain, so does he really need to take a course to learn how to do it?

## Learning the Techniques

Havening Practitioners says yes, learning the art properly, is imperative. They say it is a multi-layered technique and abreactions are not uncommon. One of my psychotherapist friends indeed had an abreaction when she was doing it on

herself, she said she laughed out loud; proof that she had accessed and shifted a deep emotional state.

UK-based Linzi Meaden was one of the first Havening Practitioners world-wide, and in her guide “Havening techniques – 12 things you need to know” she explains how Havening is not just one technique. “There is Event Havening (most commonly known), Transpirational Havening, Affirmational Havening, Outcome Havening, Role Havening to name but a few. Continued research and development by the Doctors and practitioners will continue to evolve these.” Meaden also says Havening has been refined in the past few years. “You may have seen numerous articles or videos online showing how to apply Havening – many of these are misinterpreted, flawed, or out of date.”

Rudin’s book “The Past is Always Present” makes for quite compelling reading, and, as the saying goes ‘there’s often no smoke without fire’. It may be time to look behind the smoke. All approved Havening Practitioners can be found at [www.havening.org](http://www.havening.org).

## Paul McKenna teaches Havening via YouTube...



Paul McKenna - The Havening Technique

[www.youtube.com/watch?v=0C1liEFCZm4](http://www.youtube.com/watch?v=0C1liEFCZm4)

## THE HAVENING TECHNIQUE

1. Find an exact word or phrase that represents your current emotional difficulty and rate it on a scale of 1-10, based on how distressing it is, with 10 being the most distressing.
2. Clear your mind or to think about something nice, that doesn't cause anguish.
3. Use both your hands to tap on both your collarbones while opening and closing your eyes twice.
4. Continue tapping, keep your head still, and move your eyes fully to the left and to the right and then down to the left and down to the right and finally in a full circle clockwise and then anti-clockwise in front of their face, keeping your head still.
5. Place your arms across your chest and close your eyes; while your eyes are closed, imagine walking up a flight of stairs and count out loud from 1 to 20 with each step you take.
6. Gently rub the sides of your arms for the duration of the counting.
7. Re-scale the emotion 1-10. Steps 2-6 were repeated with the visual element and auditory element changed slightly; i.e. instead of climbing upstairs it was to visualise skipping over a rope and instead of counting 1-20 participants hummed Happy Birthday.
8. Allow your arms to drop and relax, move your eyes in circles and then close their eyes, while stroking your arms again, five times in total.
9. Repeat the process until the word registers between 1-3 on the anguish scale.

[www.dailymail.co.uk/sciencetech/article-3385074/How-rubbing-arms-banish-bad-memories-Havening-technique-helps-permanently-rid-distressing-thoughts.html#ixzz43X0O9fnx](http://www.dailymail.co.uk/sciencetech/article-3385074/How-rubbing-arms-banish-bad-memories-Havening-technique-helps-permanently-rid-distressing-thoughts.html#ixzz43X0O9fnx)

# ETHICS

## What Do YOU Know?

### *Why Ethics? Why do we at the NCH have our HPD (Hypnotherapy Practitioner Diploma) in place?*

#### Competency.

We all know that being a therapist has very little to do with that (easily measured) intelligence, it has far more to do with competency; being competent- a sophisticated combination of understanding that involves far more than academic intelligence.

Our HPD, therefore is a measure of what we know and how we would implement that knowledge, and, with ongoing Supervision after our training, this can help us to evolve to be evermore competent and more efficient for our clients.

This is where Ethics come in with the NCH, because of the nature of our work, sometimes there can be no definitive, linear equation for us to work to, there are of course, rules, for the protection of us as practitioners and the welfare of our clients, but within those rules there is loads of 'stuff' for us to consider, with not necessarily a 'right' or 'wrong' answer, just the answer for the time.

One of the tricky things with being a Hypnotherapist, is that we are constantly evolving as practitioners, I do believe we get the right clients for us at the right time, and I shall always do my best, but again, that is a belief.

The training, HPD, Supervision and ongoing CPD are check points for me to consistently self evaluate my skills as a practitioner. Because I know that I am constantly evolving, I need these check points along the way.

