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Issue 2, Volume 18

NATIONAL COUNCIL FOR HYPNOTHERAPY

THE HYPNOTHERAPY JOURNAL

Fiona Nicolson talks about stalkers and personal safety

Nick Cooke on pattern disruption and reintegration

Birgitta Ronn on becoming a hypnotherapy student

Elisa Di Napoli explores working with stage fright

National Council for Hypnotherapy

www.hypnotherapists.org.uk

NATIONAL COUNCIL FOR HYPNOTHERAPY

I'm Julie Hill, a clinical, solution-focused hypnotherapist, now based in Australia on the Gold Coast. This was my first NCH conference and I decided to fly over with my husband to attend, then do a bit of travelling around beautiful England, Scotland and Ireland afterwards.

I was so thrilled to be at the conference in such a gorgeous venue as the Birmingham Council Banqueting Hall. It was really well organised with interesting speakers, and it was wonderful to exchange ideas with so many like-minded colleagues. The big highlight for me, though, was to meet and hear David Newton, the founder of the Clifton Practice and the father of modern-day solution-focused hypnotherapy. I so enjoyed hearing about his military background and forays into different disciplines before he saw the need for, and formulated, this incredibly effective neuroscience-based therapy. At the tender age of 77, he still has his finger on the pulse with twenty-three Clifton Practice training schools all over the UK and the world – including Holland, Poland, Singapore and Hong Kong – with more to come.

My big thanks to the NCH for a wonderful conference. I hope to be back for another!

Check out our conference photos on pages 22–27!

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.

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EDITORIAL ENQUIRIES
Debbie Waller, The Editor,
NCH Ltd, 27/28 Eastcastle Street, London, W1W 8DH.
Telephone 0800 980 4419 / 07804 539950
Email journal@hypnotherapists.org.uk

EDITORIAL

Editor in Chief
Debbie Waller, MNCH (Reg.)

I'd like to start by saying a big thank you to all those who took the time and trouble to write and say how much you enjoyed the last edition of the *Hypnotherapy Journal*.

It is very gratifying to know that you are (a) taking the time to read it and (b) liking what you read!

I thought I would chat this time about metaphors because I recently came across a lovely example of how clients adapt them to what they need them to be. Some of my students have been working with a hypnotic 'control room'; it's a bit of a classic and I'm sure you are familiar with the general idea. You take the client into a trance and then into an imaginary control room that represents their unconscious mind. Once there, they can use any control they like to change feelings, behaviours, beliefs or whatever seems appropriate – turning down snacking and turning up the desire to be healthy would be a simple example.

One session went pretty much as expected until the client was instructed to leave the control room, at which point he said aloud that he couldn't.

'Why not?' asked the therapist. 'There's a cauldron in the corner with a fire under it,' came the reply. 'If I don't watch it, it will boil over.'

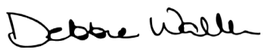
No one had mentioned anything like this being in the room, and for a relatively new student, it was quite a poser. Luckily she took the situation in her stride and asked the client if he could think of a way to make it safer. After a few minutes' thought, he suggested pulling the cauldron away from the fire, so it stayed warm but didn't overflow. Once this was done, he was quite happy to leave the control room and end the session.

This is why I love using metaphors. Each client will bring their own unique details and meanings into the process, making it more immediate, personalised, and impactful. It wasn't clear exactly what that cauldron represented, but we can infer it had some meaning because it was a spontaneous construct of the client's own unconscious mind. If he chose to put it there, it needed to be there and to be dealt with.

A more experienced therapist might have gone in the direction of asking for further information, perhaps about what the cauldron meant, but dealing with it on its own terms – taking it off the fire – was perfectly good too.

I've had similar experiences with other metaphors, too; and you can try it for yourself. At some point in the hypnotic part of the session, when the client is in a safe and peaceful place, suggest they can find a box which contains a gift from their unconscious mind to make life better. It's not just the gifts that will be different; the boxes will be too. Some will be plain, some ornate; some are easy to open, others are like puzzle boxes or even pirate treasure chests with locks and chains. (One lady asked me quite plaintively, 'Why was my box from IKEA?') But they all do get opened and the gifts all make life better.

I strongly recommend you try this, especially if you are quite new to hypnotherapy. It's a fascinating study of how the mind works. And if you want to send along any metaphors you have created to publish in the next issue or stories about how clients have made them their own, then all the better.



VIEW FROM THE CHAIR

My goodness! Such a lot has happened, once again!

Some may perceive it as one step forward, two steps back; I would prefer to think of it as the cha-cha-cha. Nonetheless, we have all made it to the other side of GDPR! Please don't forget, GDPR information is still online in your Wiki should you need the support – and thanks for all of your amazing hard work on this, Sue Pitman. Sue has managed to turn the terrors of GDPR into a really helpful, user-friendly package, so if you haven't looked and are still waking in a cold, GDPR-induced sweat, please do take a leap into the marvellous help available: https://www.hypnotherapists.org.uk/wiki/doku.php/members:gdpr

Chair
Tracey Grist, MNCH (Acc.)

We recently had our conference and AGM in the beautiful Council House in Birmingham. What a fabulous event! Nick Cooke did a wonderful job of rustling everything together for what was an amazing turnout for our incredible speakers. Not only a fantastic day but also CPD hours! Why wouldn't you come?!

The next AGM and conference will return to London for 2019. In the meantime, if you have any suggestions for where you would like them to be in 2020, please do let us know. We are here to listen to all membership requests and, if we can, set the ball rolling on them.

During our AGM we voted in and adopted our new Articles of Association. Moving forward we are looking at how best the NCH structures can not only protect and support your clients but also you, our member. We want to keep raising standards: to be the safe haven – the home for hypnotherapy – where hypnotherapists can practise in a professional association that they are proud of. Hypnotherapists can join many a professional association should they wish, but within the NCH we are keen that our members have their externally accredited HPD, that we do our CPD hours and, wherever possible, have sit-in supervision.

We can never be 'too big for our boots' and dismiss supervision: it is a fabulous tool for the practitioner. After all, we give so much of our undivided time to clients that it is good for the soul, once in a while, to give some of that to ourselves.

Our supervision list is available within the Journal; why not have a look and see if there is a name that resonates, a person with whom you would like to improve and refine your skills? We would be remiss in thinking that we aren't constantly learning; each new client brings us a chance to test our skills no matter how long we have been in practice, so why wouldn't we want a chance to reflect and grow with a second perspective?

Furthermore, if you are interested in training to be a supervisor yourself, helping newly qualified practitioners or being a safe space for experienced practitioners to explore their skill set, please do contact Donna: supervision@hypnotherapists.org.uk.

It is with a heavy heart that we say goodbye to Paul Stevens, our Ethics Director, who has done a terrific job over the almost two years he's been in the post. Paul has been a great asset to the team; with the help of the company secretary and fully supported by the board, he's created a more robust set of Articles with which we can steam into the future. Thank you, Paul, you have been the jewel in our crown! And if anyone is interested in joining our board, please do get in touch with me: chairman@hypnotherapists.org.uk

Meetings with UKCHO and the CNHC have been going well, and are highly productive. Congratulations to those of

our members who have been elected onto the CNHC Profession Specific Board (PSB)! We look forward to great things. Well done!

In a recent discussion with Margaret Coats, we looked at how complementary therapists such as ourselves potentially work differently from regulated industries, and how most of us are 'second-lifers'. I was surprised to learn that in most establishments people train, do a few years with a company and then 'go it alone'. They get big enough to create their own company and then take on newly qualified practitioners themselves. Yet as complementary therapists we tend to work alone. I wonder whether we love our work too much and remain 'hands on' for that reason?

As second-lifers, our drivers change – if we do our work, and it's work that we love, perhaps we don't look for market growth in the same way? If this is true, how can we, the NCH, support you and your practice? What is it (other than bringing in more clients, which we are always focused on) that we can do to help? I would appreciate your feedback, so please do email me: chairman@hypnotherapists.org.uk

Finally, a big thank you for all your work for the NCH to Rob Woodgate. For twelve years Rob has been connected to the NCH board, and in recent times he has been the background 'magician' who has made sure that all our tech, functions, everything(!) have worked smoothly and without hiccups. It is great that he feels ready to move on, and the best of luck to you, Rob! A huge thank you for all your dedicated time – not all heroes wear capes!

Next year we will be focused on the website, and on creating a great platform for members and enquirers alike, so watch this space. It will be ever cha-cha-cha changing.

Best of wishes,

Tracey

Image: Ravi Pinisetti on Unsplash

I Was Stalked by a Client

Image: sunyu on Unsplash

As therapists, most of us have a concern at the back of our minds about our safety and security. The majority of us will have seen at least one client who seemed so disordered in their thinking that it was concerning, if not frightening. This happens to many of us, especially those who work at what I would call the 'gritty' end of the profession, dealing with very difficult and painful issues, in my case sexual violence, abuse, and trauma.

I was stalked in late 2017 after I agreed to see a friend of a friend as a favour. Looking back, this was the first thing that I did differently to normal; I usually keep my professional boundaries very firm.

Michelle (not her real name) was overly talkative during our initial brief telephone conversation in October and was distracted when I first saw her in early November. In the first session, I usually find out about a client's relevant history and then introduce some targeted work to help and heal. In this case, however, it was not possible. Once we had completed the necessary paperwork I could only elicit a brief history, and just did some work to help her relax. I had some follow-up contact via email and text message and, with her permission, contacted her psychiatrist to inform her that Michelle was doing some work with me.

Looking back there were early warning signs. One was that I started getting messages on WhatsApp. I never use WhatsApp for work so this was breaking a boundary. Usually, I would have acted decisively at this point and referred her back to her psychiatrist and GP, but because she was a friend of a friend who desperately needed help I wanted to try to help her.

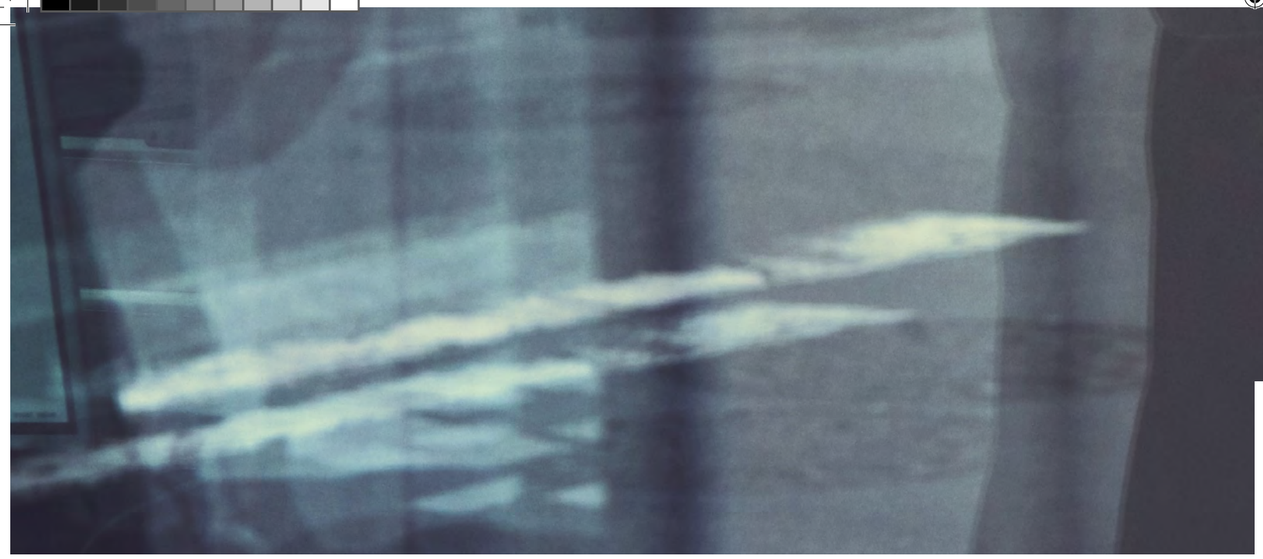
I had booked Michelle for the second session in mid-November and this was when I realised that she had mentally deteriorated since our initial session, and there was evidence of paranoia. I knew absolutely that I was not the appropriate person to help her; she needed psychiatric support. Michelle also told me she had stopped taking her anti-depressant medication without any medical advice or back up. This concerned me even further as it was probably a major contributing factor to her deterioration. I explained why this was dangerous to do, and said that I would get in touch with her psychiatrist again to strongly highlight my concerns.

I am a very skilled and successful therapist, but I am not qualified to deal with that level of mental illness. I explained very gently but clearly to Michelle that I was not a suitably qualified person to work with her at this stage, and urged her to see her GP and psychiatrist as soon as possible. And, of course, I contacted my supervisor to inform her of the situation and get feedback and further guidance.

That should have been that, but it wasn't.

The messages escalated and by mid-December, I was getting more than 200 WhatsApp messages a day. I

Looking back there were early warning signs... but because she was a friend of a friend who desperately needed help I wanted to try to help her.



contacted Michelle and asked her to stop sending so many messages. I didn't ask her to stop altogether as I wanted to take it slowly and see how she responded. It didn't stop. As this tsunami of messages was proving very disruptive and upsetting, I deleted my WhatsApp account.

Within minutes, Michelle was sending me text messages; soon I was getting 100 text messages a day. She also started calling me during the night.

This was now having a serious effect on my life.

I blocked her number and she called me from a withheld number. I could have ignored it but I didn't. I answered so I could say, firmly and clearly, that she was not to contact me in any form whatsoever. I wanted the opportunity to say this to her verbally and hoped I would get through. It was not to be. Michelle's reply was, 'You are joking?'

This was during the Christmas holidays, and I knew at this point that I needed to involve the police.

Before I did so, I had contact with Michelle's family, who wanted to see examples of emails so they could get an idea of their daughter's mental state; I was happy to provide them. They asked if they could have twenty-four hours to try to get her help before the police were involved. I readily agreed to this. She was not near my home so I felt relatively safe.

But the messages just kept coming.

Then it got worse. Michelle was now sending me inappropriate and sexual pictures of herself. At that point, I went to the police and gave an informal statement.

On 1 January 2018, I was informed by someone who knew Michelle that she was on a train coming to see me. She was intercepted by the transport police as she got off the train.

If you have ever been in this situation, you will understand how powerless you feel. There was also the fear that it would go on and on. She said would she not stop even if she was arrested. In her mind, I belonged to her and she was not going to leave me alone.

Even when she was in police custody being warned about her behaviour, she continued to contact me and this is why she was eventually arrested.

I now had to go to the police station and give an official and full victim statement. My experience with the police throughout was very positive. I made my formal statement to a young male police officer who made me cup after cup of tea as I wept through the two hours it took to get everything down. I thank him.

Michelle was assessed by a psychiatric team. She was sectioned and held in a secure psychiatric unit for a period of ten weeks, during which they stabilised and started to control her mental state.

This ended the situation for me. I have had no more contact from Michelle and I hope she continues to get the help she needs. After discussion with the police, I decided not to push for a restraining order as the contact had ceased.

For me, there was then a time of reflection and recovery. I am going to try to sum up what I think I learned.

First, the practical: every time something happened I made sure I had the right information and support, and I took

Soon I was getting 100 text messages a day. She also started calling me during the night.

action. I contacted the appropriate authorities, I made sure the right people had knowledge of my position, I checked out everything from a legal point of view.

I made direct contact with the relevant police force. I think this was worthwhile, as it made it my predicament more real to the people dealing with it.

I spoke to the stalking helpline; they were very helpful on legal issues and offered ongoing help and support.

My professional and personal support networks have been invaluable. I have always valued supervision, and my supervisor was a key part of coping. I had someone to talk to and ask for professional advice.

My good professional practices and intake forms paid off. For example, I always have details such the next of kin and relevant medical professionals, and permission from the client to contact them if I feel either of us are at risk. In this case, I needed this.

Secondly, I also needed to look after my emotional wellbeing. While the situation was going on, the adrenalin was flowing and all my defence systems were running on high.

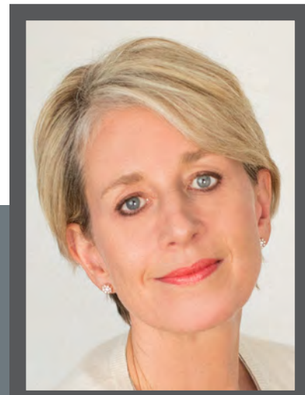
Once things settled, I felt overwhelmed, down and exhausted. I took time out for myself. Very unusually for me, I cancelled a couple of clients. I felt too exhausted to give them the attention and energy they needed and deserved.

I did small things. Putting my makeup on and taking a stroll to the local village to read the paper and get a cup of tea felt so right, gentle and healing.

The whole experience has also made me aware of the limits of my remit as a therapist. In particular, I am crystal clear as to when I need to escalate to a psychiatric team.

I also discovered the value of not talking about it. Sometimes you have to, sometimes you want to, but sometimes it feels like to tell the story one more time is to relive it and bring back all those bad feelings. Not talking has its healing value too. I worked with my own personal therapist – he helped to free me of the residual aspects of the traumatic impact this experience had on me.

I hope such a situation never happens to you, and I hope this has given you some pointers on how to protect yourself if it does. To sum up: keep your boundaries firm and do not move them for 'friends of friends'; contact relevant authorities quickly; get a good supervisor. Above all, recognise that it will take an emotional strain on you and look after yourself.



Fiona Nicolson practises in Harley Street and in Henley-on-Thames. She is co-editor of The Hypnotherapy Handbook *and has featured on BBC radio. She is currently writing a book,* The Survivors' Guide to Sexual Harassment and Assault: How to recover and rebuild your life. *It will be available later this year from Ann Jaloba Publishing.*

RECENT GRADUATES

Congratulations to Our Latest HPD Qualifiers!

The HPD – Hypnotherapy Practitioner Diploma – has been accredited by NCFE as having measurable learning outcomes that have been benchmarked at Level 4 (using Ofqual's Qualification and Credit Framework (QCF) level descriptors). This gives you the assurance that the content of a training course is of a high standard as well as establishing formal recognition for our courses. There are two ways of gaining the HPD – via an NCH-accredited school if you are new to hypnotherapy, or via an individual portfolio route for those who are already qualified and practising.

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Coffee Break Fiction... 'Self-Help Phobia Cure'

'What's that book you're holding?'

'I got it for you, sweetheart. It's a self-help phobia cure. I thought we could try it out … together.'

'No. Absolutely not. You are not experimenting on me.'

'It's fine, stop freaking. There are steps. And think how great it would be if it works.'

'It won't work. And you are already making me have a panic attack.'

He sighed, over-dramatically, and rolled his eyes.

Fear sometimes makes you lose your sense of judgment. I stupidly let him sit down by my side and open the book. He had stuck post-it notes on several pages. I assumed he had been practising the steps. That made me even more worried.

'Now you have to relax,' he said.

'If I could relax I wouldn't have this phobia, idiot.'

He looked pouty at this point. I decided I'd better humour him.

'Close your eyes,' he said.

'Why?'

'Just close them. You'll like it when you're cured.'

'Okay,' I muttered reluctantly.

'Now imagine a spider … say … in Australia.'

I had no trouble with this image. My heart banged in my chest, as usual, and I felt sick. But I concentrated and the spider duly appeared in my head.

'Now make it into a cartoon character.'

I nodded. I could do this. I relaxed a bit and the spider morphed into a harmless cartoon.

'Great,' he continued. 'Now imagine a different spider in … London.'

A big fat garden spider came to mind but it was far enough away to stop me from screaming, so that was okay. My heart was racing and my mouth was dry but I wasn't panicking, yet.

'Now make it into a tiny money spider.'

'Done it.'

'Then squash it.'

'Ew. Not nice.'

'But do it anyway.'

I nodded when I'd done it. My imaginary spider-squashing finger was throbbing at this point. I could hear him turning over the pages of his book. My heart did a strange little dance while I waited for the next instruction.

'Now imagine … and remember this is only imaginary, not real. You are in control. Imagine a spider in the garden.'

'Our garden?'

'Silly. Of course, it would be in our garden. Close but not too close.'

I let my mind find another image — a large black hairy spider with wobbling eyes on knobbly stalks. I jumped and squeaked. My fear level had shot up by 1,000 per cent.

He put his hand on my shoulder and pressed down. 'Breathe. It's only your imagination. Now quickly turn it into a pink spider.'

'I can't.'

'Come on, you can do it.'

The spider obligingly turned pink.

'Now make it disappear in a puff of smoke and, in its place, will be a fluffy pink kitten.'

'A kitten! So it is. I really did it.'

'It's all to do with the power of your mind. How is your anxiety?'

'I feel okay, actually.'

'Great. Now keep your eyes closed for me.'

I heard him fiddling with something before I felt the tickle on my bare leg.

The tickle on my bare leg!

I jumped and screamed and opened my eyes. I saw it plop onto the carpet and scuttle away towards the tangle of wires behind the TV. It was bloody huge.

'You bastard! You shit!' I was crying and shouting and hitting him as hard as I could.

'You were doing so well.' He didn't seem at all fazed. 'The book says you might have an abreaction the first time we do it.'

'The first time! I'm never, ever doing this again. You're delusional. How could you?'

***

I waited until he'd fallen asleep after a few beers. I unzipped the holdall and uncoiled the huge python I'd borrowed from our reptile-loving neighbour. I placed it gently on his lap and walked calmly out into the hall. I picked up my suitcases, then climbed into the waiting taxi.

Deborah Bromley is a hypnotherapist specialising in past lives and Life-Between-Lives® hypnotherapy. She is the author of two novels, The Channelling Group *and The Walk-In, and an anthology of short stories,* Challenges from the Writers' Group.

The Business of Therapy

Your questions answered

by Cathy Simmons

Firstly, I want to thank everyone for the excellent questions we've received. I'm afraid we don't have room to answer everything here. If yours didn't get answered, I'll try to cover it in a later edition, and I'll contact you with my answer. Let's start with three I hear time again.

Q: I am not yet qualified but thinking ahead about how to reach clients and build my business. Is a social media presence is necessary, and is there a streamlined way to manage it? I seem to post a lot of information but get little response. Hazel.

Fabulous that you are thinking ahead, Hazel, this is the perfect time to start to plan.

There are so many marketing channels and opportunities available, and you don't have to be doing them all! So, the first thing to consider is where do you feel most 'in flow'? Are you comfortable on social media and, if so, which channels are you most at home with?

For adults, Facebook is the most popular, although not so much for younger adults. If you are helping organisations or professionals, then LinkedIn may be where to focus.

Tip: Choose no more than two to focus on.

Have a clear understanding of who it is that you want to help, and what you want to help them with. Where do these people go online? Are they on social media? If so, which one?

Next, consider another important distinction – that of organic versus paid presence. 'Organic' is activity that you don't pay for, and paid activity is advertising, which you can do on most platforms.

My personal favourite is still Facebook, which has undergone some big changes recently. Organic visibility there (posting on your business page, or in a Facebook group) has diminished. It's hard to get far unless you are constantly posting, giving value in groups, and generally 'living' there! Facebook advertising, on the other hand, can be laser targeted to get you in front of your perfect clients – if you are clear about who they are.

Here's another useful distinction: are your clients actively looking for help?

People actively search on Google for smoking or weight-loss help, so Google Adwords might be good for your business, especially if you are geographically based. If people are searching for 'Stop Smoking Nottingham' you want to be there when they are in their time of greatest need.

If your clients are not actively looking for help – they are feeling unfulfilled but may not know that hypnotherapy could help – then seeing you on social media could get them interested in finding out more, whilst Google Ads may be pointless.

Finally, have a clear objective for every item of marketing, including every social media activity. What's the intention of the post? What's the goal of the blog? Then everything you do will have a clear purpose within a clearly defined path along clients' journey to getting help.

Q: What would be your top three, five or ten points for newly qualified therapists to begin their practice? Martin

I'll start with just three, Martin, although there is so much more to say!

1: Treat your practice as a business from the word go.

That means things like setting up a business bank account. Please don't use your personal one! Start as you mean to go on. A common mistake is doing everything on the cheap or looking for free options. What message are you giving yourself, let alone others?

2: Make it super-easy for your client to do business with you.

What can you put in place from the start? For example, a telephone answering service is more professional than answering your mobile when you are in the supermarket, and you will never miss an enquiry. Get yourself a booking system. People go to your website (or you send them a link) and they just click and book a time that works for them.

Make it easy to pay. A variety of apps like Stripe PayNow take card payment over the phone and in person. The entire process should be seamless so that you can both focus on what's important.

3: Good enough is perfect!

Don't wait until you have the perfect business card, website, logo, room and so on. Just get yourself out there. Tell everyone what you're doing: family, neighbours, the corner shop, postie, hairdresser, neighbour's cat. Just start, get as much experience as you can, and refine everything later!

Q: I am in the process of setting up my first practice, but struggling to decide on the fees I should charge. My practice needs to be accessible to as many people as possible, but also financially viable. Do you have any advice? Natalie

Now this can be a tricky one, can't it?

Let's start by ditching the idea that time or geography are the only factors. It's the value you give and the transformation your client gets that matter.

What else do you offer in addition to time with you? Audios, phone or email check-ins, tasking, journaling, weekly accountability? Perhaps videos demonstrating techniques you have taught them. There are loads of things you can offer alongside your time to give your clients the optimal experience.

Next, take a piece of paper and make three columns.

In Column 1, list each element you are offering.

In Column 2, write the benefit to your client of that element.

In Column 3, put the deeper, emotional benefit of that element.

For example, one element of my stop smoking service is (Column 1) four months' support. So what? (Column 2) They can come back with ANY wobble or concern. And that means? (Column 3) They feel fully supported to become a happy, healthy non-smoker.

Once you have this grid, read it out loud. What do you think this is worth to a client?

Tip: It's a fab way of explaining it to your client too.

Of course, if you are starting out there's bound to be an element of trial and error. You will be tweaking your offering as you find out what is working best for your clients, and that's fine, but you will always be giving amazing value and you and your clients will feel good about your pricing.

If you have questions you would like answering in the next issue of the Hypnotherapy Journal, *you can email me via journal@hypnotherapists.org.uk and don't forget to check out my freebies at www.cathysimmons.co.uk/free-stuff*

From a background in investment banking technology, Cathy specialised in helping City professionals get free from drug use and addiction, after qualifying as a cognitive hypnotherapist with the Quest Institute. Over the years, Cathy has worked with and learned from some of the best heart-centred marketing and business experts and loves to support fellow therapists by sharing her knowledge of both marketing and technology. It is now her passion to show inspiring therapists who have something amazing to give, how to find their uniqueness and get their talents out to more of the people they love to help, whilst building and keeping a full and flourishing practice doing what they love.

Hello, I Have Asperger's and I Need Some Therapy...

I'm Lucy and I have Asperger's syndrome. Nope. It's not 'asparagus' syndrome or 'ass-burger'. I've heard it all before. At school mostly. It made life hell.

Hans Asperger was an Austrian paediatrician. In 1943 he 'discovered' us and wrote a paper. Leo Kanner was doing similar research in the USA at the same time. They never talked but their research lay pretty much undiscovered and ignored until 1981, when Lorna Wing picked it up and made more of it.

Asperger's is a part of the autistic spectrum. It places me on the upper end of the spectrum in terms of functionality. That means that I can communicate verbally and have a normal or higher than average IQ. Mine is 145, actually.

Some bodies like the DSM have abolished Asperger's. It doesn't officially exist for such people. They say I have 'high-functioning autism'. Labels…

'Cut out wheat. You'll be normal if you do!'

'Avoid dairy!'

'Oh, did you have the MMR vaccine when you were young?'

Then there's psychodynamic theory. Kanner thought that autism was caused by cold or 'refrigerator' mothers. Bruno Bettelheim went further and said that we were worse off than the Jews in Auschwitz. At least Jews were allowed to develop a personality before being thrown into the camps. That's what he said!

My mother was lovely, thank you. She was what they call a 'tiger mother' and did her best for me. I have a personality too!

Autism is actually a pervasive developmental disorder and pretty much everybody sensible agrees that it's genetic in its origins. Preventing me from enjoying my pasta, pizza, and yoghurt isn't going to change anything. It's a lifelong condition, and since I was born with it I'm one day going to die with it. That's OK. It's what I am. It's me!

Having Asperger's isn't the problem. If it were, then I'd be a problem and I don't think I am.

No, you're the problem. Yes, you! You and your neurotypical world cause me no end of troubles, and society is only just beginning to consider that it might be a good idea to make some allowances for the way my brain is wired.

Of course, it's not just my brain. There are an estimated 316,000 'Aspies' in the UK. It would be nice to think that we amount to something and that people might take the time to learn a bit more about us. So, thank you for taking the time to read this. We Aspies appreciate it. Get one of us as a client and you'll appreciate it too. It'll make life so much easier for both of you.

Asperger syndrome

OK, so what does having Asperger's mean?

Well, it means that we 'suffer' from what is called the 'triad of impairments', or three kinds of problems. Lorna Wing came up with these in 1981. They are social interaction, social communication, and social imagination. Let's take them one by one and see how they affect people like me.

Social interaction

Social interaction can be a problem for people like me. I can't read non-verbal cues as easily as neurotypicals. You frown a little bit? That might not get noticed.

Image: Clem Onojeghuo on Unsplash

You use a sarcastic tone? I won't get it; I might think you're being sincere. Turn your body away and tap your foot as I'm talking? How am I supposed to know what you're thinking or feeling? Tell me!

How am I supposed to know what you're thinking or feeling? I can barely understand my own feelings sometimes. Simon Baron-Cohen says we have a deficient 'theory of mind'. I can't always read what you think or feel, just because you make some subtle gesture or adjust your tone of voice. I don't know what goes on inside your head!

It's not that I don't care that you're upset. I just don't always 'get' how situation A leads to feeling B. Your cat died? OK. They do that. Your cat died, and this makes you upset? Ah, now I understand cause and effect. I'll try to do something to make you feel better. Perhaps I'll clean your car for you.

Strong emotions can make us feel uncomfortable. I'll help you, but it may not be in the way you want. If you want something different then you'll have to tell me.

Social communication

When I was young my aunty gave me a present for Christmas. I didn't like it and told her so: I got told off for that. Apparently, I'm supposed to like things I dislike or at least shut up about it.

That's a bit weird. If I tell her that I don't like it, then she might replace it or get me something better next year. How will she know if I don't tell her? I thought we were supposed to be honest about things. Lying's bad, right?

What are my interests? I love horses. I have one. What's my horse like? Let me tell you!

Oh, you just wanted a one-sentence answer? How am I supposed to know? I'm sorry if my talking for twenty minutes bored you, I don't always understand the rules.

Oh, you wanted me to ask about your interests too? How am I supposed to know? Tell me!

Since I can't always read your non-verbal cues, how am I supposed to regulate my own to your tastes? You don't like how I slouch when I talk to you? Why? What does it matter? There are so many rules, taboos, and trip-wires when communicating with neurotypicals. I'll have to read the manual one day.

What? There isn't one? How am I supposed to learn the rules about interaction and communication if nobody can even tell me what they are? Oh, right, I was supposed to absorb it naturally as I grew up. I'm doomed!

Social imagination

Many of us 'Aspies' are fond of routine. It makes the world predictably safe. Try to adjust our routine and it causes anxiety. Also, we like people who do what they say. If you'll be here in thirty minutes, don't say ten as we may panic. If you say you'll be in touch soon then our definition of 'soon' may be different from yours.

We get a bit obsessed with things sometimes. Boys can get obsessed about weird things like the parts of a stereo. Girls usually have more usual girly obsessions, but we get fixated on them just the same.

Girls are more able to learn how to fit in. It's a double-edged sword. We fit in better and so our 'disability' is less visible. That just means that we get criticised more when we don't, or can't, fit in.

It's a tough world for us to live in. We want friends; we crave them and yet they're so difficult to find. We want relationships too. We get terrified of making mistakes and of being rejected which means we can develop all kinds of anxieties. We can't manage them so well, either, and so we commonly develop depression, OCD, and other such problems.

Sometimes we have what are called 'meltdowns'. Because we're not so good at regulating our feelings, they build up beneath the surface until they explode in panic or rage. They're not tantrums, because we don't know how to manipulate people. It's catharsis, pure and simple.

Oh, I almost forgot. We also commonly experience sensory issues. Some of us find smells far more powerful than neurotypicals. Some hate loud, sudden sounds and the whine of a computer can drive us mad. Flickering strip lights? Yuck! I hate those. I can't stay in a room with one.

Offering therapy

So, you're therapists, right? How can you help us?

Well, be literal and straightforward. Don't bother with all that Ericksonian stuff. We often won't get it. Embedded commands? We can't understand your tone of voice, can we? I already told you that.

Choice? 'I wonder if you'll choose to do A or B…' Don't do that. Choice can be overwhelming. Don't be too permissive. Tell us what you think will help. Give us structured routes through therapy.

Solution-focused approaches are often best. Don't forget, we don't need to have had bad parenting to be anxious – living in your neurotypical world is enough. Don't get all Freudian and analytical. There's usually no wonderful ISE (Initial Sensitising Event) for you to seize upon.

Just help us to cope with our anxieties, and to expose ourselves gradually to the world around us. Help us to notice and deal with emotions in time. Mindfulness is often good for us.

Rehearse situations with us. Act out social, dating, or interview situations.

Don't expect us to be able to transfer skills from one area to another either. If skill A will work in situation B, you'll have to tell us.

Other than that, just sound us out and get to know us. Make no assumptions. We may surprise you.

Thank you for listening.

Paul Hughes is a UKCP registered hypno-psychotherapist in London, Reading, and Oxford. Having a daughter with Asperger's led him to specialise in working with clients on the autistic spectrum, and he regularly presents and trains people on how to work with this demographic. Contact him via www.resolvedhypnotherapy.co.uk if you'd like to learn more about how hypnotherapy can best be used to work with people with Asperger's syndrome.

THE NOTICEBOARD

Conference 2019

Our next conference will be at the Royal Society of Medicine, London on 22 June 2019, so mark your diaries. There will be some very special offers during October 2018 so check out the details elsewhere in this edition and watch your email inbox!

We are open to suggestions about 2020. Where would you like the conference to be? Please let us know.

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24/25 November 2018
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Articles on any topic of interest to hypnotherapists
Original scripts (your own work)
Book reviews – what are you reading?
Tell us about your peer support or supervision group
Tips and techniques
Questions for our 'Business of Therapy' column
Feedback on the NCH and this Journal

Submission deadline: 31 October 2018
Contact: Debbie Waller, journal@hypnotherapists.org.uk

Pattern Disruption and Reintegration

Using a little brain science to cook up effective solutions

Images: Freepik

I wonder whether some of you who, like me, have been a therapist for the long haul, have been thrilled over recent years to discover that your therapeutic work in clinical hypnosis, psychotherapy, NLP, and coaching has been, quite literally, rewiring brains.

As someone who is far removed from being a neuroscientist, keeping therapy simple is of great importance to me for a few reasons:

1) I tend to think of all therapy as teaching. I endeavour to teach my clients every technique that I use with them because the real work is done by them.
2) Techniques which are simple tend to be more appealing to clients, as they will be more likely and able to use them away from the therapy room.
3) Simple seems to work best, at least in my opinion!

I adopt a simple three-step strategy to achieve change:

A) Establish motivation.
B) Discover and interrupt the pattern/s.
C) Condition the client for change.

Often A and B are achieved through the same structured conversation, or series of conversations, of a 'solution-focused' nature. During these, the issues will be elicited and unwanted patterns will be discussed, as well as the level of motivation to change. Our own 'presence' in the session is crucial, and much of the conversation is non-verbal of course; what you might think of as 'right-brain to right-brain'.

We need to understand that every symptom has at least one pattern, and is usually in itself a pattern. So, for example, a client who experiences panic episodes will usually be able to describe a certain sequence that the episodes follow. A client with an unwanted habit, such as smoking, will be able to describe a pattern that normally leads to them smoke. With some conditions, it is not so simple to discover a pattern, but there is always at least one to be found.

Pattern disruption can be achieved by almost all therapeutic interventions, but some are more overt, and it's one of these I wish to discuss here.

Pattern Disruption and Reintegration (PDR), sometimes referred to as 'scrambling', is particularly valuable when working with clients inclined towards left-brain thinking (who have logical and analytical thought patterns), as opposed to those who are more in tune with imaginative, right-brain thinking.

Every symptom that a client experiences can be broken down into a number of identifiable steps. By identifying the steps of a particular symptom, we can learn how to alter – or 'scramble' – the sequence, so as to change, or rewrite, the symptom and effectively remove the problem.

Stage 1

Firstly, we need to be sure that both the therapist and the client know what the symptom is. This sounds obvious, but clarity is important.

Stage 2

We need to identify a number of steps in the symptom, preferably at least four. There will always be a beginning, a middle and an ending, and probably other steps along the way.

As an example, suppose we take a panic attack. Typically, the client may notice uneasy feelings for no apparent reason, followed sequentially by a sensation of the heart beating rapidly; breathless, rapid breathing (air hunger); a cold sweaty sensation; and finally a feeling of being rooted to the spot, of wishing to run away but being unable to move. So, the sequence in five steps would be:

1) Uneasiness
2) Rapid heartbeat
3) Air hunger
4) Cold sweat
5) Immobilisation

It is a prerequisite that the client experiences each step in the sequence. In other words, this is the way the steps will normally run so they have become a familiar pattern. It's important to be aware that each symptom is unique to each client, and that the steps in a sequence will also be unique. It's not possible to generalise.

Stage 3

We now need to begin anchoring, or assigning a particular word or number to each step, so that the client can identify 'one' with a feeling of uneasiness, 'two' with rapid heartbeat, and so on. When we have done this, they will be able to associate each number in the sequence with the appropriate step. We should not move on to the next stage until the client can associate each number with each step in any random order.

Stage 4

Here, we encourage the client to link a particular internal state to each of the symptom steps; for example, if we say 'one' they re-experience the feelings of uneasiness, and if we say 'three' they re-experience air hunger. We want the client to step inside themselves and access the actual, full sensory experience of the relevant internal state. It takes patience, as we need to allow our client time to do this with each step.

Stage 5

At this stage, we can begin disrupting or 'scrambling' the steps of the symptom. This is only done when we are confident that the client can recall each step, along with its associated number, and can access the anchored internal state.

We then begin asking our client to enter step one followed by the others called out at random, for example, 'five, three, two, four, one'. It is important that the client fully accesses the anchored internal state in each step so that in this particular sequence they will feel immobility followed by air hunger, then a rapid heartbeat, cold sweat, and finally uneasiness.

At this point, we have broken up, or scrambled, the sequence of the symptoms for them, and enabled them to experience an anxiety attack in a completely different way. This is like scratching a vinyl disk so that it doesn't play in the same way anymore.

We continue working in this way in various random patterns, taking time and continuing until the client becomes quite exhausted and probably unable to re-access the original sequence. It's really wonderful when they say, 'Sorry, but I'm having real difficulty in getting those feelings now'. Then we say, at least to ourselves, 'Yeaaaa!'

Future pacing will help the client to be confident that the next time they find themselves in that previously problematic situation they will be able to cope so much more easily!

Before completing the session with my client, I normally spend a short time with them in an open hypnotic or meditative state. As well as giving some reassurances for positive change, we engage in some brain visualisation for the mind/body learning, so as to reintegrate laterally and allow the client to leave with a sense of calm, positive wholeness.

In future, when the client is in a situation where an anxiety attack might occur, they are likely to find that, because their mind now accesses the steps in another way, they no longer experience the symptom.

Nick Cooke is a practitioner of clinical hypnosis and a teacher of mindfulness. He's principal of Central England College and the UK College of Mindfulness Meditation. He can be contacted at info@mindfulnessnow.org.uk or on 0121 444 1110. www.centralenglandcollege.org or www.mindfulnessnow.org.uk

The Creative Brain
Deep Learning for Effective Change

The NCH 2019 conference and AGM takes place on Saturday, 22 June at The Royal Society of Medicine, London from 9.30 am to 5.00 pm

Conference Speakers:

Melissa Tiers 'Self-Directed Neuroplasticity'

Trainer, therapist and author, Melissa Tiers is based in New York City and is travelling to the UK to give her presentation at the NCH conference. Founder of the Center for Integrative Hypnosis, with a private hypnosis practice, Melissa teaches classes in Integrative Hypnosis, Neuro-Linguistic Psychology and mental health coaching. Melissa is an instructor for the NGH and the International Association of Counsellors and Therapists and an adjunct faculty member of the New York Open Center. Lively and engaging, Melissa teaches simple techniques that we can use to help our clients with creative change at the deepest levels through direct engagement with our brain's neural pathways. Melissa's work has top scientific credibility through leading neuroscientists including Jeffrey Schwartz and Daniel Siegel.

www.melissatiers.com

Adam Eason
'Embrace Your Inner Hypnosis Geek!'

Adam is famous for his quirky and light-hearted approach to very serious topics. A lecturer at the University of Bournemouth and for the Royal Society of Medicine, Adam is principal and founder of the Anglo European College of Therapeutic Hypnosis. A doctoral researcher examining self-hypnosis, Adam has papers on the subject published in peer-reviewed journals. As the author of a number of evidence-based self-hypnosis books, Adam's presentation focuses on the science and research on this topic and related to his work in cognitive neuroscience.

www.adam-eason.com

Dr Neil Stanley 'Sleep and Effective Treatment of Sleep Disorders'

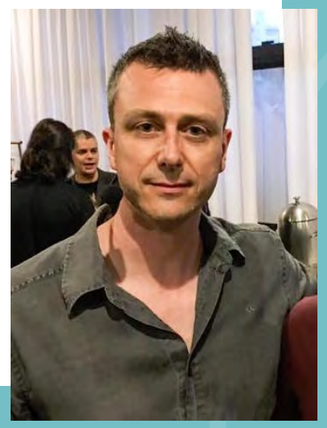
Known as 'the Sleep Scientist', Neil Stanley has followed a distinguished academic career to become a global consultant on sleep and sleep disorders. Providing services to multinational corporations including Pfizer, Boots, GKN and Vispring, his wide-ranging television work includes 'Today' (USA), 'Trust Me I'm a Doctor' (BBC 2), and 'Shattered' (Channel 4). Author of numerous peer-reviewed scientific papers, Dr Stanley has a keen interest in non-pharmacological approaches to sleep disorders and a belief that hypnotherapy may make a valuable contribution.

www.thesleepconsultancy.com

James Tripp 'Hypnosis without Trance?'

James describes himself as a Generative Hypnotist and Developmental Coach. An outstanding and highly creative practitioner, he has developed an international reputation for effective, conversational-style approaches which empower the 'client' to self-change through discovery and activation of their own inner resources. James likes to carry out practical demonstrations and will invite one or more conference attendees to join him on the stage for some real, interactive learning.

www.jamestripp.co.uk
www.hypnosiswithouttrance.com



Venue and Travel

The Guy Whittle presentation theatre in the Royal Society of Medicine is our highly prestigious venue for next year's conference in central London. Near to the main railway stations, attendees can take advantage of great rail fare deals on Saturdays.

Tickets (full price £139) go on sale from midnight on the morning of 3 September 2018 with some very special, early bird offers:

Offer 1: The first 50 tickets will be sold for £99 each, if purchased before 3 October 2018.

Offer 2: The second 50 tickets will be sold for £109 each, if purchased before 3 November 2018.

From 3 November, members will still be able to purchase tickets at a special discount price of £129 and non-members can purchase tickets at the full price of £139.

Tickets include all refreshments, lunch and, for members, the NCH Annual General Meeting – your chance to have your say about how the NCH is run.

NCH Conference 2018 photos

Thank you to all those who attended!

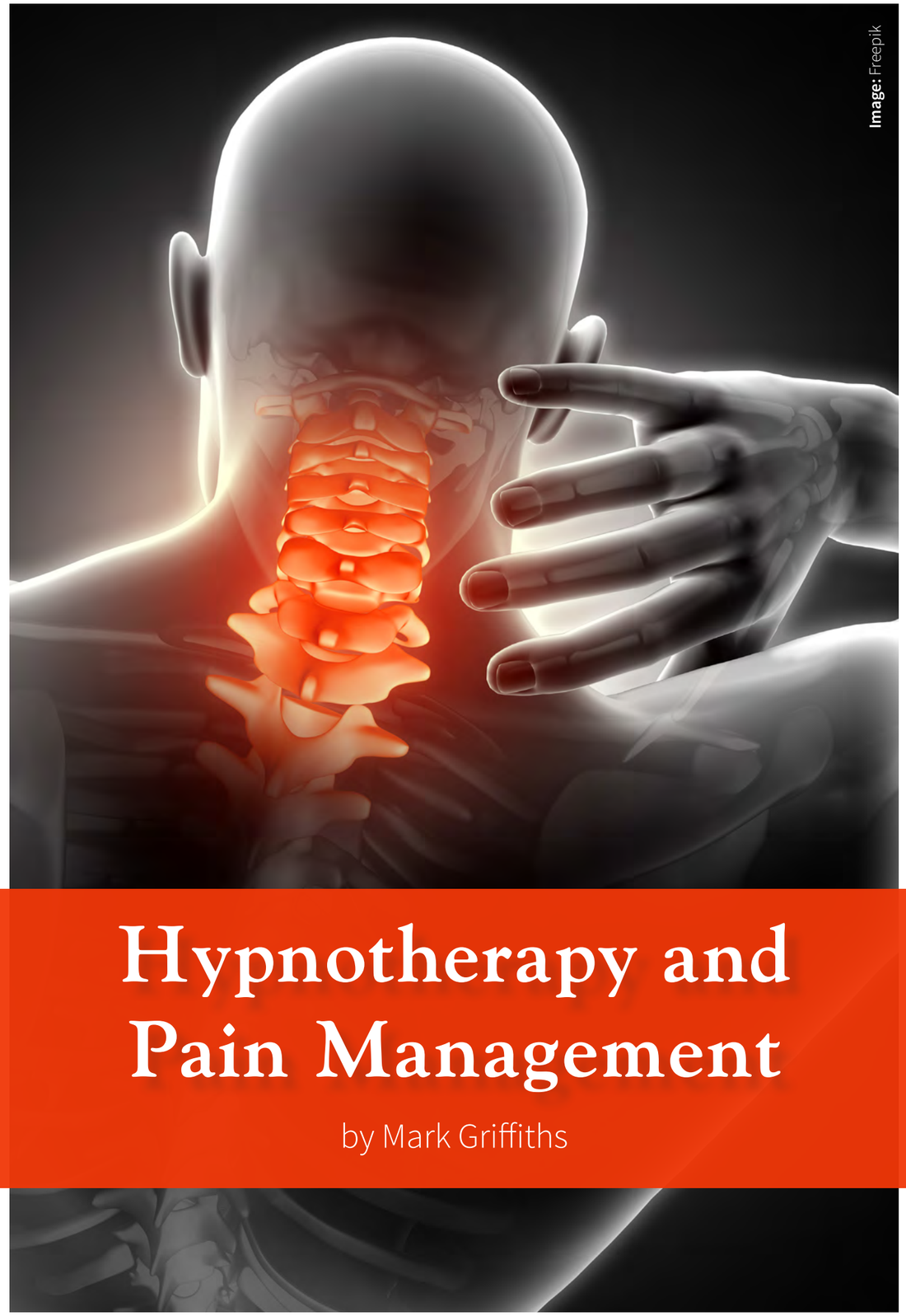


Image: Freepik

Hypnotherapy and Pain Management

by Mark Griffiths

The medical world is currently dominated by so-called evidence-based clinical practice and value for money, with the 'randomised controlled crossover double-blind trial' (abbreviated to RCT) regarded as the 'gold standard'.

Applying this to hypnotherapy is beset by many design and ethical problems. For example, how does one do sham hypnosis as a blinded operator when we all know that talking and listening to a client can have a beneficial effect? I have discussed some of these issues in an article in the journal ***Oral Diseases.***[1]

There have been many brave attempts at ethical trials but, from the perspective of strict RCT evidence, hypnotherapy does not appear to do well. Empirically, however, it is very valuable as a safe, non-drug adjuvant in the holistic care of sufferers of a wide range of diseases both physical and mental, and with a long distinguished history. The aim of this article is to review the role of hypnotherapy in the complex problems of pain and its management.

What is the purpose of pain?

The ability to perceive pain is an essential feature of human biology; without it, much damage can be caused, such as in leprosy, spinal cord injury, diabetic neuropathy and congenital analgesia. Damaging stimuli to the body, perhaps caused by injury or surgical procedures, can be relieved at many points on the pathway from the site to the cerebral cortex of the brain, where it is interpreted as pain. The immediate response to pain from, say, a burn is believed to occur at a spinal level, resulting in a reflex muscular response. Later, the damaged tissues cause pain that is perceived in the brain.

Nerves responsible for transmitting pain information can be blocked at the site by local analgesia (LA); at a site along the path of the nerve (a nerve block); at the point where they enter the spinal column (root block); or by an epidural injection. General anaesthesia probably works at a high level in the pain pathway but the pain of surgical procedures may adversely affect the patient's physiology such as blood pressure and heart rate. This is why analgesics are administered in addition to the anaesthetic. Hypnosis must work at a very high cortical level because it can produce 'glove and stocking' analgesia – a phenomenon crossing anatomical nerve distribution.

Drug therapy – analgesics

There are many drugs that can be used for the relief of pain. Ibuprofen (a non-steroidal anti-inflammatory drug) is believed to exert a beneficial effect at the injury site; paracetamol probably has a more central effect. The most powerful analgesic drugs are the opioids. Some occur naturally (morphine, codeine), some semi-synthetic (diamorphine – heroin) and some are synthetic (fentanyl, pethidine, tramadol). Opioids produced naturally by the body (endorphins) can be increased by normal activity such as running or exercise, and by placebos, acupuncture and trans-cutaneous electrical nerve stimulation (TENS).

Alternative drugs

The central nervous system has complex excitatory and inhibitory feedback mechanisms and this has been exploited in the control of pain from arthritis, fibromyalgia and neuropathy, among others. The antidepressants amitriptyline, venlafaxine and mirtazapine have effects on the neurotransmitters serotonin and norepinephrine both of which are involved in the pain pathways. Gabapentin and pregabalin are often effective in neuropathic pain such as post-herpetic neuralgia. The muscle-relaxant cyclobenzaprine is related to tricyclic antidepressants and has been used in acute painful musculoskeletal conditions.

What is chronic pain?

The acute pain of injury or operation is usually transitory and can be controlled by local means or systemic drugs, but when it lasts a long time (arbitrarily, six months) pain is regarded as chronic. The effects on individuals suffering chronic pain vary from stoicism to deep misery. Work, mental ability, social and family relationships can all be adversely affected. Often the patient's life and family are orientated around their pain, leading to a poor quality of life for all. There is a tendency to stigmatise patients with chronic pain by labelling it as psychogenic, i.e. 'all in the mind'. Of course, it is, since that is where the pain is perceived.

There is no physical or spiritual merit in suffering pain. Inadequate treatment of pain is said to be widespread throughout medical practice and in the management of all forms of chronic pain including cancer and in end-of-life care

(see Wikipedia 'Pain' references under item 53).

Treatment of chronic pain

Management of chronic pain is difficult and requires a multi-disciplinary approach involving medical practitioners (often anaesthetists), clinical psychologists, physiotherapists, occupational therapists and nurse practitioners – and hypnotherapists. Unfortunately, in the UK the availability of specialist pain clinics is very limited, with long waiting lists. In addition to the various drugs mentioned above, treatment in specialist clinics often involves LA nerve blocks and spinal root blocks, TENS, acupuncture and capsaicin patches.

Psychological effects

Chronic pain frequently gives rise to anxiety, depression, and loss of confidence and self-esteem, so anxiolytics such as temazepam and anti-depressants such as amitriptyline, fluoxetine, venlafaxine and mirtazapine are often added to the mix. The benefits of exercise are well recognised, and also psychological treatments including cognitive behavioural therapy (CBT), biofeedback, neurofeedback and hypnosis.

Neurofeedback for the treatment of chronic pain

Neurofeedback (biofeedback employing electro-encephalography – EEG) is not new but has gained popularity in recent years, probably due to the availability of relatively inexpensive, simple EEG equipment. Some forty-three years ago Melzack and Perry (1973)[2] investigated alpha feedback training for patients with a variety of pain problems. The combination of hypnosis and neurofeedback was significantly the best regime.

While it is possible to train oneself to produce alpha rhythms easily, it does not follow that this is hypnosis, nor that it will benefit chronic pain without the guidance and influence of a therapist.

Vernon (2005)[3] wrote an expansive review of neurofeedback training and concluded that 'a clear connection between neurofeedback training and enhanced performance has yet to be established'.

Publications on hypnotherapy for chronic pain

The authors Jensen and Patterson (2006)[4] published an extensive systematic review of nineteen trials of hypnotic treatment of chronic pain including headaches, cancer-related pain, sickle cell disease, fibromyalgia, osteoarthritis pain, low back pain, temporomandibular pain disorder, disability-related pain and mixed chronic pain problems. The authors concluded:

We view the most important clinical implication of the findings from this review as follows: hypnosis has been greatly underused as a treatment and should be at least offered as an option to far greater numbers of patients with chronic pain.

Elkins (2007)[5] and the above authors published a significant systematic review of thirteen clinical trials of the use of hypnosis for the management of chronic pain. They concluded that 'hypnosis interventions consistently produce significant decreases in pain associated with a variety of chronic-pain problems'.

Development of hypnotherapy in a pain clinic setting

Many of the patients attending the clinic had voluminous records, some dating back several years, but most were eager to try hypnotherapy. The attitude of the clinicians was challenging; some could see no possible benefit but were persuaded when audits were carried out. Another problem was the well-known variation in susceptibility to hypnosis, which called for extreme patience in this vulnerable group[6] . For those having difficulty, I resorted to EEG monitoring to detect rapidly suggestions that were well or badly received.

The hypnosis regimen consisted of :
1. Induction by eye-fixation and progressive relaxation
2. Deepening by breathing exercises, suggestions of arm lightness/heaviness and fractionation i.e. taking the patient in and out of hypnosis several times in rapid succession, with suggestions of progressive depth
3. Prolonged (up to forty-five minutes) guided visual imagery.

A pleasant ambience was created by low lighting, warmth, an aromatic oil vaporiser and background music. Patients were given audio recordings of the sessions for use at home.

The benefits of exercise are well recognised, and also psychological treatments including cognitive behavioural therapy (CBT), biofeedback, neurofeedback and hypnosis.

Therapeutic aims

- Routine daily use of autohypnosis.
- Promotion of positive thinking.
- Stress management.
- General 'ego strengthening'; improvement in confidence, mental strength, instilling feelings of empowerment in their ability to cope (changing from victim to hero).
- Use of signals to control pain and pain transference.
- Modifying hopes and expectations.
- Removal of symptoms for the duration of the session.

Trying to make pain go away completely is futile, so the emphasis was placed on reduction of the patient's focus on his or her disability, and becoming more positive and outward–looking, improving their quality of life. Nevertheless, the majority of patients had no pain for the duration of the hypnosis sessions. Some continued with their pain medication as much as before but said that they did not suffer so much; an inexplicable but beneficial example of pain asymbolia/dissociation.

Summary

Hypnotherapy is very effective in pain management but is seriously underused. The use of EEG monitoring enables hypnosis and the number of sessions needed to be tailored accurately to the individual and assures the therapist that an optimal hypnotic state has been attained. EEG equipment is now small, fully portable and priced at a level that is affordable by the individual therapist.

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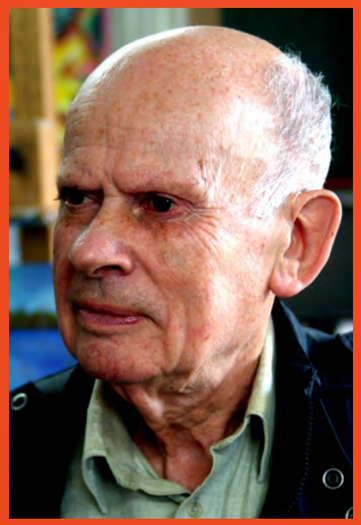


Mark Griffiths is a retired NHS Consultant in Special Care Dentistry having qualified in Medicine and Dentistry. He is a UCL visiting Professor, Honorary Research Fellow in the University of Bristol and a member of the neuroscience community there. Most of his clinical career has been devoted to preventing and alleviating pain and his first hypnosis research paper with a colleague was published in 1984. It was based on brain (EEG) activity in hypnosis and sedation with nitrous oxide. This led to a patent for an EEG spectrum analyser used in a miniature monitor made by Alpha-active Ltd, a useful tool in the conduct of hypnotherapy especially in view of the variable individual response to hypnosis. He enjoys teaching clinicians at UCL and now practises hypnosis in a private clinic in Bristol. In Mark's opinion medical clinical therapeutics are now facing the fact that there is not a drug for every human condition: hypnosis is a worthy subject for more research and wider practice.

Silly Limbic: A Tail of Bravery

by Naomi Harvey

The word childhood inspires so many nostalgic images of a fun, carefree time when life was innocent and the biggest concern we had was not wanting to go to bed!

Today, life is very different. On average, three primary children in every classroom in the UK are battling with a mental health issue.

It's hardly surprising when you consider that social media and screens have replaced real-life experience and social interactions. Our children are growing up in a world where they have infinitely more choices, but with that comes anxiety. It's a double-edged sword.

We tell our children they can be anything they want to be. The problem with choice is that it breeds perfectionism.

If I asked if you wanted cornflakes or coco pops, you would know which one you wanted – or neither. Three choices. However, if I give you an aisle of cereals and ask you to choose, the decision becomes more difficult. It is not just 'Which cereal?', it is 'Which is the exact cereal you want right now?' You change your mind, you compare and contrast, and even when you have chosen, the knowledge that you could have chosen differently remains, and you may feel regret.

In the world of children, this can cause so many issues from the simple ('What outfit do I want to wear?') to the more complex ('What do I want to be when I grow up?'). The problem arises that, if you are told you can be anything and anyone, are you ever really happy with who you are?

We know these issues as adults. The constant 'compare and despair' of social media, film, and TV can lead us into a negative space. However, these issues are now creeping into our children's worlds.

I wanted to help, so I began to research what we are teaching in primary schools to help kids be more resilient: to be in touch with their minds and bodies so that they can make logical and rational choices, and not get swept up in fear and false information. What I discovered was pretty alarming. The curriculum does have a space called PHSE (personal, social, health and economic education); but teachers were being asked to help kids without any direction about how to do so. The few resources out there were dry and felt clinical or boring. Whilst texts such as *The Gruffalo* or *Charlie and The Chocolate Factory* were being used for literacy and reading, there was little in the form of favourite characters or stories to engage young children with feelings and emotions.

I then discovered it wasn't just teachers asking for more. Parents also expressed their lack of knowledge about how to communicate with their children and wanted resources to help them – other than seeking professional help, which seemed extreme and daunting.

So, I wanted a fun way to engage children with their brains and to help them understand why we feel emotions and how our minds and bodies are both affected. I wanted to give them tools to help themselves, but I also wanted to create an educational resource for teachers looking to do more, and for parents looking to understand.
The result was Limbic – the dog who is winning the hearts of kids across the UK.

Limbic the Dog lives in your brain and is your very own super guard dog. He is your best friend but, just like any dog, he can be silly and cause trouble.

When a dog is in a situation it doesn't like, or in danger, it will react in one of three ways. It might get angry, and bark and growl at the threat; it might run away at speed; or it might hide in fear and wait for the danger to pass. In animals, this is often called the 'fight, flight or freeze response'.

In the wild, dogs must rely on their instincts. They see everything as a potential danger because they need to stay alive and protect their pack. Our own dogs still have these instincts, but because they don't live in the wild, they can mistake harmless things as threats. I am sure you have all seen dogs who are scared of loud noises like fireworks or thunder. They bark at perfectly friendly visitors like the postman, or shake and get scared when you take them to the vet for their own good.

When we get a puppy, we must train it. With the right training, you can get a dog to sit or even dance. We can train them to feel safe in the car and not to poop indoors. We teach them how we want them to behave and how we don't want them to behave.

Dogs do not have the ability to overthink; they live in the moment. If your dog takes your toy and rips it up they do not worry that it is not theirs, and they do not feel bad they have broken it. They do not feel sad or guilty that it no longer works. In fact, they only react when we tell them off because they learn from us what we think is OK and what is not.

As humans, when we are in a situation we do not like, or think is dangerous, we react the same way a dog, but we talk about these reactions as feelings – so our fight is to feel angry, our freeze would be to feel sad, and our flight is to feel scared. The part of our brain that makes us feel these emotions when we're in danger is called the limbic system, and I like to think of it as our own 'inner dog' that lives in our brains. I call mine Limbic, but you can call yours what you like.

Limbic is a great dog, very effective in his duties, and we feel safe having him around. The problem is, he is a dog, so he can only respond through instinct or experience. If we want him to react differently – just like a real dog – we need to train him.

So Limbic needs you to tell him how you want him to react. When he senses you may be in danger, he will let you know by making you feel angry, sad or scared. Training Limbic is not about ignoring him, as sometimes his reactions are right. It's about learning to recognise when he's right, and when he is overreacting – to put him on a leash.

If you would like to learn more about Limbic and his friends – or buy the book for use in your clinic – you can find out more at www.sillylimbic.com.

Naomi Harvey is a Psychology and Media graduate. She is fully qualified as a solution-focused psychotherapist (HPD) and practises solution-focused hypnotherapy. With personal experience of depression and anxiety as a child and as an adult, she knows how debilitating it can be. Naomi lives in Bristol with her furry best friend, Harley, who was the inspiration for Limbic as he suffers from canine anxiety.

The Journey to Becoming a Hypnotherapist: a student's perspective

Sitting on the train to Guildford en route to my first weekend of hypnotherapy training at CPHT, slightly nervous and not to mention late, I was starting to wonder what I had let myself in for.

Years ago, I had undertaken hypnotherapy to help me quit smoking; it worked, but I never paid much attention to how and why. Fast forward quite a few years and a friend mentioned she was on the CPHT hypnotherapy training course and loving it. Over lunch, she talked of neuroplasticity and rewiring the brain, and somehow it just clicked. 'I want to do this,' I thought to myself and began investigating the available options.

CPHT stood out as the most current and relevant course by far, and I particularly liked (but secretly dreaded) the practical element of seeing clients almost from day one. After a jolly Skype call with my teachers-to-be, the inimitable double act consisting of Debbie and Sharon, I was hooked and in.

But back to my train journey. So engrossed was I in my thinking that I got off a stop early, which meant I had to wait for another train to take me to Guildford and my first lesson. I arrived late, flushed and rushed.

Debbie and Sharon were good-natured, however, and commented that I had probably been in a trance whilst staring out of the train window – meaning I had tuned out the world around me. What a start. I sat down amidst fifteen other kind faces that were to become my classmates and support group on the journey to becoming a fully qualified clinical hypnotherapist.

During those first weekends, we hung on our tutors' every word, making frenetic notes whilst being handed quite a bit of coursework that seemed, at the time, to be overwhelming. Not to mention the knowledge that we would, at some point in the future, have to memorise all this and act out an initial consultation in front of the class – whilst being filmed!

Luckily, everyone was incredibly supportive, kind and funny. Humour is a great uniting quality and, as we all come from different lines of work, the laughter has served us well. Many of the students have other strings to their bows such as NLP, astrology, coaching, counselling, and meditation, which means we have a big pool of expertise to draw from. This is great when you are working out what your own personal style of hypnotherapy will be like; and I think having a support network going forward will prove to be

invaluable.

During our first course weekend, we were instructed to do a guided relaxation on each other. We spread out into the available space of the training rooms, on couches and sofas, and took turns reading our new script to each other. As we practised finding our own voice, pitch, and pace, whilst delivering something that eventually would become second nature to us all, it felt rather symbolic. I raced home and relaxed everyone I could find who was willing to be a volunteer, including my children, my partner, and my mother. It became quite compulsive, but I noticed that everyone felt better. It was clear that taking a thirty-minute guided relaxation break could do wonders. Eureka!

The brain, and how it works, has become a new and slightly obsessive hobby. This is due to the required reading of the course, and the material recommended by tutors and guest lecturers, including the inspiring Alison Jones, who enlightened us about the brain in month seven. It is evident in this age of neuroscience that we are on the cusp of new thinking when it comes to solving our problems and becoming happier. The traditional assumption that psychoanalysis is necessary for healing a painful psyche is now generally questioned, as it becomes clearer that we are our biology, and that we reside in one of our two minds at any given time.

How fascinating that our neurons are fused together in a particular way, forming our patterns of thinking and behaviour, and leading us to see the world through our own personal filter. Change the thinking, and the filter will change too. This is powerful stuff and while we learn on the job, so to speak, we also have this wonderful opportunity to help others learn how they can change their lives for the better. It's quick and effective, which is why we love doing it so much.

A daunting task was the weekend we were told we could start practising as 'proper' hypnotherapists, albeit students. We were asked to do the initial consultation then the follow-up sessions, including the revision of the brain, the scaling question, and the miracle question, followed by trance work… on strangers! Talk about getting out of our comfort zone.

The course pace is fast: there is a lot to pack into two days and we are constantly asking for more and more information. If you asked Debbie and Sharon they would probably say we are quite an inquisitive bunch.

In month five, it was back to the drawing board. Just as we were starting to feel comfortable with what we were doing in our client sessions, we were introduced to the Rewind/Reframe process to deal with phobias and trauma. It required new scripts and a new process, and we left with strict instructions to go out and find clients and report back the following month.

Each course weekend we get asked about the number of clients we have seen since the last class (our target is a minimum of five per week, ideally more) and what they have come to see us for. This gives us that push to overcome nerves and inertia and to make sure we work hard to find new subjects to work on. It focuses the mind and ensures that our left prefrontal cortex is firmly in charge.

In month six, the day finally came to present my initial consultation in front of the whole class, whilst being filmed. I felt better than I had anticipated, something I put down to having to give this presentation to every new client, which is why repetition, repetition, repetition is such a powerful tool for our minds. And it was another step closer to becoming a qualified hypnotherapist.

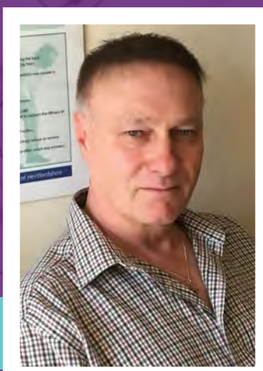
Also in month six, Matthew Cahill led our quit smoking session, which had been eagerly anticipated. Many of us had lined up people who wanted to quit smoking, so we were all ears about how smoking gets lodged into our subconscious mind and becomes necessary for survival. We have all found this to be a very powerful technique, and it gets a little slicker with each client we see.

Practically, this course demands time and attention. Many of the students in the class have day jobs, which means seeing their clients in the evenings and weekends. In addition, we are studying to complete our portfolios, which take quite a bit of time but are necessary to receive our diploma (HPD). There are books to read and digest, a wodge of questions to answer, and case studies to complete, as well as becoming familiar with all the rules and regulations. It can temporarily take its toll on family life, but it will be worth it in the end.

As I write we are speedily heading towards month eight, and all of us are now fully insured and DBS checked. Most of us have an idea of company name and logo, business cards, a website and social media profile. In three months' time we will be out in the field marketing ourselves as fully qualified hypnotherapists, and then there is no looking back. What a difference a year makes.

Birgitta Ronn is a student hypnotherapist at CPHT Guildford and lives and works in London. A former health coach and green juice advocate, Birgitta has spent many years in corporate marketing. She is very much looking forward to helping clients achieve their life goals and overcome anxiety, depression and low self-esteem by using the tried and tested methods of solution-focused hypnotherapy.

Continuing Professional Development… Why Not Start a Social Group?



Words: Kevin Walsh MSc. Dip HPsych. HPD. MCPara. BMAS. MCSP. HCPC. MNCH.

CPD centres on a multi-layered combination of activities, including attending seminars, peer appraisals, group discussions, journal reviews and training courses. The importance of CPD is to record it and, if applicable, embed any new learning into your practice (Campbell et al., 2018) (Cope & Murray, 2018).

Good-quality CPD activities not only encourage reflective practice, helping to identify strengths and weaknesses, but more importantly they enable you to put into place a structured plan to address any learning needs. (Tahan, 2018) (Welp et al., 2018)

However, many new hypnotherapists are from very different backgrounds, and some may find this innovative area of CPD somewhat new. Compounding this is the fact that many hypnotherapists work in isolation, without any other professional contact on a daily or weekly basis.

Gathering and collating CPD evidence on your own can often seem arduous, but one of the easiest ways to make this happen is to contact your training group members and arrange a structured get-together. This is exactly what our group of students did in 2016, and we have never looked back. Our team of newly qualified hypnotherapists consists of members of the NHS, and of the teaching, counselling and psychotherapy professions, therefore a great wealth of knowledge and skills are present.

We meet on a twice-yearly basis, in the Peak District, Derbyshire, which is roughly halfway for all participants. Over the weekend we follow a well-planned timetable of PowerPoint presentations, lectures, practical demonstrations and updates from members who have recently attended external courses or seminars.

We have chosen to use the Gibbs Reflective Cycle (Gibbs, 1988) as a tool for recording our weekend learning, due to its ability to generate self-analysis, reflection and learning through a six-point evaluative process: description, feelings, evaluation, analysis, conclusions and action planning.

There are many other reflective tools for use but, in my opinion, the Gibbs is tried and tested, originally being produced by Gibbs as a follow-on from the original experiential cycle developed by David Kolb (1984). Kolb undertook the original development following inspiration from John Dewey and Jean Piaget.

Our weekends are successful because we all share our individual strengths, skills and knowledge, allowing us to include important components such as teaching, lecturing, listening, coaching and mentoring (Bindels et al., 2018).

We have formulated a close friendship amongst ourselves and I would encourage any new and existing students to follow suit. It's a great way of catching up, and it provides a refreshing weekend away. We stay in touch throughout the year via a group website (which has controlled access), email and telephone, and this activity alone acts as a support mechanism providing additional assistance alongside our personal NCH supervision.

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NCH Supervisors

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

Steven Harold	steve@hypno-therapist.com	01773 436796	Heanor, Derbyshire
Theresa Long	synergycounselling@zoho.com	07564 031061	Epsom, Greater London
Lynn Martin	lyn44martin@aol.com	07970 900616	Honiton, Devon
Heidi Woodgate	heidi@northkenthypnotherapy.com	01474 740724	Northflee, Kent
Meirion Ellis	info@nlp-hypno.com	01691 333 321	Oswestry, Shropshire
Susan Ritson	susan@cognitivesolutions-southwest.co.uk	07837 562602	Cheddar, Somerset
Jill Tonks	jillmtonks@aol.com	0786 7557477	Claygate, Surrey
Penelope Ling	solutionshypno@yahoo.co.uk	07508 658934	Faringdon, Oxfordshire
Carole Samuda	carole@carolesamuda.co.uk	01420 543365	Alton, Hampshire
Alan Wick	positivehypnotherapy@yahoo.co.uk	01978 781 606	Wrexham, Wrexham
Lauren KOLB	lauren@fyldehypnotherapy.co.uk	01772 977899	Preston, Lancashire
Deborah Pearce	dpearcehypno@gmail.com	01404 813388	Ottery St Mary, Devon
Brenda Cox	admin@brendacox.co.uk	07895 290528	Frinton on Sea, Essex
Dawn Biggs	dawnbiggs@ukcounsellingservice.com	01424 733473	Bexhill on Sea, East Sussex
Valerie Hird	val_hird@hotmail.com	01904 629347	York, North Yorkshire
Christine Key	chriskey1@aol.com	01932 560725	Egham, Surrey
Gloria May	gloria.may@chilternstreet.co.uk	020 7486 4553	London, Westminster
Hilary Norris-Evans	info@getmindfit.co.uk	0788 711 4892	Cirencester, Gloucestershire
Dani Dennington	dani@denningtons.co.uk	01844 261 223	Thame, Oxfordshire
Anita Mitchell	anita@anitamitchell.co.uk	020 8144 0315	Thetford, Norfolk
Caroline Huish	client@carolinehuish.co.uk	07920 098311	Iron Acton, South Glos
Sam Luxford	sam@samluxfordhypnotherapy.com	07867 936505	Aberdeen, Aberdeen
Melanie Phillips	info@lothiantherapy.com	07956 369461	Dunbar, East Lothian
Tracey Grist	hypkids@gmail.com	07976 629098	Streatham, Greater London
Marion Ware	info@marionware-hypnotherapy.co.uk	0845 5196 911	Margate, Kent
Diane Laird	coghyp@dianelaird.co.uk	07871 505382	Wimborne, Dorset
Marion Robb	marion.robb@btinternet.com	07909 961646	Edinburgh, Midlothian
Polly Hawkins	polly@pollyhawkinshypnotherapy.co.uk	07530 560319	Gloucester, Gloucestershire
Colin Hudson	info@apollo-hypnotherapy.co.uk	01903 331507	Worthing, West Sussex
Zoe Thompson	zoe@refreshedminds.co.uk	07712 445651	Leeds, Leeds
Alex Brounger	alex@brounger.co.uk	07917 415926	Dursley, Gloucestershire
Kim Dyke	kimdykehypnotherapy@hotmail.co.uk	07825 957013	Trowbridge, Wiltshire
Sarah Whittaker	sjw.hypno@gmail.com	07766 565896	Cwmbran, Torfaen
Tiffany Armitage	tiff@tiffanyarmitage.co.uk	01752 710 277	Ivybridge, Devon
Susan Pitman	cardiffhypnotherapysolutions@gmail.com	07795 964066	Cardiff, Cardiff
Veronika Geeson	info@lovetofeelgood.co.uk	07825 761873	Sevenoaks, Kent
Cathy Cartwright	cathy@freshthinkinghypnotherapy.co.uk	07716 145122	Rochdale, Lancashire
Nikki Parsons	nkprsns@aol.com	07859 922044	Bognor Regis, West Sussex
Gillian Harrington	info@therapy4change.co.uk	07918 667245	Pantglas, Gwynedd
Matthew Krouwel	nipbop@aol.com	0121 476 6751	Birmingham, West Midlands
Steve Wichett	nch@nlpchangeworks.com	01962 250023	Winchester, Hampshire
Alina Bialek	info@alinabialek.co.uk	07725 521804	London, Westminster
Shaun Brookhouse	enquiries@hypnomanchester.co.uk	0161 881 1677	Whalley Range, Manchester
Julian Davidson	julian@juliandavidson.com	0034 678 323 659	Ondara 03760, Alicante

If you would like to appear in this list please contact the Journal Editor with your details.

Could you write for the Hypnotherapy Journal?

Submission FAQs

The real answer is yes, of course. If you can write scripts for your clients, web pages, leaflets / fact sheets, or even essays for your tutor, then you can write for the Journal. Still not sure? Here are some answers to the most common questions we're asked.

What should I write?

Anything that's of interest to hypnotherapists – whether still in training, recently qualified or long-term practitioners.

Are there topics you are looking for?

Yes. Here are a few to get you thinking, but other topics are welcome as well.

- Book reviews – what are you reading that others would enjoy?
- We'd like the new business building advice column
- News from supervision or peer support group leaders: how did your group start? What do you do at meetings? What's the secret of your success? Have you got tips for anyone thinking of starting up a group? Take the opportunity to encourage local therapists to come to your meetings.
- Discussions or tips on using specific therapeutic techniques, client groups, or presenting issues

How much should I write?

Ideally around 1000–1500 words. Reports from supervision groups or local activities and book reviews are shorter, usually around 500 words. Letters to the Editor or Business Advice column can be just a few lines.

What if I'm not a specialist?

You don't have to be! However new you are to therapy, you can write about your own experiences, and the things that interest you.

Do I have to write regularly?

No. In fact, we are happy to accept one-off articles because it keeps the Journal fresh and interesting to have a variety of topics and writers in each edition.

Do you print everything you receive?

Sadly, we can't promise to do this. But we read everything, and will include it if we can.

What decides if I get into print?

Often the space available makes the decision. But if we receive two excellent articles on the same subject, we can't print them both in the same Journal. We may hold one back and print it in a later edition.

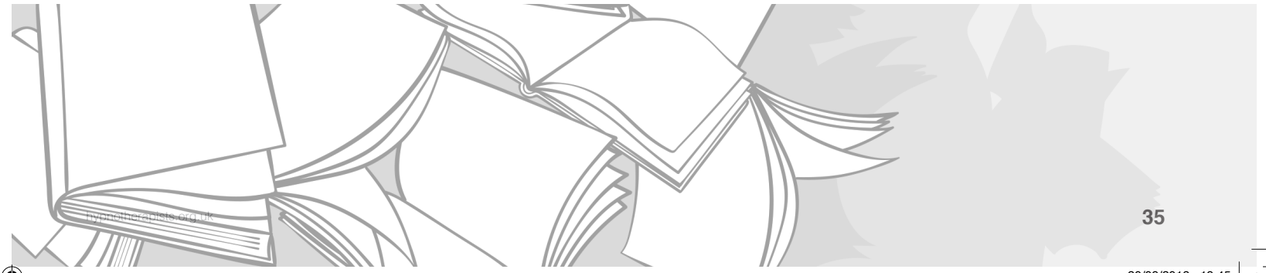
When do you need my submission?

Our next submission deadline is October 2018. We plan to produce a Journal about every four months.

How do I submit an article?

Contact the editor by emailing journal@hypnotherapists.org.uk

You can also contact us if you have any questions that are not answered here.



How to Effectively Help Clients Overcome Performance Anxiety

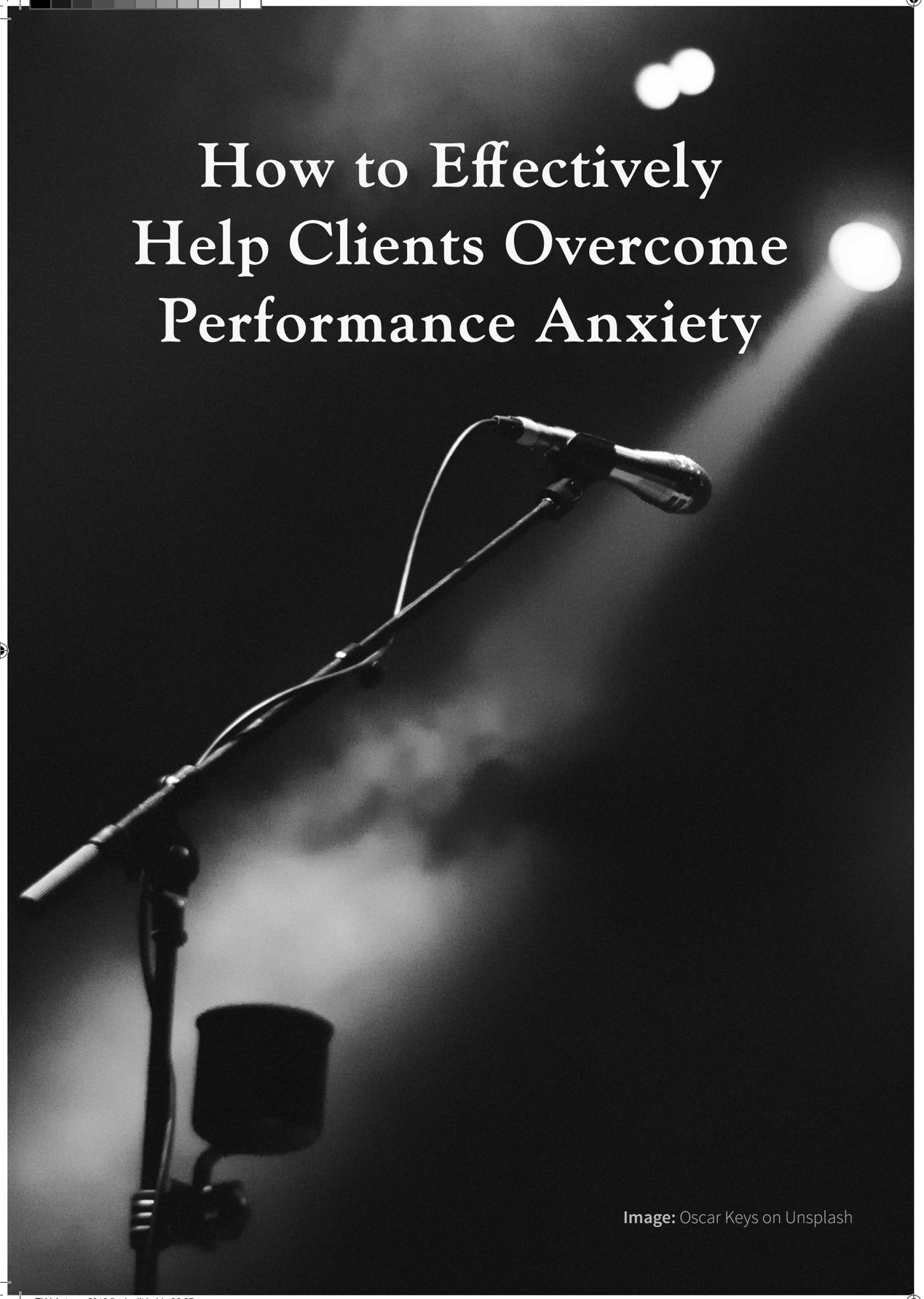


Image: Oscar Keys on Unsplash

Stage fright is a subject close to my heart since it almost caused me to give up my singing career.

For me, it started at age 16 during a school assembly: I raised my arm to speak but froze when given the microphone. After that, I took part in a number of school concerts and gigs, but the problem continued.

Before going onstage, my heart would start pounding; I'd be sweating; my throat was parched; I would speak too fast, or say something awkward. I had crippling anxiety, IBS symptoms, difficulty sleeping the night before a performance, and an obsessive need to rehearse to perfection.

Needless to say, the performance would be peppered with mistakes and a lack of enjoyment. Practice didn't help, and by the age of 35, I was close to giving up. Luckily I didn't and now, although I can get a little nervous before gigs, I enjoy them and my performance is a lot better.

What solved the problem? For me, it was a change of mindset, brought about by virtual and actual practice through hypnotherapy, improv comedy and acting training.

Since then, a big part of my practice has been helping others become the performers they always dreamt of being, and I'll tell you how I do it.

Diaphragmatic breathing

Teaching this is essential, to help clients switch off the sympathetic nervous system and the stress response. Otherwise, their amygdala will continue to send inhibitory signals to their prefrontal cortex, resulting in 'black-and-white' thinking and making it hard for them to use positive cognitions.

I ask my clients to practise for one to five minutes every day, to help calm themselves when they feel anxious.

Acceptance of fear

Once the client can feel calm at will, I suggest that being OK with the fear is part of overcoming it. Resistance creates judgment, which stops them from moving on.

I often use a metaphor to explain this. Water needs to flow; if blocked by a dam it will build up the pressure and may cause a disaster when released. Rather than building emotional dams, if feelings are allowed to flow they will go where they need to. Clients who understand this can see how it feels to say 'I am afraid and it's OK,' or even, 'I'm afraid and loving it.'

Being in the present, and focusing on creative self-expression

Anxiety of all kinds is linked to the imagination, which creates catastrophic futures that may never happen. Connecting to the present is, therefore, an essential counterbalance. Mindfulness can help, alongside suggestions to focus the client's mind on their message; the song's feeling, or the topic they are presenting.

Many people with stage fright are perfectionists: they assume a technically faultless performance will prevent them from feeling vulnerable or being rejected – which is often at the heart of their fear. It's essential to explain that their individual uniqueness and creativity is more important than perfection.

Focus on authenticity to build a connection with the audience

I am strongly influenced by the work of Brené Brown, who studies courage, vulnerability, shame and empathy at the University of Houston. She suggests that the audience is only interested in what the performer can make them feel; they want to enjoy themselves and/or learn something new. To achieve this, the performer has to enjoy him- or herself.

Enjoyment is the key to shifting someone focused on avoiding mistakes to a lighter state of mind that allows for flaws and occasional mishaps. In fact, mistakes can remind the audience that the performer is human and fallible, and therefore someone they can relate to.

Moving from the inner critic to self-acceptance, compassion, and grit

Because we often project onto others what we are most afraid of, fear of criticism from others is really a reflection of self-criticism. Therefore, fostering self-acceptance is vital in helping clients reframe their attitudes.

I invite them to soften and bring compassion to themselves with all their imperfections and flaws, and I reframe failure as welcome feedback which can

My heart would start pounding; I'd be sweating; my throat was parched... I had crippling anxiey.

To stop the cycle, we need to focus on controlling our responses, and trusting our capacity to do so 'in the moment'.

aid them in learning new skills and developing grit.

Moving away from self-consciousness and practising getting back 'in flow'

Even with the best of intentions, we can still get self-conscious during an interview, talk or performance. This is OK and normal and just shows us that we care about what others think. However, keeping it in check prevents too much conscious attention on ourselves disrupting the flow of the performance.

I teach clients that, no matter how many times it happens, they should acknowledge feelings of self-consciousness without judgment, then return their attention to the content they are delivering.

Dealing with the 'worst-case scenario'

The real problem with the worst-case scenario is not that it might happen, but that clients imagine not being able to cope with it.

I suggest they imagine being in this situation and then travel forward a few moments, focusing on how well they are coping. This takes the sting out of the situation and shows them that it is not what happens that matters, but how they choose to deal with it. When a client learns to shrug off, laugh at, or just cope with a potentially catastrophic scenario, it loses a lot of its power.

Fostering spontaneity: building trust in the ability to respond in the present moment

As we've said, anxiety is about trying to feel safe when faced with an imaginary threat. To achieve this we try to control what is not under our control – external events and circumstances – instead of our own reactions to them. Of course, we cannot possibly succeed at controlling the uncontrollable and the more we try, the worse the anxiety gets.

To stop the cycle, we need to focus on controlling our responses, and trusting our capacity to do so 'in the moment'. I often remind clients that they already know how. For example, they talk to me without knowing what I will say, but they trust their own capacity to respond, and they do it automatically.

Dealing with trauma, and letting go of the past

If the client has experienced a past traumatic event, coming across similar events may bring about the same powerful, negative emotional response. If this is affecting the stage fright, it needs to be dealt with, and I prefer to use Inner Child Therapy, EFT, EMDR and the Rewind Technique.

By learning to see their woundings as only a memory, clients can start to feel empowered by their past, and identify the values that really matter to them.

Those who care don't matter, and those who matter don't care

There is a difference, as Brené Brown says, between trying to fit in and truly belonging. When we seek approval, we lose our authenticity and therefore our real connection with the audience. True freedom happens when we allow ourselves to be seen and heard for who we are, including our quirkiness and uniqueness.

When we are courageous enough to stop 'fitting in', we are more likely to gain approval from those with whom we are in alignment, even if we are rejected by those who see things differently. This, of course, involves accepting that some won't like us, but that's OK.

Flipping negative cognitions to positive ones, or going from the head to the heart

As hypnotherapists, we understand how positive or negative cognitions influence our emotions, and it's often easiest to explain this concept to clients using a 'head versus heart' metaphor.

The head contains stories, based on the past, of who we are. They are full of limitations, excuses, and fears that keep us safe in our comfort zone. The heart is 'that which breathes us' (some call it God, the Higher Self, the Inner Teacher, or similar) and it knows the deeper truth.

So, to flip negative cognitions, such as 'I'm not good enough', to positive and liberating ones, I may, after inducing relaxation, ask clients to 'tell their heart about their fear and ask it what it thinks'. This is effectively their positive cognition, which can be checked and rephrased in the positive if necessary. Then I ask them to imagine this 'deeper truth' informing the new reality they want to create as vividly as they can.

Mental rehearsal of coping and mastering

Mental rehearsal is at the heart of hypnotherapy, I call it 'virtual reality' practising and always explain to clients why this works. Dreaming brings about emotional reactions that mimic how we would feel if the dream were real because, emotionally speaking, the brain cannot tell the difference between reality and imagination. So it makes sense that mentally rehearsing scenarios in which we act the way we want to helps condition us to respond the same way in reality.

To make this even more effective, I often ask clients to self-evaluate their confidence in their capacity to cope with a previously threatening situation on a scale of zero to ten.

Energetic work: using metaphor and body awareness to build presence

Once the fear is gone, or at least not interfering with performance too much, I introduce level two of my training, aimed at developing true stage presence and charisma.

This is informed by the work of coach Rachel Jayne Groover, alongside concepts of the sacred feminine and masculine, yoga and the chakras. Some might call this 'energetic work', but I see it as a mixture of body awareness and ideas borrowed from various spiritual traditions. For example, I think it's irrelevant whether chakras or other systems are considered real or metaphorical. Either way, by combining imagination with an awareness of the physical body, they can help clients find their 'inner power'.

Clients undertake a variety of grounding exercises using the breath and the three power centres: the mind, the heart and the 'dantian'. I ask them to imagine breathing vital energy from the earth vertically into these centres, then breathing out horizontally out into a light globe with strong boundaries. They imagine expanding their own vitality and power into it then we experiment, comparing speaking and acting with, and without, this awareness in their body.

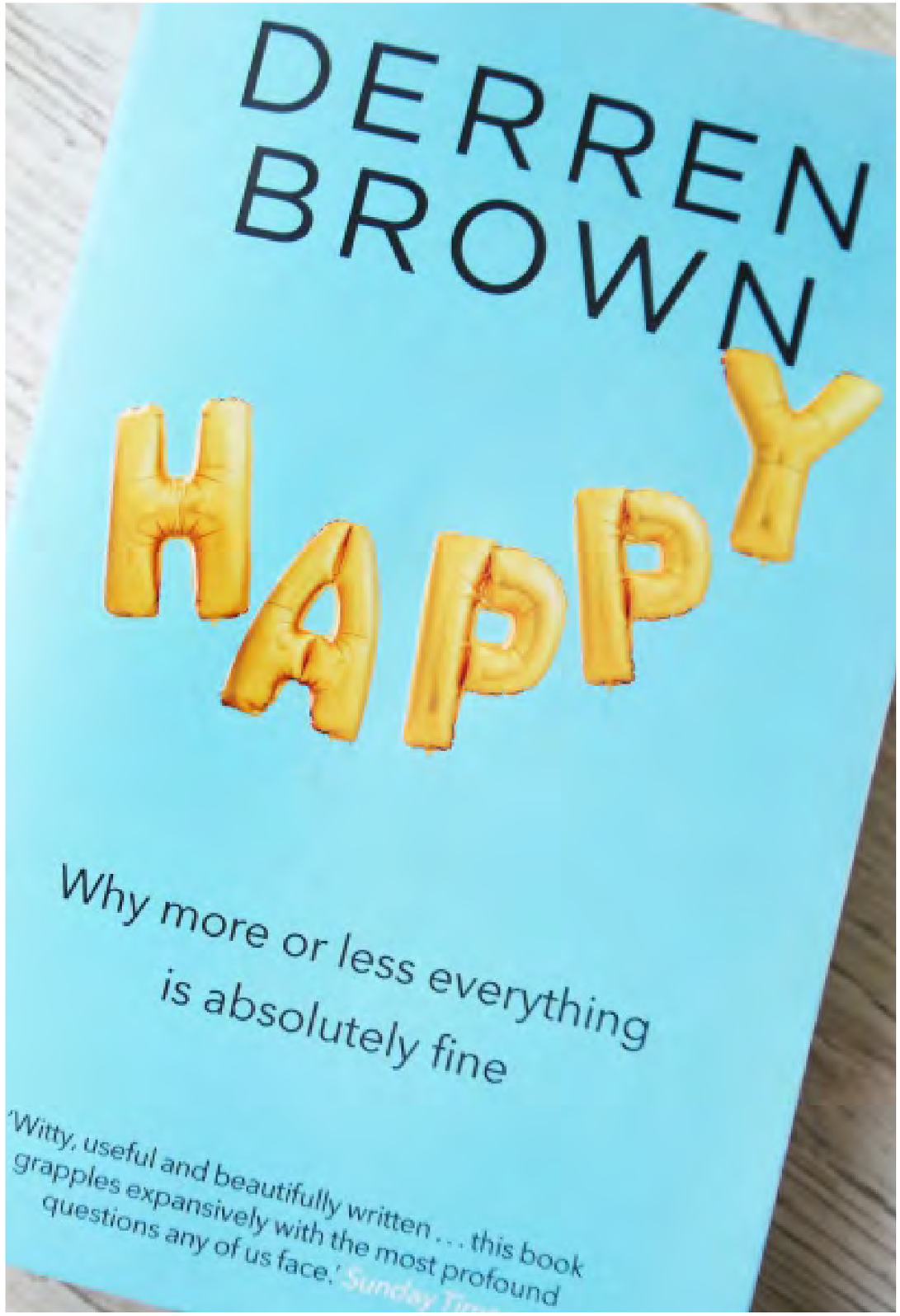
This exercise can be very useful for clients to use in their daily life as well as on stage and can even be used to enhance voice performance!

Commitment to practice

Finally, practice is the sine qua non that ensures results are long lasting and permanent. Clients have sessions weekly for a month to a month and a half and listen to recordings daily. If possible, they should also apply their new mindset in practical ways, via comedy improv, acting classes or public performances.

Emotionally speaking, the brain cannot tell the difference between reality and imagination...

Elisa Di Napoli is an Edinburgh-based holistic clinical hypnotherapist and creative expression and performance coach. Originally from Italy, she has trained and practised in America, New Zealand, and Scotland for the last twenty years. She is also a multi-instrumentalist singer, songwriter, and improv actor. Her latest album, Holding On, Letting Go, *is coming out on 14 December 2018 under the moniker Elyssa Vulpes.*



BOOK REVIEW

I took up *Happy* reluctantly, as I have read so many self-help books that I admit to now being jaded. A client recommended it to me and said he had found it very helpful indeed. As this individual is surfacing from a period of severe depression and has, at last, taken up the challenges which life has thrown at him, I was curious.

I expected to read about positive thinking – which the author doesn't like at all: he devotes a whole chapter to why it doesn't work – and to be entertained by some clever tricks. Clever it is, but tricky it is not.

Derren Brown was brought up in a severe and narrow religious environment. He thought he was evil for being gay, so life was hard for him as a young man. He studied hypnosis as a way of getting back at the bullies who tormented him at school and developed his stage show as a result.

He quotes many Stoic philosophers and says that it is no good trying to use their ideas at times when the mire of depression is overwhelming. They can only be useful if adopted as a template for living which can be a sustenance in troubled times, not as a shortcut to feeling good in a bad situation. He draws parallels between Stoicism and CBT: The parallels between CBT and Stoicism remain remarkably striking; the only major difference, worth bearing in mind, is that CBT is about fixing certain troubles, whereas the key vision of Stoicism is the enhancement of an 'ordinary' life to connect more powerfully to one's fellow human beings and to move more in accord with the universe. There is a love-drive at the heart of the ancient school, which is not present in the problem-specific raison d'être of CBT.

What I particularly like about the book is that it does not have two-thirds devoted to what is wrong and one third to how to deal with it. Each chapter addresses a particular aspect of being human and discusses it honestly and in depth. There is a very good chapter on fame and also one about money.

Although Brown admires and quotes the Stoics at great length, he comes to the following conclusion: 'Wholeness cannot be found in the mere avoidance of troubling feelings, however helpful the tools of the Stoics are for reassessing attachments and finding one's centre of gravity. To live without anxiety is to live without growth. We shouldn't try to control what we cannot, and we must take responsibility for our feelings. But the reason for this is to walk out into the world with strength, not to hide from danger'.

I found *Happy* to be an absorbing and wise book which convincingly connects philosophy and psychology, and encourages readers to think creatively and constructively about their own attitudes to life.

Gloria May has been a hypnotherapist since 1980 and has worked with individuals and groups in the NHS and Wormwood Scrubs Prison; she has also taught meditation methods in adult education establishments.

Currently, she is in private practice near Baker Street and, having trained in EMDR in 2000, now works with PTSD sufferers. She has recently given a talk to the James Braid Society about the use of EMDR combined with hypnotherapy.

What are you reading that others would enjoy?

Can you write a book review for us?

Books are convenient and cost-effective CPD, and recommendations are the best way to find the right ones. If you've enjoyed a book, or found it useful, you can be sure others would too.

Book reviews should be around 500 words, and should be submitted to journal@hypnotherapists.org.uk

Supervision Report

by Donna Green

Well, it's that time of year again. For the last two years, since taking on the role of Supervision Director, I've been responsible for organising the three-day accredited supervisor award.

In the last *Hypnotherapy Journal*, Tracey talked about the importance the NCH places on supervision, and Zoe Thompson wrote a great article in which she gave her perspective as to why she is so appreciative of the supervision process. In terms of the supervision course she said:

'In 2017 I signed up for the NCH supervision course, I wanted to provide this much-needed service to others. By this point, I'm now an 'experienced' therapist and yet the course still taught me so much. It has been an inspiring self-reflection with genuinely lovely people. I feel confident now to hold that professional space for others and I'm excited to provide this valuable service to our profession.'

The course, presented by the supremely knowledgeable Jill Tonks, will run on 24 and 25 November 2018 with the final day on 26 January 2019.

The first two days give you the framework for carrying out the NCH solution-focused model of supervision, plus lots of time to practise with your peers. On the final day, we look at risk and other associated issues that can arise during the supervision process. Then it's time to get on with producing your portfolio. I'm not going to lie, it's a substantial piece of work – about the equivalent of the HPD – but you are given almost a year to complete it. You have the support and assistance of an assessor, who gives you feedback as you go so that by the time your portfolio reaches the verifying process you will be as sure as you can be that it will pass.

Some applicants choose to complete the course for their own personal development or to offer supervision outside of the hypnotherapy sphere. The course is accredited by the NCFE and there are very few other courses offered. Others offer training within their own peer group or via a training school. The great thing about this course, however, is that it is extremely flexible, and supervisors often choose to work with therapists who have trained at different training schools and/or who have different approaches to themselves.

Dani Dennington, a highly experienced NCH supervisor, shares her experiences:

When did you complete your Supervisor Training?
2010, and I've been supervising therapists ever since.

What made you decide to do it?
I had excellent supervision myself and wanted to offer the same to newly qualified students.

What was your experience of the course?
I learned much about solution-focused work, and also about the boundaries of what is within our remit and what isn't.

What was your experience of completing the accredited portfolio?
It took a long time and was about 26,000 words in total, much of which was repetitive.

How has it enhanced your business?
It is work I love as much as being a therapist. The financial recompense isn't always that much, and I could charge more, but I really value what I do and now have a good mixture of newer and more experienced therapists who come for supervision. I have learned to establish clearer boundaries about what we can do and what we should not do. I find the interaction enjoyable and seeing therapists thrive and learn is very rewarding!

What has been the most enjoyable part of the process?
Watching the development of my supervisees, especially in group supervision where the interaction between them adds so much to the whole process.

What is the most challenging part of the process?
Hearing, 'Oh, he's such a lovely person, but tried to commit suicide last week, can I still work with him?' or words to that effect!

Making sure that supervisees are taking care of themselves and are self-aware enough to recognise when they need to take more care.

When they catch me out with something I cannot answer – but then, after some research, we all learn something new.

What advice would you give to anyone thinking of doing the course?
You won't make a living out of doing this work, but it certainly adds to your portfolio. Many therapists do not understand the value of supervision, so it has taken some time to build this part of my work and there is not enough to go around for everyone! It means taking the time to find ways to help them to understand what they can gain from good supervision.

I have concerns about people being encouraged to do the course before they have enough experience in working as a therapist themselves. I feel that prospective supervisors should have to jump through a hoop or two before commencing, as solid experience as a therapist is important from a safety and personal perspective.

Please see the advert on the back cover of this issue and do get in touch if you have any questions. Contact supervision@hypnotherapists.org.uk.

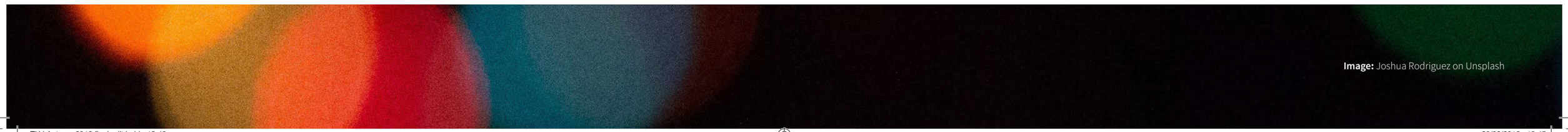


Image: Joshua Rodriguez on Unsplash

Countdown to our Supervision Training 2018/19

The importance of supervision

Supervision is an important part of the hypnotherapist's toolbox, enabling their practice to reach its full potential.

Some hypnotherapists may wish to enhance their skill set and become a supervisor, whilst others may wish to run an NCH-accredited school (such schools are required to have an NCH-accredited supervisor amongst the tutors).

The latest NCH supervision course was created by Trevor Silvester, with course material from the Clifton Practice, and is based on a solution-focused approach.

This course is available to accredited members of the NCH. Once completed, this training will allow you to supervise other NCH members.

OK, when is it?

There is a limited number of places on this course and places are allocated on a strictly first-come-first-served basis.

Module 1: 24 and 25 November 2018
Module 2: 26 January 2019

Venue: Regent's University, