

# The Hypnotherapy Journal

Issue 9 Volume 18

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

Spring 2017

## Inner Child Therapy

*How do you re-parent  
your client's inner child?*

*Our expert,  
Dr. Nicholas Jenner,  
reports inside...*

**Plus: How You Can  
Re-Parent Yourself!**



## Treating Anger

*5 Calming tips to  
tame the Beast within*

**Dr. Brian Roet**  
*on the conflict between  
Logic & Emotion*

## Thought Field Therapy

*It's all in the Fingers...*

***Spring Bumper Issue: See inside for more news, views and book reviews including our 2017  
Conference & AGM... meet your speakers! Grasp Continuing Professional Development with Director  
Lorraine McReight & Grab your FREE e-book from Uncommon Knowledge!***

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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

Tracey Grist



*“To be successful, the first thing to do is to fall in love with your work.”*

Sister Mary Laretta.

**A**s hypnotherapists, we have little choice but to be in love with our work, and what we do, because when we sit with our clients, we give our all. We work with them believing they can change, they can succeed, and in return, our clients do change. Having that firm belief, we can then unite them with all their greatest hopes, and help them remove their fears, and not be afraid of change. How can we not love what we do? How lucky and skilled are we - to be doing what we love?

This is a great time to be a hypnotherapist, and with the first signs of spring, it feels like the NCH is finally coming through a long, hard, winter. How exciting to look forward to THE NCH Hypnotherapy conference! The board voted against the term ‘Extravaganza’, as, it sounded a bit ‘circus’ really, didn’t it? But more importantly, hypnotherapy is a forward-facing industry, we do vital work, and there is nothing extravagant in our roles as therapists. The conference is our day to explore new horizons, push our thoughts to new arenas, and network; we are a collective of minds, driven to heal.... and we’ve never had the balloons.

The conference planning is in full swing and I’m pleased to say, I am very keen to hear our speaker line up. Dr. Brian Roet is a wonderful practitioner with a great wealth of knowledge and it’s always a pleasure to learn from his insights. Joanne Callahan MBA, of Thought Field Therapy, (to stretch our hypno-minds a bit wider), Nick Cooke D.Psy, the course originator and principal trainer with the UKCCH, and who could forget Steve Miller? Steve will share his weight loss tips, and hopefully we will all brace ourselves for his radical viewpoints, that have turned him into a hypno-celebrity in the newspapers.

There’s a lot of great stuff afoot, meanwhile, Lorraine, NCH Development Director, and Donna, our Supervision Director, have been working to the maximum. They have been reviewing our CPD courses and looking at how Supervision is being both supported and rendered; our mainstays for being the best we can be as hypnotherapists. If you have any CPD courses you would like to offer, please do check out our application form <https://www.hypnotherapists.org.uk/training/submit-cpd-course/> or if you would like to run or attend a peer group please contact Lorraine direct at [development@hypnotherapists.org.uk](mailto:development@hypnotherapists.org.uk). Likewise, if you are

interested in becoming a Supervisor please do contact Donna direct at [supervision@hypnotherapists.org.uk](mailto:supervision@hypnotherapists.org.uk).

I remember once, an acquaintance saying: “Why would a hypnotherapist need to do those things, you’ve been in practice for years and know all you need to know to make someone better?” Yes, it’s true that we have all learnt how to be hypnotherapists; there is a standard of training that the NCH is proud of our members matching. But, like life, our training should always be on-going, and more so, because I am a true believer in:

‘The client can only go as far as their therapist can take them.’

Which is why our CPD and Supervision is so essential. I noticed this TED talk a little while ago, and think it’s worth looking at if you have a few spare moments, as to me, it highlights the value of Supervision and reflective practice, as much as why CPD benefits us in all ways: [https://www.ted.com/talks/eduardo\\_briceno\\_how\\_to\\_get\\_better\\_at\\_the\\_things\\_you\\_care\\_about](https://www.ted.com/talks/eduardo_briceno_how_to_get_better_at_the_things_you_care_about)

Iain in research has received all the survey results. The survey is now closed. Thank you all so much for participating and giving us your thoughts, hopefully that way we can gauge many of the questions and needs posed by members, and provide educated answers - what you actually want.

Iain has been hard at work collating the results but I can say, regarding our journal, the responses so far are below. (This is not yet finalised, but a guide.)

44% - Continue with the e-journal

34% - Move back to hard copy

22% - Not concerned either way

Thank you once again for voicing your passions.

We look forward to seeing the final results compiled for our NCH Conference in June.

Finally, I would like to pay thanks to the board and executive for all their hard, hard work over the last few months, and thank you, for all your support and understanding. If you have any ideas or thoughts regarding your NCH, please be in touch, we all look forward hearing from you!

Have a wonderful springtime of promise.

*Tracey Grist  
NCH Chairman*

# Editorial

Jo Wallis



I would be lying if I said 2017 has been a brilliant year for me so far. Like many of us, it began with a series of hurdles that have tested my resilience. I resisted the predicaments initially, by soldiering on, and then realised I had to face them - head on. As therapists, we all know that when we're pushed outside our comfort zone, real personal growth occurs.

My teenage daughter recently went on a school trip where herself and her peers spent a night in a Youth Hostel. The central heating wasn't working, some of the bunk beds were held together by string or tape, most of the toilets wouldn't flush and in one room there was even a leak in the roof – according to my daughter. Some of the girls fell apart, crying with the discomfort and complaining vociferously to the teachers (and then to their parents when they got home.) Others just pressed on, while not enjoying the environment, they just made the most of it; they knew they'd get through it.

As a parent, I was quietly delighted that the protective 'bubble' my daughter was used to had been shaken, and that she had been given the ability to work through an uncomfortable situation. She had gained a new level of resilience, and understanding of her 'capacity.'

I saw a client recently (name changed) 'Susan' - who had been on a fairly ambitious hike of the English countryside where, during the hike, she had, in her words, 'broken down' in front of her peers. She said she felt weak, embarrassed, exposed, and a failure - because of her the party didn't complete their route.

Susan said to me, that as a New Zealander (someone from a culture known to make the most of the outdoors) - I would have handled the situation better. "You would be used to it," she said.

I explained that while growing up as a child in New Zealand hiking was an integral part of school life, as well as extra-curricular activities in general, each and every hiking experience, had always come with its highs and lows.

Every single trip, I explained to Susan, had involved periods of distress, exhaustion, hunger, to name a few, however, they also included that point where you got to the summit and felt that sense of elation and mastery over your environment. Including, I added, a moment or moments where you wanted to give up but felt empowered by your friends to keep moving forward, where you had

to 'dig deep'. Not every trip was completed, I also added.

I then explained the psychological research into what makes people like other people - using that well-known study from the 1960s. In the study, researchers played one of four different recordings for their participants, in which a student is interviewing for a spot on the university Quiz team. In two of the recordings, the student appears highly competent and qualified; in the other two, he or she does not. But in one of the highly qualified and in one of the barely qualified recordings, the student also spills his coffee. "Oh my goodness, I've spilled coffee all over my new suit," is what the listeners hear.

*'Trekking is a good metaphor for life. There will always be lows, but once you navigate them using your internal navigation system, or learn new tools to add to that capacity - they are almost always followed by a summit.'*

After listening, the researchers ask their study participants how well they liked the student on the tape. In almost all cases, it turned out that person they thought most highly of – was the person who'd spilt their coffee.

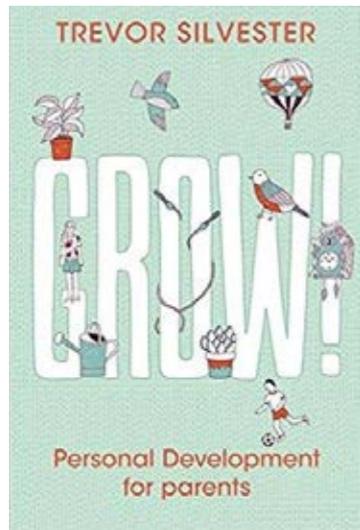
This study has been replicated many times, but it was an opportunity for me to explain to Susan that it is our 'humanness' or fallibility that endears us to each other. I asked her if she thought the friends on her hiking trip would have ever experienced a sense of failure or felt weak, or embarrassed and exposed. She said: "Yes". Well then, I said, did they respond empathically to you? "Yes," she said, "and we all feel closer now as a result of what happened."

For me, hiking is a good metaphor for life. There will always be lows, but once you navigate them using your internal navigation system, or learn new tools to add to that capacity, they are almost always followed by a summit.

On a personal note, I would like to thank you, the members, for all the support and great feedback over the last few years. I have enjoyed, immensely, creating and producing some great Extravanzas, as well as, in recent times, taking the journal forward into an online format. It has been great to be part of the NCH.

Jo Wallis

# NEWS



## NEW BOOK RELEASE: GROW!

Trevor Silvester - Quest Institute Director, Harley Street therapist and author of best-selling 'Lovebirds' has released 'Grow!' - a distillation of over 20 years of experience as a therapist.

Trevor says: "Your children develop primarily in response to your influence" and shows why parents need to nurture their own personal growth so their children can grow to become who they want to be. He demonstrates how parents can overcome their own limitations so they don't pass them onto their children, and how best to guide the young toward becoming strong, resilient and fulfilled adults.

Trevor identifies two ways of being in the world; we're either in a state of growth or a state of protection, and he argues that our interpretation of childhood events, and modern culture, often needlessly trigger us into a state of protection, Grow! describes strategies for keeping parents and children, in a state of growth.

Using eight parenting mantras to guide you, he shares valuable lessons gained from the latest scientific research, as well as many hours in the therapy room.

Click the following link for more info or to buy the book on Amazon:

GROW!

## Macmillan says waiting for Cancer Treatment causes Depression

Macmillan Cancer Support has stated that two-thirds of people recently diagnosed with cancer in England have experienced anxiety and depression while waiting for their treatment to start. The cancer charity Warning Signs, in a new report, says that large numbers of people with cancer are not starting their treatment within NHS England's target of 62 days following urgent referral from a GP. According to NHS figures, over 25,000 people in England waited more than two months to start treatment in 2016. Macmillan Cancer Support says treatment delays have a 'profoundly negative impact' on mental and physical wellbeing. 'When people are made to wait long periods for treatment, it piles on even more uncertainty and distress,' said Dr Rosie Loftus, Joint Chief Medical Officer.

## CNHC CPD Random Sampling 2017

The CNHC is carrying out a random sampling of insurance certificates and CPD logs on an annual basis. This involves CNHC asking a random sample of 5% of CNHC registrants to send us copies of their insurance certificate and CPD log for the last full year of registration. This year's sampling begins on 3rd April 2017 and the deadline to return documents will be Friday 28th April 2017.

# NEWS

## Is the NHS wasting money on e-therapies?

A new study by the University of Sheffield, published in the BMJ, found that there is an urgent need for the e-therapies, which aim to tackle depression, anxiety and stress, to be properly evaluated to reduce wasted investment on potentially ineffective treatments.

Whilst e-therapies have the capacity to help the NHS reduce waiting-lists, be more cost effective and reduce pressures on mental health professionals, they are not consistently used or recommended across England, resulting in a 'postcode lottery' of service provision, according to the study.

Many of the apps recommended are also only free in certain areas of England, requiring patients to pay in others.

Researchers also found that only one out of 48 apps was aimed specifically at young people.

The research highlights that changes need to be made to establish clearer guidelines for digital mental health service provisions and build an evidence base with the purpose of evaluating their effectiveness.

Earlier this year the Prime Minister announced an expenditure of £67.7 million on digital mental health.

**Do you advise your clients to use apps like headspace or breathe2relax? Do you have something to say about e-therapies? If you do, please do get in touch - email: [journal@hypnotherapists.org.uk](mailto:journal@hypnotherapists.org.uk)**

*The National Council for Hypnotherapy's*

## **2017 Conference & AGM**

Saturday 24th of June, Royal Society of Medicine, 1 Wimpole Street, London

*Members tickets are only £79! (VAT inclusive)*

Click here to buy your tickets:

<https://www.hypnotherapists.org.uk/6701/the-nch-2017-conference/>

## **NCH Supervision Requirements 2017**

The NCH is very proud of its role in professionalising the Hypnotherapy industry and is keen to ensure that standards and requirements are met and maintained by our Members.

We recently emailed all members with information regarding supervision requirements, noting that from the beginning of June 2017 we will be monitoring these requirements to ensure that the NCH excellent standards are being upheld. If you should you have any additional questions regarding the above please feel free to send the NCH

Supervision Director, Donna Green, an email:

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

*The National Council for Hypnotherapy*

# 2017 Conference & AGM!

Saturday, 24th June 2017 at The Royal Society of Medicine, Central London

*SEE Steve Miller reveal 21 actions that'll drive clients to lose weight in and out of the consulting room*

*HEAR Dr Brian Roet on The client, the therapist, & the therapy: Clean language & subconscious metaphors*

*WATCH Joanne Callahan explain Thought Field Therapy - Traumatology & tapping the body's energy pathways*

*LISTEN as Nick Cooke discusses Getting your 'ACT' together: Acceptance and Commitment Therapy (ACT)*



## The 2017 *National Council for Hypnotherapy* Conference and AGM is soon upon us!



The Royal Society of Medicine, 1 Wimpole Street, London

Aside from an exciting line-up of internationally-renowned speakers, our yearly one-day event is a great opportunity to mingle with colleagues, meet some new ones, and really share and expand your knowledge. You will receive a 7-hour CPD certificate for your attendance, contribute valuable input to your Annual General Meeting, alongside plenty of opportunities to meet with NCH Directors and all of the support staff that keep the *National Council for Hypnotherapy* moving forward. Please purchase your tickets as they are selling very fast - our speaker line-up this year is nothing short of extraordinary!

Members tickets are only £79!  
(VAT inclusive)

Click here to reserve your seat:

Buy my  
Ticket!

## Meet your Speakers!

### Steve Miller



#### 21 Actions that'll drive clients to lose weight in and out of the consulting room

Steve Miller has been a Clinical Hypnotherapist for 15-years and is well known for his weight loss expertise. Renowned for his individualistic, maverick and 'Marmite' style, Steve brings to the 2017 conference an impressive track record. He presented hit TV show *Fat Families* for Sky 1 and Sky Living, and the show went on to be sold into 12 countries around the globe. He is regularly featured for his work by the media including ITV's *This Morning*, BBC 5 Live, Sky News, Daily Mail and a wide range of national magazines. He has published five book titles, two of which have hit the international market including Russia and China!

The warm-hearted say it is Steve's character, and his catchphrase to his clients: 'you are too gorgeous to be fat!' that people seem to adore - including his incredible results!

Steve will be sharing his very own '21 Practical Techniques To Help Clients Lose Weight In And Out Of The Consulting Room' and says he looks forward to an interactive chat-show style of presentation at this year's conference.

For Further Information please see: [www.fatnosis.com](http://www.fatnosis.com)

# Meet your Speakers!

## Nick Cooke



### Getting your ACT together!

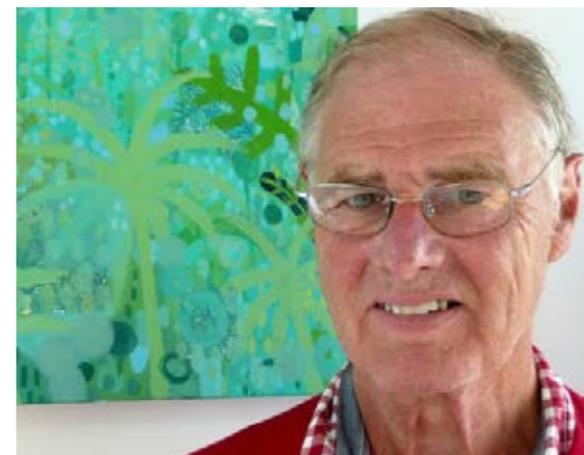
Nick Cooke is hypno-psychotherapist, mindfulness teacher, and writer, offering a broad, eclectic base in his work. As principal of (multi-award winning), NCH accredited school the Central England College, and of The UK College of Mindfulness Meditation, Nick and his team provide accredited practitioner training in Mindfulness, ACT, clinical hypnosis, coaching and NLP.

A former NCH director, Nick is passionately engaged in making mindfulness-based therapeutic interventions as accessible and widely available as possible, in order to meet an ever increasing demand, whilst maintaining high academic and ethical standards.

Acceptance and Commitment Therapy (ACT) is an energetic and creative form of mindfulness-based therapy with a strongly supportive scientific evidence base. It's radically different from many other therapeutic approaches, in particular, because its focus is not on reducing or removing unwanted feelings or symptoms, but rather on changing our relationship with them. ACT also helps us focus on, and clarify our values – whatever is truly important to us, and then to utilise that knowledge to inspire us to set appropriate goals, engaging us to move forward and achieve a richer and more meaningful life. It has strong links to coaching and NLP and can be easily integrated with other therapies. His presentation includes a practical demonstration and strategies for integrating ACT within hypnotherapy practice.

To see more please link to [www.mindfulnessnow.org.uk](http://www.mindfulnessnow.org.uk)

## Dr Brian Roet



### The client, the therapist & the therapy:

#### How Clean Language can uncover subconscious metaphors

Brian Roet is a medical doctor who grew up in Melbourne and practised as a G.P, Anaesthetist, (and a professional footballer in his spare time).

He has lived in London for the last forty years practising hypnotherapy (intending only to stay three months!)

He has run workshops in many countries talking about the many and varied aspects of hypnotherapy. The main influences on his practice have been: personal experiences; Dr.Milton Erickson and David Grove.

The basis of Brian's work is to help clients improve messages they receive from their Inner World (the unconscious), so that these messages are more 'Accurate, Up to Date, and Helpful'. He uses hypnosis as the main way of connecting with the Inner World.

Over the last few years Brian has been teaching his own form of Parts Therapy at his workshops, helping students to realise what part of the client is causing their symptoms.

Brian will share some of the experiences he has had during his long career, to demonstrate how The Therapist, The Client and The Therapy are all involved in the outcome of our therapeutic sessions.

He has stated that he may find it a little difficult to compact 40 years of experience into a 50 minute talk!

To see more: [www.brianroet.co.uk](http://www.brianroet.co.uk)

# Meet your Speakers!

## Joanne M. Callahan



### Thought Field Therapy

Joanne Callahan is the co-developer of Thought Field Therapy (tapping therapy), and President, Callahan Techniques, Ltd.

‘Thought Field Therapy (TFT) provides a code to nature’s healing system. When applied to problems, TFT solves the fundamental causes, balancing the body’s energy system and eliminates most negative emotions... within minutes. Dr. Roger Callahan, our founder, achieved worldwide recognition, acceptance, and use of Thought Field Therapy. We believe we can have a significant impact on the decrease of human suffering if everyone has these tools at their disposal.’

TFT tapping is a brief, effective psychotherapy for the rapid and natural healing of negative emotions and psychological problems. Thought Field Therapy uses nature’s therapeutic system to balance the bodies’ energy system promoting natural healing and improved mental health.’

Joanne is also the director of the Thought Field Therapy Training Center and publisher and editor of *The Thought Field*, a quarterly newsletter and Tapping for Humanity, a quarterly e-zine for the TFT Foundations and she speaks and presents on trauma relief worldwide.

She has authored and co-authored many books, among them: Thought Field Therapy and Trauma: Treatment and Theory, and Stop the Nightmares of Trauma. To read more: [www.tfttapping.com](http://www.tfttapping.com)

2017

*National Council for Hypnotherapy*

## Conference & AGM

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re-skill,  
be entertained,  
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# Re-Parenting your inner child



## Inner Child Therapy

*Counselling Psychologist Dr. Nicholas Jenner outlines key areas in the field of re-parenting your inner child - from the seven steps needed to heal your inner child and the different ways to re-parent, to the strength that is your inner child, once the healing has taken place.*

## The Strength That is Your Inner Child

Who you are today – your strengths, problems, level of self-esteem, habits – is in large part a product of your development. At each age, from birth to toddler to child to adolescent, you were met with certain typical challenges. If your caregivers raised you in a natural way that allowed you to healthily traverse each stage and master the skills necessary to progress, you most likely ended up a well-balanced, confident individual with a strong sense of yourself.

However, at each stage, there are countless traumas, big and small, that can occur and keep you from resolving the issues of that stage.

For example: If as an adult, you experience:

- An inexplicable need for attention, affection, company, reassurance and involvement.
- A need for security and acceptance either from a partner, best friend, group of friends.
- Being unable to form lasting relationships.
- Feelings or belief of not being lovable or worthy of being loved.

This could stem from:

- Lack of attention, affection, encouragement and support.
- Another sibling seeming to be favoured over you.
- Parents arguing.
- Parents divorcing.
- Finding out you were adopted.
- Being brought up in foster care.

Unresolved issues stay with us throughout our lives, expressing themselves in our relationships with ourselves and others. If you have a pattern of unhealthy relationships, low self-esteem, addictions or other problems, you may well be experiencing the results of unresolved issues from these childhood and adolescent stages and you might be able to benefit from overcoming trauma.

*‘Unresolved issues stay with us throughout our lives, expressing themselves in our relationships with ourselves and others.’*

The inner child is the creative, spontaneous, loving, trusting, confident and spiritual part of us that may have gotten lost or learned to hide earlier in life due to feelings of fear and shame stemming from experiences of trauma and betrayal. This may have been due to abuse, mistreatment, misattunement or misunderstanding in childhood. It is a rare child who has adults around him or her all the time who are able to be fully present to his or her aliveness. As adults, we can return to childhood memories and ‘retrieve’ and heal that lost or hidden part of us to bring creativity, spontaneity, love, trust, confidence and deep spirituality fully back into our lives.



*‘By writing or drawing with the non-dominant hand, we enter a child-like state...’*

Inner Child therapy is a deep and profound psychotherapeutic healing experience. It goes to the source of the problem and cuts through much of the intellectual chatter which prevents us from living our dreams. We can connect and heal the inner child in order to become whole and feel joyful and loving. It can be done through a combination of traditional talk therapy, guided meditation, heart-centered hypnotherapy, and breath work. It has roots in Jungian therapy as well as addiction recovery work but is useful for many problems. I follow a method pioneered by Lucia Capacchione who advocates a dominant/non-dominant writing and drawing process. She states that by using the non-dominant hand, we are accessing right brain functions, those which control among other things, emotional expression and intuition. It also allows the deeper levels of instinct and emotional memory to be tapped.

By writing or drawing with the non-dominant hand, we enter a child-like state. This is exactly the area that has been subdued and locked away from our consciousness as the expectations and obligations of the analytical left brain take over and drives the inner child (the pure, untouched part of us), underground.

A further step in the technique after accessing the inner child is to ask questions with the dominant hand and answering with the non-dominant.

Now back to those experiences. To access the inner child, I ask clients to imagine a beautiful place, to place their inner child there and then to draw this with the non-dominant hand. When they go on to describe in words, how the inner child is feeling, many feel a burst of emotion, some extreme bursts as they relive more carefree times and they realise how they have cut themselves off from their true self. How they have allowed society, education, upbringing and their own expectations to take them on a destructive path.

*‘I ask clients to imagine a beautiful place, to place their inner child there and then to draw this with the non-dominant hand. When they go on to describe in words, how the inner child is feeling, many feel a burst of emotion...’*

One such case involves David (name changed), going through a difficult period in his life following a divorce and looking for his new path. His beautiful place was his parental home, with his inner child lying in a grass meadow looking at the clouds floating past.

When I asked him to ask his inner child how he is feeling, he broke down. He realised that his new path was there the whole time, within him. We are continuing this work by getting to know his inner child, communicating with it and learning from it.

It takes some intensive work to help clients let go of mistaken beliefs and self-attacking behaviour, but it is possible, and clients report long-standing depression and anxiety as well as physical symptoms resolving after doing the work.

As we let go of mistaken beliefs about ourselves, we can begin to love ourselves, and especially the naïve and trusting child part of us who was once hurt and wounded. As we heal, we can then also begin to love others more deeply. Clients who do this work suddenly find themselves reassessing relationships with partners and with their children, being able to be closer and to offer more caring to others and especially to themselves.



## Re-parenting your Inner Child

An ‘inner critic’ is often formed from the defence mechanisms used by the wounded, criticised child and these defence mechanisms can be taken forward into adulthood.

Part of the process of dealing with the inner critic and the chaos it causes is to re-parent our inner child, showing it that it no-longer needs those mechanisms and the protection offered by its family of critics.

*Try this exercise:*

Before leaving home one morning, you took an extra effort in getting your living room cleaned, but when you return in the evening, you find it in a mess.

*What will your response be?*

*Sigh and clean up again*

*Shrug your shoulder and leave it as it is, or get upset and cry*

*Shut out the person responsible*

*Get frustrated but keep quiet*

*Get angry and yell at the person*

*Take it in your stride, let it go and maybe clean up later.*

Your response to the above situation is a reflection of your inner, self-set pattern of behaviour. This behavioural pattern has been formed and reformed over the years, starting from your birth, through reinforcement and suppression, mostly by parents or other significant people, and has now become a part of your personality and self-beliefs.

Sometimes, the personality type and self-beliefs of a person may hinder healthy development and lifestyle of the person.

*'How a child is treated affects what he/she thinks and does as an adult. Faulty upbringing need not necessarily be a result of abuse, intentional neglect or wrongdoing of parents. It may be unknowingly done and might not seem of much importance.'*

How a child is treated affects what he/she thinks and does as an adult. Faulty upbringing need not necessarily be a result of abuse, intentional neglect or wrongdoing of parents. It may be unknowingly done and might not seem of much importance.

Yet, certain instances, maybe in the form of discipline, control or conduct of significant adults (especially parents), in a child's life, greatly influence his/her personality, his/her view of the world and relationships with self and others, as an adult. However, this becomes a very prominent issue when a person has been a victim of child abuse in any form or has been a part of a dysfunctional family.

In most cases, though, the way parents treat a child is largely dependent on how they were treated as children. Even in cases where the parenting techniques are wrong, the same parental pattern goes on for generations until someone realizes their mistake. But just knowing the problem is never enough. A solution and remedy has to be found and used. One way of doing this is by re-parenting.



## What is Re-parenting?

Re-parenting deals with three aspects of an individual. They are: Adult, Inner Child, and Parent. The Adult is the individual, the Inner Child is the childhood stage at which the individual was wronged and the Parent is a therapist (or the individual) who gives the right response the child should have received.

Thus, re-parenting is nothing but going back to the stage in which the adult was wronged and satisfying or making peace with the inner child hidden inside by giving the response and fulfilling the needs that were required at that time by self-counselling or therapy.

## Re-parenting the Inner Child

The feelings and beliefs that the inner child carries have two different causes. One is the inner critic attacks in the adult's present life and the second is the things that happened in childhood, usually criticism from parents and care-givers.

The pain that the critic causes in the present is bad enough but it also aggravates the inner child and makes that pain worse, ultimately strengthening the inner critic.

To start the re-parenting process, it is important to access and work with the inner child and treat it with empathy and compassion, feel its pain and witness the situations that caused it pain.

Your inner child has been hidden for a long time, so you have to bear in mind that your inner child may not know how to express certain feelings. They may believe that they're not allowed to express their feelings, or that their feelings are unimportant.

They may believe that they are unimportant and also believe the lies that they were told. All these things you have to keep in mind, and slowly encourage them to express the way they feel/think.

*'For your wounded inner child to come out of hiding, he must be able to trust that you will be there for him. Your inner child also needs a supportive, non-shaming ally to validate his abandonment, neglect, abuse, and enmeshment. Those are the first essential elements in original pain work.'*



*'Since our inner child feels flawed and defective,  
he has to cover up his true self with his adapted false self.  
He then comes to identify himself by his false self.  
His true self remains alone and isolated.'*

According to John Bradshaw, author of “Home Coming: Reclaiming and Championing Your Inner Child,” the process of healing your wounded inner child is one of grief. And it involves these seven steps (in Bradshaw’s words):

### 1. Trust

For your wounded inner child to come out of hiding, he must be able to trust that you will be there for him. Your inner child also needs a supportive, non-shaming ally to validate his abandonment, neglect, abuse, and enmeshment. Those are the first essential elements in original pain work.

### 2. Validation

If you’re still inclined to minimize and/or rationalize the ways in which you were shamed, ignored, or used to nurture your parents, you need now to accept the fact that these things truly wounded your soul. Your parents weren’t bad, they were just wounded kids themselves.

### 3. Shock

If this is all shocking to you, that’s great, because shock is the beginning of grief. After shock comes depression and then denial.

### 4. Anger.

It’s okay to be angry, even if what was done to you was unintentional. In fact, you **HAVE** to be angry if you want to heal your wounded inner child.

I don’t mean you need to scream and holler (although you might). It’s just okay to be mad about a dirty deal. I know [my parents] did the best that two wounded adult children could do. But I’m also aware that I was deeply wounded spiritually and that it has had life-damaging consequences for me. What that means is that I hold us all responsible to stop what we’re doing to ourselves and to others. I will not tolerate the outright dysfunction and abuse that dominated my family system.

### 5. Sadness

After anger comes hurt and sadness. If we were victimized, we must grieve that betrayal. We must also grieve what might have been—our dreams and aspirations. We must grieve our unfulfilled developmental needs.

### 6. Remorse

When we grieve for someone who has died, remorse is sometimes more relevant; for instance, perhaps we wish we had spent more time with the deceased person. But in grieving childhood abandonment, you must help your wounded inner child see that there was nothing he could have done differently. His pain is about what happened to him; it is not about him.

### 7. Loneliness

The deepest core feelings of grief are toxic shame and loneliness. We were shamed by [our parents’] abandoning us. We feel we are bad as if we’re contaminated. And that shame leads to loneliness. Since our inner child feels flawed and defective, he has to cover up his true self with his adapted false self. He then comes to identify himself by his false self. His true self remains alone and isolated. Staying with this last layer of painful feelings is the hardest part of the grief process. “The only way out is through,” we say in therapy. It’s hard to stay at that level of shame and loneliness; but as we embrace these feelings, we come out the other side. We encounter the self that’s been in hiding. You see, because we hid it from others, we hid it from ourselves. In embracing our shame and loneliness, we begin to touch our truest self.

## When The Child Within Becomes The Parent Within

The powerful experience that is inner child therapy often opens doors that have been closed for many years. This process brings an understanding of what was, bringing clarity to what is and can be. Being in contact with our inner child who has been abused is especially hard due mainly to the coping mechanisms and survival tactics that were put in place. However, working through this can be an exhilarating experience.

When we think about child abuse, our thoughts often stop at sexual abuse of minors. However, the term child abuse, often replaced by child maltreatment, has a broad spectrum of definition. The WHO defines it as follows:

“Child maltreatment, sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child’s health, development or dignity. Within this broad definition, five subtypes can be distinguished – physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation”.

*‘The powerful experience that is inner child therapy often opens doors that have been closed for many years.*

*This process brings understanding of what was, bringing clarity to what is and can be.’*

Reliable statistics on global child abuse are difficult to come by but most reports highlight an increase in the last 25 years, especially in developed countries. Anyone who has been through and survived child abuse will identify with the emotional scars that are etched on the personality of the resulting adult, causing pain and turmoil and making relationships and intimacy difficult.

One of the unfortunate consequences of child abuse is alienation from the “child within”. That is the normal development of a child, emotionally and physically. This alienated child is subdued by constantly being told that it is unlovable and unworthy.

Many survivors of child abuse tell of a feeling of disbelief that anyone could possibly love them and mistrusted their own feelings, unable to come to terms with them.

Linda Sanford in her inspiring book “Strong at Broken Places” gives us a relevant example in the story of George who was abused constantly by his drunken mother for what were essentially normal childhood activities.

‘George’ also provides evidence that the “child within” can be replaced by the “parent within”.

This term describes a situation where the child, despite chronic physical, sexual and emotional abuse takes on a parenting role for the parent, nursing and looking after them in the way it should be done in reverse. These parents generally show a hatred for the inner child of their offspring and consolidated by their behaviour, try to subdue it for their own purposes.

This is the point where the “child within” with all the characteristics of normal development is replaced by the responsible “parent within”. The author describes this change as “putting on a winter coat” to protect themselves from abuse, this coat no longer fitting in adulthood. This is often the case with parents who were alcoholics or addicted to drugs and other substances.



According to Sanford’s research, this process appeared to be consciously initiated by the children with the thought in mind that if I look after my abusive parent, they will come to need me and love me and the abuse will stop. Unfortunately, this was not the case and in most of the stories cited, the abuse continued or got worse. Sanford says that such children often gain respect as adults for worthy and successful careers without themselves really knowing why or accepting that it could be anything to do with their own abilities.

The child within, can, however never be really totally subdued and can resurface at any time, often in adulthood in specific behaviour and by complicating relationships.

When a child becomes the “parent”, he or she sacrifices part of themselves to please the abusive parent. It is often the positive characteristics of the child that the abusive parents resent the most, such as intelligence and special skills. Seeing the child reminds them of their own inadequacies.

These positive characteristics are often used to get on in life, find a good job and be successful but the emotional side of the ‘child within’ remains under-developed.

*‘We often look for hope and intimacy outside ourselves without ever “taking ourselves in our own arms.”*



Sanford quotes Tom Robbins in her book when she says “it’s never too late to have a happy childhood”. Many of the survivors have realized that they must be reunited with their “child within” if they are to rectify the past. Some find it hard to “parent” the child within with the same effectiveness that they “parented” their parents.

*‘When we think about child abuse, our thoughts often stop at sexual abuse of minors. However, the term child abuse, often replaced by child maltreatment, has a broad spectrum of definition.’*

While some used this “lack of a child within” to justify irrational behaviour, others have gone on to become “good enough” parents to themselves by opening themselves up to others who then cater for the needs of the adult and the “child within” replacing some of the things lost in childhood.

Sanford says that a healing process must take place, similar to recovery from grief. On one level, this would mean coming to terms with what happened followed by a deeper, more meaningful realization of how awful the trauma was, a process of mourning. Through this, the body can be “reawakened” and the “child within” reunited with the parent within.

*‘When a child becomes the “parent”, he or she sacrifices part of themselves to please the abusive parent.’*

Survivors who had been through this process talked of a “life change“, bringing new spontaneity and excitement into their life. As Sanford says at the end of her book, we often look for hope and intimacy outside ourselves without ever “taking ourselves in our own arms.”

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Dr. Nicholas Jenner is a counseling psychologist in private practice working with individuals, couples, groups and companies with a specialty in CBT techniques. He runs a thriving online therapy business bringing help to those who find taking therapy online as convenient and tailored for their needs. His passion as a psychologist is to help individuals and couples get their life back, freeing them of restraints of negative thinking, anxiety, and depression. By using integrative psychological approaches, he puts clients back in charge of their own destiny. Working outside the box, he goes that extra mile to make sure clients have access to help between sessions, something that is greatly appreciated by clients.

Since gaining his Doctorate in Counseling psychology, he has seen professional development as key to meeting the objectives of his clients. He specialises in Inner Child Therapy.

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# How You Can Re-Parent Yourself



## The First Way – Compassionate Accountability

Have you or heard your clients tell stories of broken phones, punched walls, and even bent steering wheels. All in the name of anger. At themselves or at yourself. For making a mistake?

### What You Didn't Get

When a parent sits down with a child who has behaved badly, used poor judgment, or made a mistake, and says, "Let's figure out what happened," that parent is teaching her (or his) child Compassionate Accountability.

But many parents don't know that it's their job to teach their child how to process a mistake; how to sift through what happened and sort out what part of it belongs to circumstances, and what part belongs to the child. What can we learn from this? What should you do differently next time?

There is a balance between all of these factors which must be understood. The parent holds the child accountable but also helps him (or her) understand himself and have compassion for himself and his mistake.

### What To Give Yourself

If your parents were too hard or too easy on you for mistakes or failed to notice them at all, it's not too late for you now. You can learn Compassionate Accountability today. *Follow these steps when you make a mistake.*

1. Remind yourself that you are human, and humans are not perfect. Everyone makes mistakes.

2. Think through the situation. What went wrong? Are there things you should have known, or realized, or thought about? Those are the parts that you own. Those are where you'll find the lessons for you to take away from this. Take note of what you can learn, and etch it into your memory. This can be the growth that results from your error.
3. Have compassion for your humanness: Your age, your stress level, and the many factors that contributed to this mistake.
4. Vow that next time you'll use your new knowledge to do better. Then put this behind you.

## **The Second Way – Self-Discipline**

We are not born with the ability to manage our impulses. Self-discipline is not something that you should expect yourself to have automatically. Self-discipline is learned. In childhood.

### What You Didn't Get

When parents have rules, and enforce them firmly and with love, they are naturally teaching their children how to do this for themselves. Do your homework before you go out to play. Fill the dishwasher, even though you don't want to. You are not allowed to have a second dessert. Balanced, fair requirements enforced with care by your parents teach you how, years later, to do this for yourself.

### What To Give Yourself

If you struggle with self-discipline more than most other people, it does not mean that you are weak-willed or less strong than others. It only means that you didn't get to learn some important things in childhood. Never fear, you can learn them now. Follow these steps.

1. Stop blaming yourself for your struggles with self-discipline. When you accuse yourself of being weak or deficient, you make it harder to get a foothold on making yourself do things you don't want to do, and on stopping yourself from doing things that you shouldn't do.
2. If you are too hard on yourself at times, chances are high that you also, at other times, go too far in the opposite direction. Do you sometimes let yourself off the hook when you don't follow your own rules? This, too, is damaging.
3. Use the Compassionate Accountability skills you are building by applying them each time you fall down on self-discipline.

## **The Third Way – Learn to Love the Real You**

We all learn to love ourselves in childhood; that is, when things go well. When we feel our parents' love for us, it becomes our own love for ourselves, and we carry that forward through adulthood.

### What You Didn't Get

We tend to assume that if our parents loved us, that's enough. But it isn't necessarily, at all. There are many different ways for a parent to love a child. There's the universal type of parental love: "Of course, I love you. You're my child." Then there's real, substantive, meaningful parental love. This is the love of a parent who really watches the child, really sees and knows the child, and really loves the person for who he or she truly, deeply is.

### What to Give Yourself

Most people receive at least some of the first type of love. Far fewer receive the second type. Do you feel that your parents truly know the real you? Do they love you for who you are? Do you love yourself this way? Truly and deeply? If you sense something is missing in your love for yourself, it may be because you didn't receive enough genuine, deeply felt love from your parents. But it's not too late for you to get it. You can give it to yourself.

1. Accept that it's not your fault that your parents couldn't love you in the way you needed.
2. Start paying more attention to yourself. Who are you? What do you love and hate, like and dislike, care about, feel, think? These are the aspects of you that make you who you are.
3. Pay special attention to what's good about you. Make a list and keep adding to it. Are you a loyal friend? A hard worker? Dependable? Caring? Honest? Write down everything that occurs to you, even if it's very small. Re-read the list often. Take these qualities in and own them. They are you.



**By Lorraine McReight, Development Director,  
*National Council for Hypnotherapy***

I really enjoy the privilege of being the development director at the NCH. My specific role within the organisation is to help support members with their professional development. I was really pleased to take up this voluntary role in 2015 when several new directors were elected to the board at the Annual General Meeting. Of the roles available, this was the department I was really keen to take on as (to use a much overused, but accurate word) I am passionate about training and development.

My first involvement in training was 35 years ago when I worked in retail fashion. I ran training sessions for staff and new managers in everything from sales to customer service and from till training to merchandising. When I left the fashion business I worked with groups of long-term unemployed adults in a disadvantaged area of London. This was a challenging but very rewarding job and was a very different to the world of fashion. Of the participants on the course, many had experienced violence, mental health or drug problems or had fled their homeland to find a place of safety. During my time managing the programme I saw first-hand how a person's life chances can be impacted by their experiences and how their opportunities can be limited by a lack of positive role models.

As therapists, we're well aware of the effect of early negative experiences on aspiration and self-belief, so one of the most important things for me when working with this group was to build their self-confidence. As a result of our classes which included group work and role play as well as vocational training, most of the participants improved their social, workplace and interview skills. The majority of participants went on to get paid employment. This was incredibly rewarding and not dissimilar to the satisfaction felt when a client concludes their therapy feeling happy, confident and empowered.

*'I believe that Continuous Professional Development is essential for all therapists in practice, whether they are hypnotherapists or counsellors, newly qualified or a few years from retirement.'*

When I left this career I trained to be a therapist, first in holistic therapies and then later as an NLP practitioner and hypnotherapist. In the first couple of years I went on almost every CPD event I saw advertised; I was hungry for knowledge and new techniques. As I grew in confidence and experience I became more selective about the courses I chose to attend, but I always exceeded my CPD requirements by a factor of ten. The truth is, I loved learning and I really enjoyed the interaction with other therapists too and this remains the case two decades on.

I believe that Continuous Professional Development is essential for all therapists in practice, whether they are hypnotherapists or counsellors, newly qualified or a few years from retirement. It's easy to be comfortable with what we know and what we do, especially if we have a full diary, but I believe that if we become complacent about updating or refreshing our knowledge we are doing ourselves and our clients a disservice. Naturally, we want members to meet their CPD requirements, but a desire to learn new skills, techniques or knowledge is far more important than meeting a quota and most members really enjoy participating in training, research, and reading.

I've recently introduced an online CPD listing facility and I anticipate a larger number of courses will now be posted on the website. The new system will make it a lot easier for schools and trainers to publicise their courses on the website and those offering a discount will be highlighted with a yellow star. I hope this change will be popular and will increase choice for members searching for CPD events on our website. In addition to therapy courses, there will be a separate list of business and marketing courses as many practitioners want help and advice on practice building and business development.

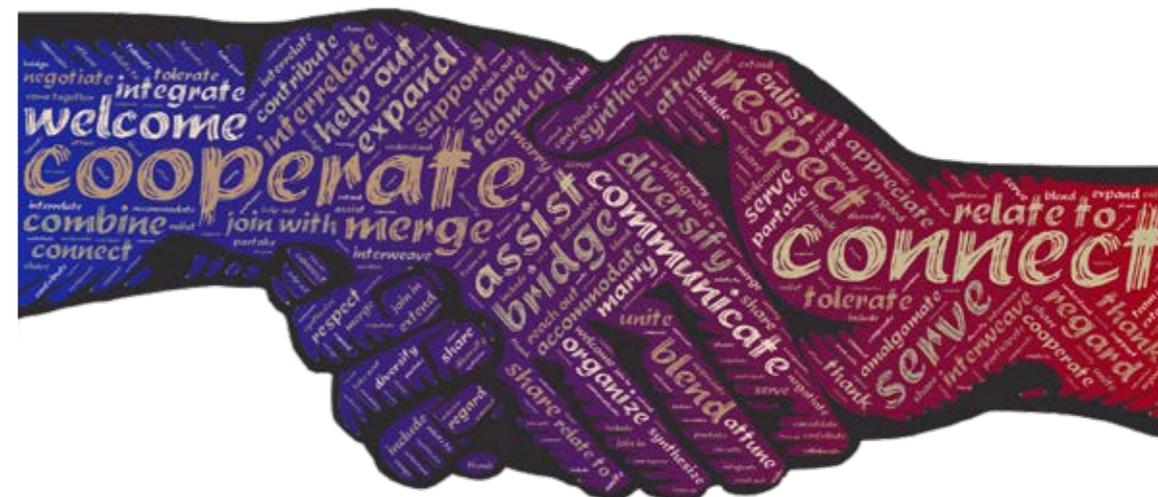
Being a self-employed therapist can be a bit solitary at times and for those who have come from a corporate background or a large company, working alone and being self-employed can require a lot of adjustment. If you're not busy with clients it's easy to feel isolated. A great solution to this is joining a peer group. These meetings offer a great opportunity to meet other therapists, to share experiences, to learn new techniques or simply to socialise with like-minded individuals. One of my tasks as development director is to support NCH peer groups and members who want to start a group in their area.

*'I've recently introduced an online CPD listing facility and I anticipate a larger number of courses will now be posted on the website. The new system will make it a lot easier for schools and trainers to publicise their courses on the website and those offering a discount will be highlighted with a yellow star.'*

There is no set format or structure to groups; the members decide between them how they want their group to run. Some will make it for NCH therapists only, while others welcome hypnotherapists from all associations or none. Holistic therapists and counsellors are able to join some local groups, so there really are no rules. Meetings are held in therapy centres, village halls, rooms above pubs (or in pubs) or in the co-ordinator's home. Whilst peer groups

provide a wealth of support and advice, they are not intended to replace supervision. Meetings do count towards your CPD requirements.

Over the last 18 months, I have visited a number of group meetings and spoken with or exchanged emails with some co-ordinators on the phone. I recruited an assistant, Jo Hand (also a volunteer) and we put together a set of guidance notes for anyone setting up a group.



I'm working on a magazine-style peer group newsletter, but this has been a slow process for a number of reasons including technical issues and member's privacy issues. I continue to work on this project. I'm also planning to introduce an online form so that groups can load their meeting details and photos onto the NCH website. This will make communication about meetings easier and perhaps entice members to visit groups of which they were unaware. Unfortunately, our current systems don't allow us to contact members in specific geographic areas, which means that co-ordinators have needed to contact therapists in their area via the NCH website if they want to invite them to visit or join the group. This is tedious but can be worthwhile. I am keen to expand the ways in which information about groups and meetings is communicated to members and hope that members will use the new peer group resource on the website once it's in place. I'll be letting you know by email when it's ready to go.

Increasing the number of NCH peer groups is a something I'd love to achieve as many areas are not represented at all. Jo and I are happy to speak with any member who wants to find out more about setting up a group. People often mistakenly believe that peer group co-ordinators need to be experienced therapists or have some seniority, but this is untrue. Anyone can set up a group and organisational skills are far more important than years in practice.

Newly qualified therapists may have more available time than established therapists and setting up a peer group is a great way to network and pick up tips from others. Many therapists have worked in other roles prior to training as a therapist and bring to their new career a wealth of skills and abilities.



Currently, most groups are in the south-east, but I'm eager to see groups in all areas where we have members. Zoe in Yorkshire is doing a great job with her group who meet in West Yorkshire and Heather Hutchison has just agreed to start a new group north of the border in Falkirk. Well done Heather! Helen continues to run a flourishing group which includes therapists from Hampshire, Berkshire, and Surrey. Caron and Jo run a group that has members from Warwickshire, Shropshire and the West Midlands and Jose runs a group in leafy Surrey, to mention just a few. Surprisingly, London has been devoid of an NCH peer group until recently, but Hendrik, who will graduate as a hypnotherapist soon, has taken on the role of co-ordinator for a group which meets in south-west London and is doing a great job drawing in members from across the capital and its suburbs.

I often get emails from members who want to attend a group in their area but are disappointed to learn that no local group exists. We don't currently have enough groups to serve all the members who'd like to join one. Geographical factors can be a challenge in some (especially rural) areas, so another plan I have is to oversee the introduction of Skype peer groups. This could work really well in regions where distance is a problem. This is an exciting development that could result in far more members reaping the benefits of being part of a group.

I plan to visit some NCH schools over the next few months in order to spread

the word about the importance of peer groups and will be contacting schools over the next few months. If you run a school and would like me to visit to do a short presentation to your students, please get in touch. Likewise, if you are a full or student member and would like to know what running a group entails, do get in touch and I'll send you an info pack. I will do everything that I can to support you in this rewarding role. If you'd like to join a group but are not sure if there is one in your area, check the wiki on the NCH website.

*'I plan to visit some NCH schools over the next few months in order to spread the word about the importance of peer groups and will be contacting schools over the next few months. If you run a school and would like me to visit to do a short presentation to your students, please do get in touch.'*

Finally, I'd like to say a big thank you to all NCH peer group co-ordinators who are working really hard to serve their colleagues and I hope to see many of you at the NCH conference and AGM on June 24th. I'd also love to meet any members who would like to start (or discuss starting) a peer group. If you have any ideas about how we can grow the number of peer groups, I'd love to hear your thoughts too. If you're not able to attend the conference or want to make contact before then, just send me an email at [development@hypnotherapists.org.uk](mailto:development@hypnotherapists.org.uk).

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Picture: Lorraine McReight CPD Director  
- National Council for Hypnotherapy

Lorraine is a clinical hypnotherapist with a practice in Wimbledon, SW London. She is the principal of the London Hypnotherapy Academy and is the Development Director of the NCH.

# Treating the Angry Client



## 5 Calming tips to tame the Beast within

*Mark Tyrrell, celebrated psychotherapist, trainer, and co-founder of Uncommon Knowledge explains how so much more is understood about the effects of anger than ever before, and details why therapists need to be on top of all there is to know about this emotion...*

**“You will not be punished for your anger,  
you will be punished by your anger.”  
–Buddha**



*‘The veins lacing across Graham’s temples looked ready to burst.’*

Graham, an eminent mathematics professor, had been told he had “anger management issues”. “...but most people just think I’m just a “wan\*\*r!” There was challenge in his eyes as he said, “And anyway, what good is just being told that? I want to know how to control it!”

Graham was almost a caricature of an angry man. Tense neck and jaw, arched eyebrows. I suddenly saw how much there is to pity in the chronically angry – trapped as they are in an invisible prison.

And now, as Graham became enraged about his rage, I began to see just how hard it was for him – as well as for all the eggshell-treading folk who populated his life.

A university professor with a stratospheric IQ, this piercingly bright man had done some amazingly dumb things while angry.

“I’m now off work with stress,” he told me.

“Why?”

“I threw a chair through a window at work because a student was driving me nuts. He just kept arguing over everything I was saying... I was such an idiot!” There was a hint of tears in his eyes now.

Anger had stolen a lot from Graham. Many friendships, two wives (consecutively), his job and even his health – he’d been having heart problems.

I was struck by the thought that his was a classic case. Graham was suffering many of the side effects of anger.

I’m talking about destructive anger here. Yes, I know that sometimes anger can be a magnificent tool with which to fuel courageous change, challenge injustice and sweep inertia aside. But not for the chronically angry, who are weighed down and sometimes destroyed by this most powerful of natural survival tools.

More is understood about the effects of anger than ever before. And therapists need to be on top of all there is to know about this emotion too.

*‘Curiously, during anger the left hemisphere is strongly activated, meaning that a kind of simplistic logic is used – but the context-processing right hemisphere is all but dumped in the moment.’*

### **How anger affects the brain (angry = stupid)**

We are children of the ‘let it all hang out’ generation, where emotional outbursts are seen as natural; cathartic. At first, questioning or criticizing this paradigm of the passions can seem uncomfortable, even absurd. But when we do delve into the way we experience them, we find that unregulated emotions are the root of much misery.

Anger can be addictive. Unlike anxiety, shame or depression, anger drives us towards the object of our arousal.

Curiously, during anger the left hemisphere is strongly activated, meaning that a kind of simplistic logic is used – but the context-processing right hemisphere is all but dumped in the moment. It seems logical to lash out if any thought is involved at all. But the wider context (this is your best friend’s wedding!) may not be appreciated.

Like any addiction, chronic anger seems to promise real rewards, but ultimately takes more than it gives. Some get a buzz from the excitement it provides in an otherwise dull day. Testosterone increases, as does energizing adrenaline. Some get hooked on the intensity even though for many it feels deeply unpleasant – even scary – to feel angry.

In chronic anger, we may find a fast-tracked means of receiving attention from others: a kind of status, as people constantly monitor us to see how we'll take things. "Is he/she going to be okay with this?" And, delightfully, in moments of rage, we lose our self-consciousness.

Go ahead, just try being shy whilst swept along in the heady paroxysms of outrage. The two can't co-exist. There is a certain joy in self-righteous certainty when so much of life seems ambiguous. But of course, there is a price to pay...



Extreme anger makes us stupid. It makes us do stuff we may come to bitterly regret. What seems like a good idea when we are angry can seem really stupid when we calm down. The angrier we become, the more our ability to process subtlety and nuance suffers.

When strong negative emotions hijack the thinking brain, IQ drops like a stone. Even the brightest mathematics professor can, when enraged, appear scarcely more coherent than an incensed gorilla. Reality comes to be seen in simplistic, good-or-bad, all-or-nothing perspectives, as sensational as tabloid news headlines. Other people come to be seen as 'stupid' or 'evil' for having differing opinions. All kinds of neutral events are seen, paranoically, as intentional threats.

So many people have lost their lives to anger. But not just by being the victim of someone else's anger.

## Anger kills – but not just the other guy.

Psychotherapists used to think that it was 'healthy' to express anger; to 'let it all out'. Emotions were supposed to work in the same way as hydraulic technology. People were like pressure cookers that needed to 'let off steam'. These technology metaphors are still in use. But there's a problem with this model.

Trouble is, Graham was great at venting, great at 'letting it all hang out' – but anger was still damaging his life and affecting his health.

*'Contrary to popular psychotherapeutic thought... constantly letting anger out doesn't get rid of it. In fact, being angrier may simply make us better at getting angrier. The more you do something, the more likely you are to do it.'*

Don't get me wrong: some venting can be healthy, especially when it leads to increased assertiveness. But modern research has found that extreme anger is just as damaging to the heart (1) and to immune function (2) if it is released as if it's kept in (3).

Contrary to popular psychotherapeutic thought from the 1970s, constantly letting anger out doesn't get rid of it. In fact, being angrier may simply make us better at getting angrier (4). The more you do something, the more likely you are to do it.

So venting anger isn't automatically superior to keeping it in, as far as your health is concerned. The surprising truth is that getting very angry very often is a strong predictor of early death through heart disease. In fact, even recalling times you felt very angry can be bad for the heart. And of course, millions have been traumatized or even killed because other people chose to express rather than suppress their anger.

We practitioners should not be encouraging our clients to get angry all the time (5). Teaching people to control themselves can save their own lives, as well as the lives of the targets of their rage.

Good anger management isn't about 'learning to express your anger' (expressing something about which you are unhappy is best done assertively and calmly rather than angrily).

Nor is it about bottling it all up, which still compromises blood pressure and heart function. It is about becoming less angry, less often.

*‘Exploring emotional etiology may be of use, particularly if we can reframe their experience of the past. But ultimately we want our angry clients to live better now and in the future.’*

Certainly, we can look at how and perhaps why the anger germinated. Was this person brought up in an environment that conditioned them to feel that everything was a fight?

Were they spoiled by over-indulgent parents who made them feel like they were the centre of everything and that their needs must take precedence over everyone else’s? Do they have a brain injury that causes uncontrolled bouts of rage?

Exploring emotional etiology may be of use, particularly if we can reframe their experience of the past. But ultimately we want our angry clients to live better now and in the future.

Unless we need to detraumatize past events in order to create this change, we shouldn’t just focus on emotional archaeology.



## So, how can we help our clients take back the reins of their minds?

### 1. Discover what pushes your clients’ buttons

Graham became enraged when he was exhausted and overworked. In the lead-up to the chair-throwing incident, he had not been sleeping and had also been drinking too much. He also told me whenever he felt he was not being listened to he would sense the red mist descending. There were other triggers too.

Becoming angry can work just like a hypnotic trigger – becoming automatic before ‘we’, in our cognitive mind, even know it.

*‘Get to know your clients’ triggers, and get them to know them too so that you can rehearse switching off those triggers when they pop up.’*

Anger is also very conditioning. What I mean by that is, if, for example, you have been angry with a certain person a few times, you can become conditioned to feel anger towards them automatically. Just hearing their name may even produce a shot of irritation.

Get to know your clients’ triggers, and get them to know them too so that you can rehearse switching off those triggers when they pop up.

### 2. Insert some distance between clients and the source of frustration

When we are hijacked by emotion, thinking is substituted for feeling. In fact, sometimes there is no real thinking at all. In the British House of Commons, where politicians bicker – sorry, ‘debate’ – the distance between the government ministers and those of the opposition is traditionally ‘two swords and one inch’. Why?

Because in days of yore when swords were worn, it was thought that this extra distance would help people engage the thinking brain before acting on emotion. They would have time to question whether running the other fellow through really was such a great idea (given that there was hanging and all, back then!)

We can teach our clients to give themselves space and time during potentially enraging situations to get back in touch with their thinking brain.

I taught Graham how to breathe so that he could calm down fast, count to ten and tell himself “I am becoming calmer” between one count and the next. He was also to remind himself that even – especially! – if the other person was wrong or ‘out of order’, he didn’t need to waste energy and damage his heart further on them. He later reported that just having this strategy was really useful in depotentiating anger.

But we can help our clients more powerfully still.

*‘In a vicious cycle, anger makes our thinking more black-and-white. Think of the language that angry people use - it tends to be all-or-nothing’*

### 3. Use rehearsal to help your client see wider

Anger narrows focus, a destructive emotional trance. When I am enraged, I see reality only as all-or-nothing and miss the shades of grey. The more black-and-white our view, the angrier we become.

But, in a vicious cycle, anger makes our thinking more black-and-white. Think of the language that angry people use (other than the cursing). It tends to be all-or-nothing: “I’m completely right and you’re completely wrong!” Anger makes us see ill intent in others when in fact they may have simply made an honest mistake: “You did that on purpose!”

But we can help our clients remove themselves emotionally from the situation, letting them see wider and further. How? There is a beautiful hypnotic exercise I did with Graham. Like most angry people, Graham was very good at being hypnotized (because he was so good at narrowing his focus!). I asked him to think about the last time he got really angry and right on cue he started getting worked up. So after a few seconds, not wanting to damage the poor guy, I asked him to refocus externally and take some breaths.

Then I asked him to close his eyes again and watch that time from the outside as if he were a third person observer. This time he felt calm and slightly embarrassed and noticed things about the interaction that he’d never seen before, such as how he was closing in on the other person’s personal space and not listening.



I then got him to open his eyes and close them again and observe the interaction with a resolution it could have had if he’d remained calm. This was amazing to him.

We then had him rehearse watching over and over potential instances from the future in which, before undergoing any treatment, he typically would have become angry – but this time with him remaining calm and in control. I am convinced this really helped Graham.

*‘Have your clients breathe deeply (it’s the extended out-breath that triggers calm) while imagining seeing themselves dealing calmly with life’s frustrations.’*

If you don’t have hypnotic skills or do inner work with your clients, you could simply ask them to ask themselves during those times: “What is another way of looking at this?” Develop their self-doubt as a tool: “In what way may I have missed something?”

I’m reminded of a friend who once spoke angrily to a neighbour who never seemed to reply to her attempts at polite conversation. Her anger evaporated when she discovered... he was stone deaf.

Because anger happens so fast (and makes us forget all these tips), it’s a good idea to help our clients rehearse replacing anger with calm ahead of time so that the response to their triggers is no longer anger.

Have your clients breathe deeply (remember, it's the extended out-breath that triggers calm) while imagining seeing themselves dealing calmly with life's frustrations.

*'We can help build our clients' in-the-moment empathy by teaching them to visualize the people who make them angry as human beings with needs, fears, and problems...'*

#### 4. Don't get angry, for pity's sake

Anger makes us see other people as objects to be acted upon rather than human beings to be interacted with. We become angry with someone when we feel they are preventing us from getting what we want.

In that state, other people become mere obstacles to us. And, because we objectify other people when we become enraged, we are more likely to be violent because, after all, objects can be removed or punched (or run down in a car!).

We can help build our clients' in-the-moment empathy by teaching them to visualize the people who make them angry as human beings with needs, fears, and problems, as well as remembering that at one time they were tiny babies. Angry people need to see the objects of their ire as... people. But we also need to consider why our clients might be angry.

#### 5. Help them deal with real frustrations

It's important to ask and find out how (and to what extent) each angry client's primal needs are met. Just as the experience of thirst is a signal that our need for hydration hasn't been met, fear, depression and, for some, anger, can all be signals that other needs remain unfulfilled.

Take a good look at your client's life. We all have needs: needs for sufficient sleep, food, attention, meaning, status, stimulation, and so on. How well are these needs met in your client's life? Is your client skipping nutritious meals but binging on sugar? Graham was. Are they getting enough good quality sleep? Graham wasn't. Are they satisfied in their work and in their social life?

Not getting needs met isn't an excuse for getting angry, but it does make it more likely. One of the first things I'll ask a client is: "How is your sleep?" Sometimes when we sort out sleep, we sort out the anger problem as well.

Graham found that as he became less angry he started to sleep better, stopped drinking so much and found it easier to socialize again. Meeting these needs better, in turn, meant he was less likely to get angry.

### Inhabiting heaven



In our last session, Graham told me it felt like "heaven" to be able to "chill" when he used to "overheat". I thought it funny he used the word "heaven" because, in our very first session, as he was resting in trance, I'd told him this story:

Once, in ancient Japan, there was a young samurai warrior. His mastery of the sword was strong; his mastery of self – weak. He happened, one morning, to come into the presence of a wise old man who was reputedly an even better swordsman than the young upstart but who didn't feel the need to impress others.

"If you are so wise," demanded the younger man, "then explain to me the meaning of Hell and Heaven!" The old man turned on the young samurai. "Why should I even speak to one as bloated on self-importance, so mired in self-opinion, so stuffed full of conceit as you? Be gone, weak man!"

No one had ever dared speak to the young samurai like that before! Infuriated beyond measure, hands shaking with rage, he drew his sword and went as if to separate the ancient sage's head from his body.

But at this point, the older one turned calmly and said: "In answer to your question: that, my child, is Hell!"

The warrior was amazed and humbled that the other man should endanger his own life to illustrate a point, and quickly regained control over himself again. And seeing the hot-headed youth calm down, the old man gently pointed out: "And this, my son, is Heaven!"

Notes:

- (1) <http://linkinghub.elsevier.com/retrieve/pii/S0735109708041259?via=sd>
- (2) <https://www.ncbi.nlm.nih.gov/pubmed/20045413>
- (3) Ironson, G (1992), Effects of anger on left ventricular ejection fraction in coronary heart disease, American Journal of Cardiology, 70
- (4) Repeatedly expressing anger can have the effect of strengthening the anger pathways in the brain, making us more likely to become angry more often, according to Donald Hebb, the psychologist who proposed 'Hebbian learning.'
- 5) In one study, conducted at Stanford Medical School, heart patients were asked to recall times when they had been angry. Although, according to the patients, the anger they felt on recalling the events were half as strong as it had been during the original experience, their hearts started pumping, on average, 5% less efficiently. Cardiologists view a 7% drop in pumping efficiency as serious enough to cause a heart attack.

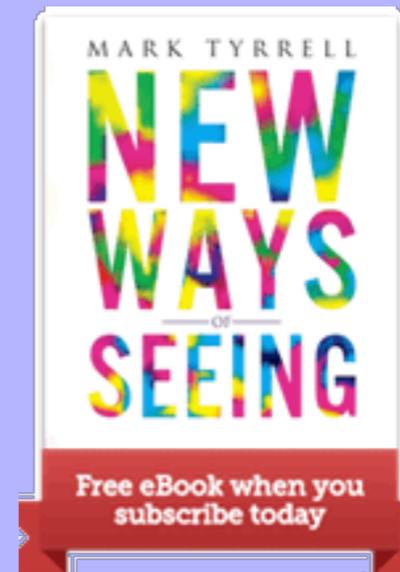
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## About the author, Mark Tyrrell



*“Psychology is my passion. I’ve been a psychotherapist trainer since 1998, specializing in brief, solution-focused approaches. I now teach practitioners all over the world via our online courses. I hope I’ll be able to welcome you to Uncommon Practitioners when you subscribe (over) to Clear Thinking!” – Mark*

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# BOOK REVIEW

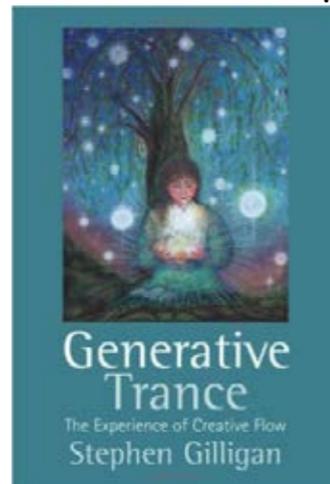
## ‘Generative Trance, by Stephen Gilligan’

Reviewed by NCH Research Director Iain Lightfoot



Welcome to my book review! I have been honest, albeit subjectively, reviewing a book for this issue of our journal. As you know, Crown House Publishing is well-known for their quality publications and they have a diverse, whilst in-depth catalogue. Based in West Wales they are an award winning independent publishers who specialise in education, coaching, NLP, hypnosis and personal development. I would recommend all members to visit their site ([www.crownhouse.co.uk](http://www.crownhouse.co.uk)) and see what is available, I imagine you have a number of their wonderful titles already on your bookshelf, I know that I do!

Regards  
Iain



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Language: English

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ISBN-13: 978-1845907815

My Rating – 2.5/5

### Overview

This book describes an entirely new way of conducting hypnotherapeutic interventions - Stephen Gilligan's generative trance. The first generation of trance work, the traditional hypnosis that still holds sway in most places, considers that both the conscious mind and the unconscious mind of the client

are, to put it bluntly, idiots. So trance work involves first knocking out the conscious mind and then talking to the unconscious mind like a 2-year old that needs to be told how to behave.

Milton Erickson created the second generation of trance work. He approached the unconscious as having creative wisdom and each person as extraordinarily unique. Thus, rather than trying to programme the unconscious with new instructions, Erickson saw trance as an experiential learning state where a person's own creative unconscious could generate healing and transformation. At the same time Erickson, for the most part, carried the same low opinion of the conscious mind. Thus, Ericksonian hypnosis looks to bypass the conscious mind with indirect suggestions and dissociation and depotentiate it with confusion techniques.

Stephen Gilligan's third generation of trance work sees this negative attitude toward the conscious mind as unnecessary and ultimately unhelpful. Creative action requires a skillful conscious mind to realize the potential of the unconscious mind. The conscious mind is needed to set and maintain intention, to sense and evaluate multiple pathways of possibility, to properly name and represent experience, and to organize actions in a sequential and linear way. William James used to say that the unconscious mind is the horse and the conscious mind is the rider: it's the relationship between the two that is most important. This book shows you how to harness that relationship for a much more powerful and effective therapeutic intervention.

### Opinion

This book review should have been completed for the previous issue of the journal. It's taken quite some time to be able to work my way through it and it didn't hold my attention, something which another reviewer has mentioned. To put this in context, however, the other reviewers thought it was fabulous so I suppose this was just opinion. For me, this is absolutely a book in two halves, the first covers the theory behind generative trance and then the second part concentrates on the methods of creating generative trance.

As part of my library, I do have Ericksonian approaches and have quite enjoyed it, taken some of the techniques and incorporated into my own practice. I really enjoyed learning about the framework of generative trance and of neuromuscular lock. But for me, the second half of the book just wouldn't work that well, verbatim, in 70% of my practice, however, I do feel that I already incorporate aspects of this.

To be authentic, and to use the techniques which Stephen is suggesting, which follow closely to Milton's own, you have to really understand how to play on words, how to communicate with a subconscious mind through confusion and understand how to align the techniques with self-authenticity.

In summary, I found this firstly an interesting book and then a difficult book which I had put down for too long. To be fair to the author, if you are heavily influenced by the work of Milton Erickson then this is probably going to be one book for the shelf, one which you'll return to again and again. Yet if like me, Ericksonian techniques are something you dip into then perhaps this book won't complement Ericksonian approaches, which I assume most serious hypnotherapists have a copy of. So, I give this book 2.5 out of 5 but I suspect that some of the membership will think I have gone out of my mind by not giving it at least 4...

So over to you - have you read this book? Did you enjoy it or do you agree with my review and star rating or have I gone out of my mind? I would look forward to any correspondence regarding this review.

Best wishes as always,

Iain



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

# Calling All Writers

**Have you got a story, anecdote or therapeutic application you would like to share with other members?**

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

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# It's all in the Fingers

## Thought Field Therapy

*TFT is a system of tapping points on the body connected to Meridian lines or energy pathways. It may be a therapeutic discipline you are already aware of, or it may be an entirely new concept. Used successfully by therapists for over 35 years, Jo Wallis thought it was time to take a closer look...*

A friend introduced me to TFT about 20 years ago. At that time I wasn't a therapist, but I'd had an active interest in psychology and healing for the most part of my life. Like many people, I was incredibly sceptical about TFT. - How on earth could tapping points on the body, humming or counting, remove any psychological or emotional blocks? This must be a joke, I thought! Surely you needed to work on thought and memory to alter the brain's perception of problems? How could tapping work? I did try it, but of course, my scepticism or lack of belief registered it null and void before I had even begun. Yet over the following years people I came to know and respect, valued the therapy, and were vocal about it.

I then came across numerous scholarly articles, conducted by some of the world's greatest universities (Harvard, Stanford, and NUC) demonstrating conclusive research that acupuncture and acupressure did indeed transform neural pathways. Even *TIME magazine* published a piece on how acupuncture changed the way the brain perceived pain. Oxford University published information surrounding the anxiety caused by the anticipation or experience of pain - making the perceived level of pain much worse - and how acupressure could work in changing it neurologically. This research pointed to TFT effectively reducing or eliminating anticipatory anxiety, in addition to reducing the pain.

*'TFT is a very simple technique for the rapid relief of all kinds of emotional distress. It works like acupuncture (though with no needles) stimulating the body's energy meridians to resolve problems within the body's emotional control system.'*

I began to get interested. Like many therapists, I like to base much of my practice, or at least I like to believe I do, on what can be proven, in neuroscience. And, here, before me, were dozens of fMRI scans finally showing, what the Chinese have been using for over 2,000 years, that placing pressure on certain points in the body had a direct effect on the brain. Clearly, there was more to TFT. I then decided I may be missing out on a valuable tool for my clients, and so I decided to take the introductory online algorithm course.

So, what is TFT Thought Field Therapy exactly? TFT is a very simple technique for the rapid relief of all kinds of emotional distress. It works like acupuncture (though with no needles) stimulating the body's energy meridians to resolve problems within the body's emotional control system. You basically

get your client to tap on various parts of the body with their fingers (points that you as a therapist decide after discerning the root cause of the problem.) The body's Meridian System is like an internal distribution centre or road network, and looks like a giant web, linking different areas of our body together.

The Chinese believe its pathways open up vital energy systems (Qi or Chi) within our bodies, and that releasing its natural energy heals and restores. Certainly the scholarly studies, based on fMRI scans, that I have seen directly suggest that acupressure and meridian manipulation modulate activity within the limbic system - the area of nerves and networks in the brain including the Hippocampus and amygdala that control basic emotions and play an essential role in the formation of new memories about past experiences.

For me, herein lies the key to using TFT. I have almost completed my introductory algorithm course online, and the case studies I have been required to submit, after using TFT, have shown immediate and successful results.

### **So, how does TFT work?**

Put simply, whenever we think of something, we are effectively tuning in a specific "Thought Field" in much the same way as a TV must be tuned in to receive a specific channel. Held within that energy or thought field, are the coded information patterns used by the mind and body to generate the entire emotional experience associated with that thought. This is why the experience is always identical - the same "instructions" are followed each time.

Dr. Callahan has named these "perturbations" (from a dictionary definition of the word - "a cause of mental disquietude"). By tapping on the correct meridian treatment points in a specific sequence these perturbations can be deactivated, thereby "switching off" the emotional experience.

Once the therapist has designated the recipe or algorithm needed to release the encoded problem, then the client can think about what troubled them as much as they like (as the memory remains unaffected). The negative emotion (anxiety, anger, guilt, etc.) associated with it, after employing TFT, will no longer be present.

\*\*\*\* \* \* \* \* \*

In personal practice, empirical evidence with TFT abounds. That's the crazy thing with TFT - emotional problems can often seem to disappear, and within minutes. It's often said, and true certainly in my practice, that the simplest tools are often the most effective. - You can't solve a simple problem with a complex solution, and the parts of our brain that store emotional memories are not complex; they do require simple solutions.

Originally developed as a treatment for phobias and traumatic stress, TFT is now used to treat a wide variety of problems including stress and anxiety, panic attacks, depression, obsessive-compulsive disorder, grief, acute trauma and PTSD, anger, guilt, pain, sexual problems, and food addictions.

The case studies supplied during the TFT introductory algorithm course are compelling. TFT has been used successfully in Rwanda and the Democratic Republic of the Congo treating Victims of Genocide, in South Africa treating victims of discrimination, in New Orleans at Charity Hospital treating victims of Katrina, in Littleton Colorado treating victims of the shootings at Columbine High School and in New York City treating victims of 9/11 ... and the list goes on and on. Following up on these treatments, two years post the original consultations, suggest the improvements held fast.

Essentially when we are doing Thought Field Therapy successfully, we are changing the information in the energy field, which is paired with a particular thought or memory. TFT uses the SUD scale, so that your client, and you, get a real-time evaluation of how it is working, giving the therapist the ability to 'tweak' any areas of the algorithm or 'recipe' and tailor it more specifically to the client.

*'Essentially when we are doing Thought Field Therapy successfully, we are changing the information in the energy field, which is paired with a particular thought or memory.'*

One aspect that I personally love about its practice, is the concept of Psychological Reversal (PR), which is of vital importance when using TFT. In therapeutic practice, we see the concept of psychological reversal, again and again. The familiar client that wants to change the problem but isn't aware of the perhaps unconscious importance placed on the secondary benefits of holding on to the problem. To be fair, getting rid of a problem, when you have had it for so long, is a very frightening thing.

Dr. Callahan points out that psychological reversal does not necessarily indicate a client's reluctance to get over the problem, it does get in the way of

TFT's effectiveness and needs to be treated before TFT begins. He says Psychological Reversal (PR) is literally a state of reversed polarity in the body. This state or condition blocks natural healing and prevents otherwise effective healing modalities from working. A client can be psychologically reversed in one or more specific areas of life. For instance, a client can have a mental block around getting past an event that has occurred in the past and/or forgiving someone who has hurt them in the past.

*'TFT has been used successfully in Rwanda and the Democratic Republic of the Congo treating Victims of Genocide, in South Africa treating victims of discrimination, in New Orleans at Charity Hospital treating victims of Katrina, in Littleton Colorado treating victims of the shootings at Columbine High School and in New York City treating victims of 9/11... and the list goes on and on.'*



There are several psychological reversal corrections that the therapist is able to use. One in particular, that I like, is tapping the 'Karate chop' point, which is located on the outside edge of the hand, about midway between the wrist and the base of the tiny finger. Tapping this point, on either, hand for about 20 seconds has an immediate effect: you feel a positive energy coursing through your body. It feels uplifting and energising, and of course, before undertaking any therapy, getting into a positive state first sets up the success. I have used it when running workshops at infant schools - getting a young class to stand up and 'karate chop' brings them both energy and focus. Likewise, when moving teenagers from a negative place in terms of 'approaching study' to a positive place - tapping the karate chop point really does the trick.

In TFT there are Major Tapping Points – which are a sequence of tapping on specific meridian points in a particular order, used at the beginning and the end of an algorithm. You are taught these points and the fundamental recipes to treat many, many concerns. You are also able to construct your own recipe, to suit an individual client.

TFT also consists of using the Nine Gamut Treatment—an entire range (the “whole gamut”) of activities that are performed while continually tapping on the gamut spot (located on the top back of the hand just below and between the little finger knuckles). The nine-gamut treatment is used in all TFT – it’s the ‘meat’ in the TFT sandwich if you will, as after it the original TFT sequence is performed again. The gamut sandwich involves humming (working on altering pathways in the left or creative side of the brain) and counting (altering the right side).



People have argued that TFT is ‘pseudoscience’ – that there have been no double-blind or empirical scientific studies to validate it, yet in my experience with personal case studies, the results are impossible to in-validate. In every circumstance I have used it within, the SUD scale drops significantly or disappears altogether. In clients where it drops substantially but is not removed entirely, I believe is simply down to my current inexperience.

TFT is definitely worth a look, and while the best way to learn anything is most probably face-to-face, TFT has been made accessible to everyone to now learn online. You can begin at the entry-level algorithm training to become a practitioner and then move up to the intermediate ‘causal diagnostic’ level, before completing ‘voice technology’. Failing that, you can wait and see it first-hand when Joanne Callahan speaks at our upcoming June conference!

For further information please see  
<http://www.rogercallahan.com/tapping-therapy.php>

## Background on Dr Roger Callahan

Clinical Psychologist Roger Callahan, (1925-2013) a psychology professor at Eastern Michigan University, Syracuse University, and the University of Michigan, developed Thought Field Therapy almost 40 years ago. When studying applied and behavioural kinesiology Dr. Callahan noted that when a client thought about an area of his or her life that was upsetting - the electrical system or chi would temporarily weaken. TFT was born.

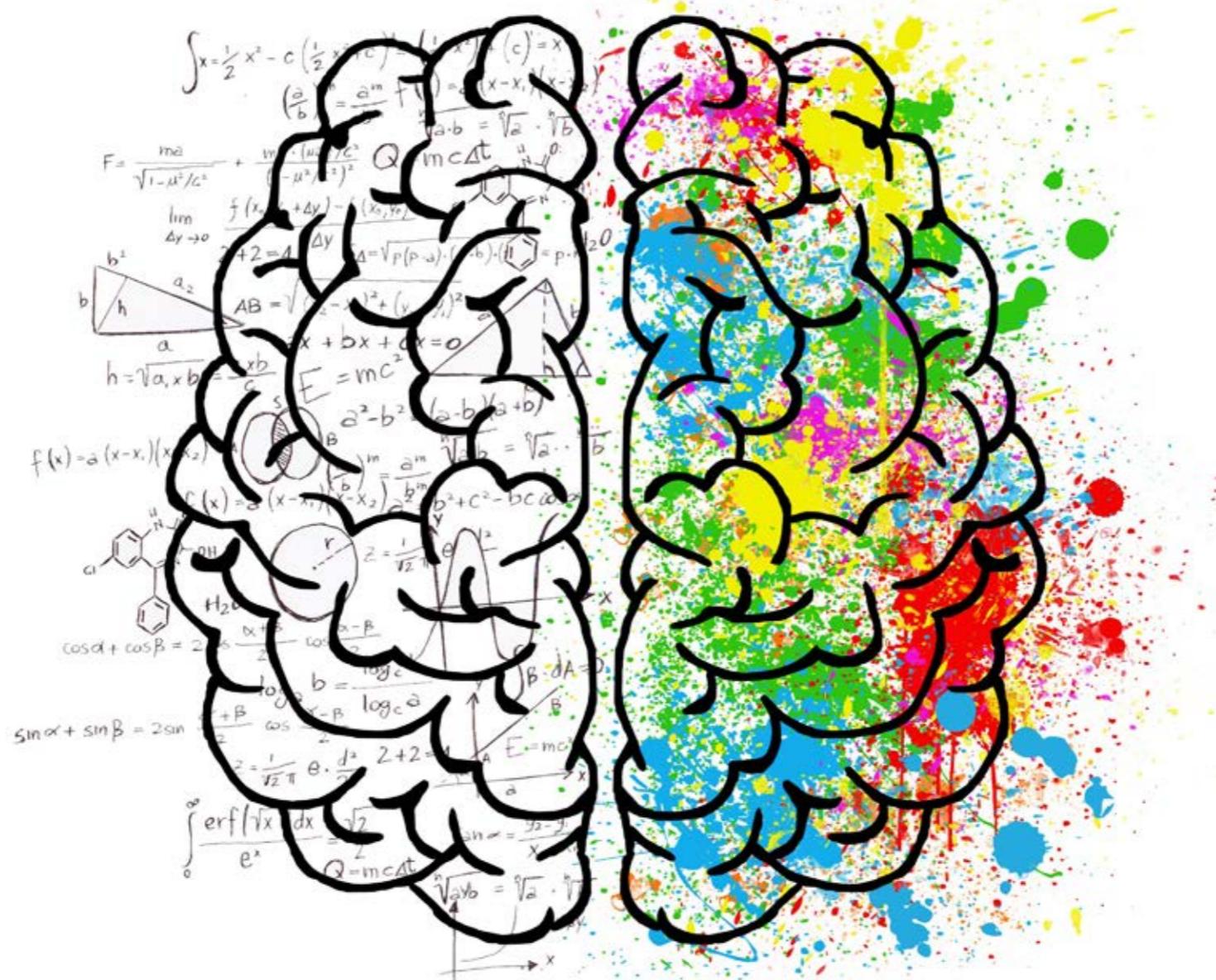
Dr. Callahan wrote and released several books, perhaps most notably, *Tapping the Healer Within* and *The Five-Minute Phobia Cure* (the latter written in the mid-80s.) He got the attention of the medical industry almost immediately, based on the immediate success of his new technique. Though Dr. Callahan is no longer with us, many videos and YouTube clips of him discussing TFT can still be easily accessed, and his TFT techniques still flourish worldwide, championed by his co-founder and current president Joanne Callahan.



Pictures: Dr. Roger and Joanne Callahan

Note. Joanne Callahan will be speaking at this year’s NCH conference on June 24 – demonstrating TFT directly to those lucky enough to attend this conference!

# The conflict between Logic and Emotion



Dr. Brian Roet, world-celebrated psychotherapist and Fellow of the *National Council for Hypnotherapy*, describes his client 'Patricia' and her therapeutic journey... including the tools and techniques he uses to help her restore the balance between heart and mind, or logic and emotion.

“I am dragged along by a strange new force.  
Desire and Reason are pulling in different directions. I see the right way and approve of it, but follow the wrong way.”

OVID - ROMAN POET 43BC-17AD

As can be seen from the above quote, the conflict between logic and emotion is not just a modern condition, even though it is the reason many clients seek our help. The tug of war between head and heart creates a kaleidoscope of symptoms-- some physical, others psychological.

The symptoms, are often mistaken as the problem. It is common for the underlying problem to be caused by emotions that are overpowering any logic. For example, a client with a phobia of flying may begin the initial process with-- “I know this is silly (logic), but I am terrified (emotion) that the plane will crash. In spite of all my internal logical dialogue, and advice from others, I can’t make myself get on a plane.”

In my practice, the majority of clients are seeking help for their emotions. They feel frightened, worried, anxious, stressed, angry, depressed, etc. My aim is to help these clients restore the balance between logic and emotion by enabling them to connect mind and heart. In this way calmness and confidence replace fear and turmoil. Communication between the logical and emotional minds takes many forms including-- self-talk; internal pictures, physical feelings, metaphors, symbols and intuition.

*‘The tug of war between head and heart creates a kaleidoscope of symptoms -- some physical, others psychological.’*

Emotions are more powerful than reason especially when the power of “emotional hijacking” is involved. This occurs when we are “taken over” by our emotions, like a plane being hijacked. When this happens logic does not have a chance, and we are swept along by powerful passions.

To enable clients achieve peace of mind we need many skills---attentive listening; the ability to accurately observe body language; a “Sherlock Holmes” approach to what lies behind the facade of symptoms and above all empathy.

Clients do the best they can with the choices they have. Our task is to provide more choices to help them find a way out of their maze. Encouraging them to explore their inner world (unconscious) is a major aspect of my therapy. During this process they will discover metaphors and symbols, representing out of date and unhelpful messages.

This process leads to the freedom of more choices. Many clients have thoughts that go around and around in their minds (rumination) in a desperate effort to find a solution. As they are only focusing on one of “The Big Two” (logic), it is unlikely to be successful.

-----

There is another member of the “The Big Two” making the “The Big Three”! The third part of the trio is “The Whisperer”--- INTUITION. Intuition is a small voice, a gut reaction, a sense, a wise advisor providing the most accurate and helpful messages of “The Big Three”.

It is the wise predictor of the future. Just as the focusing adjustment on binoculars, it helps us see more clearly into the distance. It gives excellent advice but is often not heard. We desperately rush around seeking the answer “out there”, while the soft voice of intuition whispers the answer from inside, and is ignored.

I instruct my clients to have twenty minutes “quiet time” every day. I advise them to “be” not “try”; “accept” not “fix”; allow whatever happens to happen; be calm; don’t analyse; be aware of messages from their internal world. In other words give themselves a present of the present. The aim of “quiet time” is to allow the client to connect with their intuition, and in the process gain insight into their problems and solutions.

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A drunk was holding on to a lamppost at night, staring at the circle of light on the ground.

A stranger asked him what he was looking for.

“My wallet” he replied.

“Did you lose it here?” asked the stranger.

“No, said the drunk, I lost it over there but it is too dark to see over there!”

Often, like the drunk, we look where it is easier, rather than where the answer lies.

The following is a case history of Patricia and an analysis of the therapeutic components involved in her symptoms and resolution.

Patricia was a 23-year-old student when she first consulted me for help with severe headaches.

#### Past History:

Her upbringing was very traumatic. Her father was violent to both Patricia and her mother. Arguments and fighting were a constant fear as she grew up. Her parents divorced when she was 15. She chose to live with her father in the belief he would change and behave more kindly to her. He did not change, after a few years, she went back to live with her mother.

#### Symptoms:

Patricia suffered severe headaches for six months. She had consulted doctors; been prescribed many tablets, had a brain scan, but the headaches persisted.

#### Relevant factors:

Patricia had been going out with her boyfriend Nick for nine months. Her first comment about Nick was “He messed with my head”

In my opinion, Nick had “narcissistic personality disorder”, and anyone associating with him, or worse, “loving” him would have great difficulties in their lives. He lied to her, blamed her, cheated on her, lacked empathy and told her something was wrong with her and she must change. Her friends told her he was a bully and she should leave him, but she “loved him”, would not leave and hoped he would change. She told me she thought that it was her fault that the relationship was not working. She believed she was doing something wrong, but didn’t know what it was.

#### Therapy:

I told her I didn’t believe Nick would change. I said he had a condition which would cause problems in any relationship. I commented I may be able to change the hold he had on her if she wished. She smiled and said “Everyone wants me to leave him. I know he is no good, but I love him and can’t help myself. I would really like it if you could help me.” I told her we could do some “guided meditation” to see things differently. I asked her to close her eyes and not try.

*‘I instruct my clients to have twenty minutes “quiet time” every day. I advise them to “be” not “try”; “accept” not “fix”; just allow whatever happens to happen...’*



B: “How do you store the love you have for Nick?”

P:” I see a picture of him in the front of my head. It is large and bright and he looks lovely. I also hear his voice which is so wonderful. The things he tells me make me feel so excited”.

B: “I would like you to make some changes to the way you store Nick in your mind. Would that be alright?”

She nodded.

B: “Firstly I would like you to shrink the picture to the size of a postage stamp, make it black and white and out of focus. When you have done that nod your head.”

After a little while, she nodded her head.

B: “Next I would like you to alter his wonderful voice so it is high pitched and squeaky. When you have done that nod your head.”

After a little while, she smiled and nodded her head.

B: “And lastly I would like you to change those exciting things he said, to what actually happened. All the promises he broke, the times he said he would meet you and didn’t turn up, and all the times he blamed you when it was his fault.” After a minute she nodded her head.

B:” I would like you to spend a few minutes with the improvements you have just made. I would like you to make a commitment to yourself to spend ten minutes every day, focusing on the pictures, intonation, and words that now represent Nick.

### Second session two weeks later..

Patricia looked more relaxed. She said it was difficult but she hadn't seen Nick since the last appointment. She has been spending about ten minutes most days with the exercises I gave her.

She still believed he would change, but was feeling better about stopping the relationship. I asked her about her first meeting with Nick a year and a half previously.

She replied "I knew in my mind (thought) he was wrong for me. I also had a sick feeling in my stomach (intuition) telling me to stay away. But there was a strong feeling of hope (emotion) that he would change. "It was a little bit like what happened with my father."

I asked her to close her eyes and tell me about "hope".

B: "Where in your body do you feel hope and what kind of hope is it?"

P: "It is over my heart. It is a big red disc telling me he will change. It is very strong."

B: "Is the 'hope' more powerful than the 'sick feeling' or the words in your mind when you first met Nick?"

P: "Yes."

B: "What would you like to do with the red disc?"

P: "I would like to shrink it and make it smaller so it is not so powerful. Shrink it to about 10% of what it is now. I want to keep it but not let it run my life."

Patricia spent 2-3 minutes shrinking hope. She smiled and said, "I've done that. It feels better, I have more control."

I asked Patricia to spend every time every day-

- a) Continuing with the previous homework
- b) Making sure the red disc remained smaller
- c) Make suitable connections between:
  1. The sick feeling with she met Nick
  2. The thoughts she had when she first met him
  3. The smaller red disc...

so that they all worked as a team to help Patricia make the best decisions.

Over the next two sessions, Patricia worked at reinforcing what she had learnt. She continued to have no communication with Nick, was feeling better about herself and was more in control of what she wished to do.

During the last session, I realised we hadn't mentioned her headaches since the first consultation. When I asked her she replied "Oh. I've forgotten about

them. I get an occasional headache at work when I am stressed but they only last a little while."

### Analysis

Patricia demonstrated the conflict between her logic- "I knew he was wrong for me"; her intuition "When I met him, I had a sick feeling in my stomach" and her feeling---the red disc of hope over her heart, which was the most powerful of the three, overruling the other two.

She also had the feeling of 'love' which we did not discuss.

I believe she developed "hope" to help her deal with her terrible childhood. She hoped her father would change. The fact that he didn't change did not diminish 'hope,' and it took control of the messages she received about Nick. She gave me a clue about the underlying cause of her headaches when she said "He messed with my head" in the first consultation. This clue told me that it was most likely that he was the cause of her headaches.

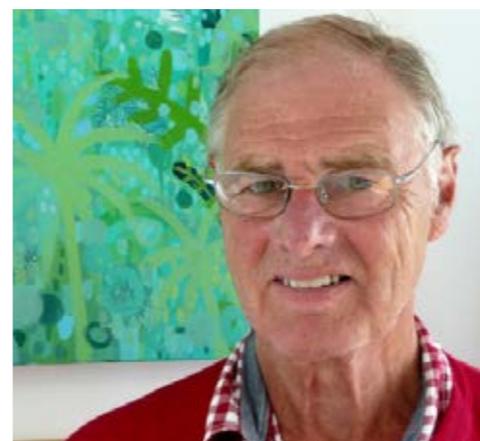
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In summary I believe my therapy was aimed at:

- 1) Helping her stop her headaches and stopping Nick from "messaging with my head".
- 2) Helping her logical self-talk and intuitive sick feeling be more powerful than the red disc of hope.
- 3) Give her confidence to know herself, accept herself and like herself.

When struggling to make sense of our clients' problems, it is helpful to keep the following saying in mind:  
**'EVERYTHING IS ABOUT SOMETHING ELSE'**

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Dr. Brian Roet is a world-renowned psychotherapist, trainer & author. He regularly runs workshops in the UK on Parts Therapy.

See his website:

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

for details on upcoming courses.

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Many 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. NCH 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. [www.hypnotherapists.org.uk/therapist-finder/](http://www.hypnotherapists.org.uk/therapist-finder/)

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 can click the following link to the 'Therapist Finder' on the NCH website and then use 'Advanced options' to select Supervisors only. [www.hypnotherapists.org.uk/therapist-finder/](http://www.hypnotherapists.org.uk/therapist-finder/)

Following is also a list of currently accredited Supervisors and their email addresses. Just click the links.

*Note. These Supervisors have paid to be listed here. If you would like to be listed please contact [admin@hypnotherapists.org.uk](mailto:admin@hypnotherapists.org.uk)*

*Supervisors are not limited to their area of practise - they may be contacted by phone or Skype.*

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