Just in case you have not seen it before, I have included the four stages of competency, on the following page. I find them a complete joy to talk through with clients, but more so, I find it really helpful, as there are always times when I don't know what I don't know.... And it is Ok. I have a wealth of learning and training behind me that demonstrates that I am competent, but there is always going to

19 be stuff I haven't even got a clue about!



From the Ethics Director

*'It was lovely to meet you all at the AGM last month, and as Ethics Director I would love to make Ethics less 'scary' and more enjoyable!*

*For anyone who likes the idea of 'chewing the cud' and is interested in being part of an Ethics group, please email me directly at: [ethics@hypnotherapists.org.uk](mailto:ethics@hypnotherapists.org.uk).*

*There is also the NCH forum where, should you wish, you can also use. Of course, if you do have any ethical dilemmas or questions, please do be in touch.'*

Warmest wishes, Tracey Grist.

Email: [ethics@hypnotherapists.org.uk](mailto:ethics@hypnotherapists.org.uk)

## 1. UNCONSCIOUS INCOMPETENCE

We don't know what we don't know. When we start doing something new we are often unaware of the things we need to be able to do, at this point we can sometimes feel we can take on the world, because we haven't got a clue of the task ahead of us.

## 2. CONSCIOUS INCOMPETENCE

Here we start the discoveries, all the things we didn't know, now, these can come in one by one or as a huge tidal wave, and boy, it can be terrifying! We recognise that we are consciously incompetent. And of course, we're not so great at new things- because they are new, but we are aware of our obvious limitations.

## 3. CONSCIOUS COMPETENCE

With knowledge, practise and improved understanding we gradually become adept – this can be we can take to it like a duck to water, using all our historical skills to help us, or we can struggle to really understand, either way, at this stage it is OK to make plenty of mistakes at this stage because we are becoming consciously competent.

## 4. UNCONSCIOUS COMPETENCE

About now, we are so practiced at the skill that it becomes integral with our subconscious, we don't have to 'think' about it, we just do- like driving or dancing- locking the front door. We just know. As I am sure we all notice when we consider our clients, those for confidence or performance- they just cannot see their learnt skills and it is working with them to be aware of all those things about themselves that they just take for granted.

This is where I consider, am I a better practitioner than I was 5 years ago?

5 years ago, I considered myself to be a good practitioner, today I still do., although maybe I have a little more self judgements, 'I am not so good with Smokers', 'I am great with weight-loss', maybe these judgements cloud my abilities due to (as I see it) a few failures or a few successes, maybe not knowing and being inexperienced allowed me to be better, more immediate.... ....And so on.

Does experience mean better? Worse? No different? When I was consciously incompetent did I work harder? Was I 'better'? Or does all my experience allow me to really focus on what the client needs?

So finally, I'd like to ask you a question or two:

When was the last time you felt yourself going through these stages?

What is the difference between you today and you five years ago? (I know I've eaten more cake!).

What would you like to learn next?

*Tracey Grist, Director of Ethics at the National Council for Hypnotherapy, is a full-time Hypnotherapist and practices in many locations in South and central London. Tracey is an HPD Assessor and also a Supervisor with the NCH. Formerly a stained glass artist, for over twenty years Tracey has been self-employed, so truly understands the challenges that arise through working in isolation, and particularly the challenges when practicing Hypnotherapy. Most importantly, keeping a clear head and a good sense of (needed) humour in all the upsand downs that self employment has to offer.*

# Getting Down to Business

*Fiona Nicolson is a celebrated cognitive hypnotherapist. She works with Business Leaders to help free them from the problem patterns, issues, & limiting beliefs that hold them back from reaching their potential. In this article Fiona reveals her approaches, & the techniques she uses, when working with those that often push themselves the hardest.*



## Working with Business Leaders

I work extensively with issues such as anxiety, trauma, lack of self belief or lack of confidence and the fears that hold people back from having the life they might want and from reaching their potential both personally and professionally. One group of individuals that fits rather neatly into those categories is Business Leaders.

So why do I specifically enjoy working with Business Leaders? Firstly, because they are an interesting almost contradictory lot, the things that drive them to be successful can also be the things that hold them back from fulfilling their full potential. And secondly, because I worked at a senior level in the corporate world for many years, it is particularly fascinating to now be able to understand a CEO's motivation from a completely different perspective and to be able to work with them effectively to facilitate the changes they need or want to make.

Being a Business Leader is not an easy position, according to Harvard Business Review, 40% of all new CEOs fail in their first 18 months on the job. The main reasons for failure having nothing to do with competence, knowledge, or experience, but to do with personal characteristics such as hubris and ego.

### Core beliefs

We know from research and our own professional experiences that the core beliefs an individual develops both about themselves personally and their world, can grow from the conclusions they come to during earlier life. These conclusions are in part drawn from the actual or inferred opinions and actions of others. Circumstances and trauma can also play a pivotal part in this development of core beliefs. Therefore, if an individual, through their life experiences, concludes that they are not good enough, worthwhile or loveable for example, then this can manifest in beliefs and behaviours such as excessive responsibility of others and fear of failure through to feeling judged by others and a worry about getting things wrong.

I have worked with many Business Leaders who because of their own unique and personal belief system were unable to reach their full professional potential. They were sometimes held back by a feeling of excessive responsibility for others which manifested in procrastination or an inability to make optimum business decisions.

*“They were sometimes held back by a feeling of excessive responsibility for others which manifested in procrastination or an inability to make optimum business decisions.”*

An inability to deal with confrontation without getting inappropriately angry is another example, which can be sometimes driven by the misguided belief that negotiation shows weakness. A fear of getting things wrong can again lead to procrastination and defensiveness when questioned or challenged. These are all traits of Business Leaders that can prevent them from becoming strong leaders and optimising the performance of the company. A difficult or negative experience at a prior company can also impact on self belief as well as exacerbating existing negative beliefs.

### Fear of Failure

Fear of failure is a common example when it comes to Business Leaders, although the collective reasons for the individual's belief is unique. I ask clients to calibrate their feelings and beliefs using SUDs (Subjective Units of Distress). I explain to clients that if a fear of failure is at a high level, say 8 or 9 or even 10/10, then it can be completely paralysing, the fear of failing is so great that it can inhibit or prevent a Business Leader from progressing and making the necessary decisions for the business. I then explain that we are not trying to get rid of these beliefs or feelings completely as a low level of fear can be highly useful or motivating. I ask the client to define what level of fear of failure would be appropriate for them to be able to harness it and utilise it as a positive force for themselves and their role within the company.

*“I ask the client to define what level of fear of failure would be appropriate for them to be able to harness it and utilise it as a positive force for themselves and their role within the company.”*

When we work with these fears to reduce them to a low level that is right for that individual, the fears can actually become motivating, freeing the Business Leaders to reach their own personal and professional potential and in turn be able to drive the business in the required way.

## A range of techniques

How do I work with clients including Business Leaders to help free them from the problem patterns, issues and limiting beliefs that are holding them back from reaching their potential? I use a range of therapeutic techniques as well as hypnosis to pinpoint and then actively impact on the root cause of the beliefs. This collection of techniques includes NLP (Neuro Linguistic Programming), EMI (Eye Movement Integration) and EFT (Emotional Freedom Technique). Every clients problem pattern or array of issues is different and unique to them and because I use a range of techniques, I can adapt my approach to the requirements of each and every client ensuring that therapy is specifically tailor to their individual needs.



Picture: Callum Negus Fancy, Entrepreneur

You may already be familiar with the name Callum Negus Fancy (pictured above), he was the 17 year old entrepreneur who dropped out of school in 2007 to set up the highly successful Lets Go Crazy, the 16-plus club night that was heralded as the teen club revolution.

Since those days, Callum has established a range of successful businesses. He approached me in 2013 for help with specific beliefs that he thought were holding him back from maximizing his full potential as a leader, beliefs that he

therefore wanted to change.

Callum had taken the Barret Values Centre personal-values assessment and his results showed that his only fear-based value was 'being liked.' He agreed that this was something that was holding him back, his company had scaled quickly from 20 to over 100 people in a short space of time and he was making difficult, often unpopular, decisions on a daily basis.

Using Cognitive Hypnotherapy I worked with Callum at my clinic in London to free him from those beliefs and he began to notice changes in how he was feeling in relevant situations.

After his sessions, Callum decided that I should work with his employees as a company benefit. Callum believes that everybody is disproportionately held back by anxieties that may appear insignificant, but can have a huge effect on everything that an individual does. In business, there should always be focus on removing friction, such as any type of anxiety, as a crucial part of unlocking potential in all talent.

Callum wrote an article - Leadership Lessons: How I Learned To Care Less - about his experience of Cognitive Hypnotherapy which was published on YPO.org. YPO (Young Presidents' Organization is the world's premier peer network of chief executives and business leaders.)

[www.ypo.org/2015/10/leadership-lessons-how-i-learned-to-care-less/](http://www.ypo.org/2015/10/leadership-lessons-how-i-learned-to-care-less/)

*'When working with Business Leaders it helps if you have had some experience of the corporate world but is by no means necessary. As when working with any client, it is useful to enhance rapport through the use of language and terminology, so researching the company a client works for is a good idea, especially if you can understand a bit about the company and the markets they operate in.'*

When working with Business Leaders it helps if you have had some experience of the corporate world but is by no means necessary. As when working with any client, it is useful to enhance rapport through the use of language and terminology, so researching the company a client works for is a good idea, especially if you can understand a bit about the company and the markets they operate in. If you are thinking about working with Business Leaders in your area it can be helpful to market yourself through talks to local business and networking groups.

*‘Working with Business Leaders is an interesting experience because the beliefs that motivate them to become a Business Leader is often the trait which will ultimately hold them back. In my experience it is about transforming & harnessing those traits in order to help and make the Business Leader more effective.’*

Working with Business Leaders is an interesting experience because the beliefs that motivate them to become a Business Leader is often the trait which will ultimately hold them back. In my experience it is about transforming and harnessing those traits in order to help and make the Business Leader more effective.

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Fiona Nicolson is a Cognitive Hypnotherapist with clinics in Harley Street and Henley on Thames. She is a member of the CNHC and a Senior Associate of The Royal Society of Medicine. Fiona is a published author on the topics of anxiety and trauma and is co-editor of The Hypnotherapy Handbook. She features frequently on BBC Radio.



# COFFEE

## Kick Starter or Silent Killer?



*A recent report - based on 16 research studies,  
says that drinking three cups of coffee may reduce the risk of liver cancer.  
Another concludes that coffee reduces the risk of prostate cancer.*

*But it's not all good news.*

*Patrick Holford delivers the latest breakthroughs on coffee &  
how it can directly affect our health.*

*We also take a look at the link between coffee consumption & anxiety.*

Every day Britons drink 70 million cups of coffee – roughly two each per adult. But is it good or bad for you? Many people get caught in the sugar, nicotine, caffeine trap, thinking this combination is good for energy. But this combination feeds increasing fatigue, anxiety and weight gain.

In my own research we surveyed over 55,000 people and found that the two foods that most predict fatigue and stress are caffeinated drinks and sugary foods, both addictive substances. Many become hooked on caffeine and sugar to keep going, gaining weight and losing health as a result. But what are the long-term consequences?

This recent review of 16 studies involving 3,153 people (not that many for surveys) concludes that three cups of coffee a day is associated with halving risk for liver cancer.



*“While some studies have shown an increased incidence of pancreatic cancer with coffee consumption, further studies have not shown such an association. Over the last decade considerable research has been done on the cancer-coffee link.”*

Coffee may also reduce risk of fatal prostate cancer. Drinking six cups of coffee a day can half the risk of fatal prostate cancer, according to a study published in the Journal of the National Cancer Institute. Dr Wilson from the Harvard School of Public Health surveyed 48,000 health professionals every four years for two decades, and found that in addition to the dramatic risk reduction for lethal forms of the disease, each cup of coffee reduced overall prostate cancer risk by about 5%.

Most of these studies have come to the conclusion that coffee is unlikely to increase the risk of any cancer, except possibly for bladder cancer.

### **Coffee and Diabetes**

As far as diabetes is concerned you may be pleased to know that there is now enough evidence to show that coffee actually decreases risk. In fact there have been eighteen studies involving almost half a million people that do show overall that coffee, decaffeinated coffee and tea do slightly reduce risk of diabetes.

One plausible explanation for coffee drinkers having less diabetes and liver cancer could be that coffee drinkers use caffeine, instead of sugar, as their stimulant. Sugar both promotes diabetes and liver cancer. Perhaps coffee drinkers also drink less alcohol? Intuitively I expect this is not the case, but these kind of variables need to be explored to tease out why coffee may have a benefit.

### **Do Coffee Drinkers live Longer or die Young?**

A study following the fate of almost 400,000 people has found that, overall, coffee drinkers are more likely to die younger. But is that a result of the coffee or associated habits? When the researchers adjusted for smoking, the risk of death actually reversed. Coffee drinkers tended to have a slightly lower risk of death, although the decreased risk didn't consistently become greater the more coffee was drunk. Slightly less risk were observed for deaths due to heart disease, respiratory disease, stroke, diabetes, and infections, but not for deaths due to cancer.

### **Does Coffee Help you lose Weight?**

There are various theories as to why this might be since having a lot of caffeine itself isn't good for your health. Both tea and coffee are high in antioxidants which is a potential benefit. Two recent studies have shown that coffee doesn't cause the release of insulin, and may even reduce insulin resistance. Interestingly, this effect is true for both coffee and decaf coffee, suggesting that it is isn't the caffeine that reduces insulin resistance. In fact, decaf may even help keep insulin producing cells healthy.

*“Before you hit the coffee, there's something you need to know. Rather than reducing insulin resistance, if you combine coffee with a carb snack such as a croissant or a muffin, it has the opposite effect.”*

To explore the consequence of this much loved combination researchers at Canada's University of Guelph gave volunteers a carbohydrate snack, such as a croissant, muffin or toast, together with either a decaf or coffee.

Those having the coffee/carbohydrate combination had triple the increase in blood sugar levels and insulin sensitivity, the hormone that controls blood sugar levels, was almost halved.

One possible explanation for coffee's protective effect is that it might help weight loss. There is some evidence for this but it's not conclusive.

However, there is no question that having a coffee does tend to take the edge off hunger. This is because coffee promotes the release of the hormone glucagon, which helps raise glucose by breaking down glycogen.

*“Coffee stimulates adrenal hormones and these, in turn, give you a burst of energy getting you ready to hunt. But, the trick is not to go hunting for sugar.”*

Decaf coffee produced a similar reduction, so the protection is likely to be related to non-caffeine compounds of coffee. However, caffeine may increase symptoms of fibrocystic breast disease, a common but benign breast condition - a significant association was found in those drinking four or more cups a day.

### Coffee Raises Inflammation

Caffeine also raises levels of the stress hormones adrenalin and cortisol and also substances that reliably indicate inflammation, such as interleukin-6, TNF, C-reactive protein and homocysteine). A Greek study from 2004 that involved over 3,000 participants found that those consuming 200ml of coffee – two cups – had between 28 and 50 per cent higher levels of three kinds of inflammatory markers compared to non-coffee consumers. It also raises blood pressure, although decaf does not.

### Coffee & Alzheimer's

There's no doubt that coffee raises homocysteine levels, which are strongly associated with increased risk of Alzheimer's disease. A group of doctors from the University Hospital Nijmegen tested the effects of coffee by assigning volunteers to drink a litre of unfiltered coffee a day – that's about four cups – for two weeks.

At the start of the two weeks their average H score was 12.8  $\mu$ M, slightly above the national average of 10 to 11.

At the end of the two weeks their H score was 14. A study by Dr Verhoef and co. at the Wageningen Centre for Food Sciences in the Netherlands showed that two cups of regular coffee increased homocysteine by 11% after only four hours, while caffeine tablets without coffee increased it by 5%.

However, whether coffee drinking actually increases Alzheimer's risk is not yet clear. There are studies pointing both ways.

*“In summary, the research does suggest that, if you are going to drink coffee it is best to do it on its own, without either a sweetener or carb snack, then wait at least 30 minutes before eating. Also, it is best to not overdo it having perhaps one or two coffees at most. More than this is likely to make you more stressed and agitated.”*

Almost all the benefits of coffee are also reported for decaf, which eliminates a fair amount of the downsides.

*So, a decaf a day may actually help rather than hinder your health as far as diabetes and blood sugar control is concerned.*

*The cancer studies didn't investigate the impact of decaf so we'll have to wait and see.*

Patrick Holford is a British nutritionist, author, & founder of the Institute for Optimum Nutrition in London. He is Chief Executive of the Food for the Brain Foundation & is the bestselling author of over 30 health books.

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# The Link between Caffeine & Anxiety

*What you really need to know...*



## How it Works:

Caffeine is the most widely available and the most consumed psychoactive substance in the world. 'Psychoactive' means a chemical substance that changes brain function and can result in alterations in perception, mood, or consciousness.

So, Coffee is a stimulant that acts on the central nervous system. It counteracts the effects of adenosine, a brain chemical that dampens down neural activity, and so helps us feel more awake. Many recent research reports clearly suggest that Caffeine and anxiety are very much linked. This is because the boost we get from caffeine is caused by an increase in our heart and breathing rate.

Coffee basically stimulates and simulates the same reactions as the "fight or flight" response. - The same response we produce when we sense danger.

## Caffeine & Anxiety

We are all aware that the "fight or flight" response has been, and is, a vital part of our evolutionary nature. It helped our ancestors react to attacks from external threats such as a saber-toothed tiger, and we still need it to activate our systems when we need to remove ourselves from danger or square up for the challenge.

The problem today is that we can have the same fight or flight reaction when we are faced with daily stressful challenges - like being stuck in a traffic jam, moving house, coping with work, financial or family stress. Drinking coffee when you are already highly stressed is like adding gasoline to a garden bonfire - you are revving up your body's already higher than normal stress response.

We are all so biologically very different, but here are just a few of the effects that caffeine can cause in the general population: Rapid or irregular heartbeat, Restlessness, Nervousness, Insomnia, Flushed face, Twitching or trembling, Distracted thoughts and speech, Physical agitation, Nausea, Light-headedness, Diarrhoea and Mood swings - These are many common fight or flight responses.

Studies also point to caffeine holding a special danger for anxiety sufferers; particularly for people with panic disorders.

Studies on caffeine and anxiety sufferers have shown that caffeine can increase anxiety in anxiety sufferers, provoke panic attacks in people that have panic disorder and cause insomnia. It's also important to remember that a lack of sleep can promote panic attacks in people that are susceptible to panic attacks.

Of course anxiety disorders can be caused by several triggers, such as stress overload, poor diet, environmental factors, genetics, and negative thought patterns working together over time.

So keep in mind that caffeine is not the only thing responsible for causing panic attacks. It is only one of many triggers. Panic attacks or anxiety won't simply go away completely just by eliminating caffeine, but there's a strong chance a reduction will help.

## How Much is too Much?

Are you feeling jittery, is your heart thumping or beating unevenly – are you having problems getting to sleep? A Bristol University study clearly demonstrated that the less caffeine participants consumed usually, the more they reported that their anxiety levels increased when they were given higher doses (up to 250mg). Another Bristol University study, which used MRI scans of the brain, showed that caffeine consumption increased activity in the part of the brain related to signals of threats.

Remember, caffeine is addictive. If you decide to stop consuming it, you may suffer from headaches and other withdrawal symptoms (listed above). So, if you want to cut down on your caffeine intake - reduce your consumption slowly.

## How Much is Okay?

You may remember a 2008 study which showed a link between high caffeine intake and low birth weight, resulting in pregnant women being advised to limit their consumption to 200mg a day (this equates to around two cups of coffee). We are also aware that those with high blood pressure should also steer clear of caffeine. But there are no official guidelines in the UK regarding caffeine consumption. It takes about an hour for caffeine to kick in and the effects can last for five to six hours, depending on your metabolism.

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If you email Jo: [jo@patrickholford.com](mailto:jo@patrickholford.com) you will receive a special NCH member discount. Normal ticket price is £79 however NCH members can attend for only £70 if they contact Jo on the above email address.

## Patrick Holford KEY STUDIES

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Free Scripts – downloads, inductions, suggestions and useful metaphors in the Members section. Share your news, views and information:

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

# Book Review



## 'Rethink it! Practical Ways to Rid Yourself of Anger, Depression, Jealousy and Other Common Problems' by Michael Cohen.

*Our very own NCH member Rashmi Tasker reviews...*

I would really like to recommend this book to other readers.

It is jargon-free, accessible, focused and helpful.

It is full of practical and easy to follow exercises to help challenge the negative thinking in which we all engage. It contains practical ways to change old, unhealthy behaviour patterns and apply them to specific problems like anxiety, depression, shame, blushing, jealousy, smoking and much more.

Michael Cohen has taken the trouble to explain the concepts and methods clearly and simply. The author seems to have condensed 28 years of his experience as a therapist into this brilliant book with simple, easy to follow exercises to help clients help themselves. It covers many of the common issues most of our clients present.

I think it will appeal to clients as they won't have to wade through hefty tomes to get to the point in this book. It could be used in between sessions to act as a reminder or after clients have had their last session to keep them on track.

It's all here, clearly laid out and waiting to be applied, so I will definitely recommend it to my clients.

by Rashmi Tasker

# Metaphor of the Month

## The Story of the WIND-BLASTED Tree

*Sometimes our self-belief is wrong. No matter what we look like, no matter where we live, other people value us more than we think.*

When the tree started to grow, it felt isolated. As it poked its growing tip into the air, it was disappointed. There it was, at the top of a wind-blasted hill where a bird must have dropped it as a seed.

It knew that it should be growing tall and straight, but the harder it tried to do so, the harder the wind seemed to blow.

Its roots had to dig deep into the soil and rocks to avoid the sapling from being ripped away by the gales. Its leaves had to hold on very tightly to the twigs and branches to avoid being torn off.

It felt that it was ugly because it was not perfectly shaped like the trees it could see in the river valley below. They were tall, balanced and lush. Birds used their branches to roost and nest. It seemed so very unfair that it was bent and crooked as it grew bigger. And this sense of failure made it stoop even more. The tree wanted to be admired for its beauty, but it did not feel that beauty was ever attainable. It wanted to be appreciated for its height, but it knew that it would be stunted. Tall branches would be exposed and would be snapped off by the stronger winds.

It wanted to be useful for the birds by offering its branches to hold nests, but it was aware that building materials would be swept away before a nest could be finished.

But what it did not know was that animals, birds and the other plants admired this tree. They could see it from miles away and it became a landmark to help the birds to locate their nests and the land animals to get back to their lairs and dens. Even sailors used it as part of their compass to locate fishing grounds in the sea. The tree was used in stories to explain the benefits of being tenacious despite adverse conditions.

It would always be explained to young ones in the same way. For example:

“If that tree can grow in such an exposed place, then think what you can do with a much better environment. See how it has adapted to cope with the wind, bending to go with the strength of the gusts rather than fighting back against a stronger force and suffering. Be like that tree. Use your ability to adjust to your surroundings in order to win.”

Of course, the tree never heard such praise, and its parents were elsewhere, and unknown, so they could not encourage it to be proud.

One summer's day, the tree was aware of some people sitting in the shade of its branches, leaning their backs against its trunk. They were drawing and painting the view from the top of the hill, but not the tree. The tree felt that it was being used in order to allow the artists to capture the beauty of the landscape whilst at the same time turning their backs on the tree's ugliness. It felt sad. The artists were aware that there was a fine mist in the air. They thought that it was the start of a sea haze, but it was a fine cloud of tears coming from the leaves.

The artists stopped their work and unwrapped some food. They walked around whilst eating and began to look closely at the tree. They discussed it, they admired it, they praised it so much. They talked about perseverance, determination and fortitude. They talked about it being a monument that was known for miles around. They said that the tree was the main reason for them climbing to the top of the hill.

Then, the tree felt so proud.

It was a strange thing, but from that day onwards, the people, birds, animals and the other plants all seemed to notice that the tree appeared to be standing taller and straighter.



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

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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.

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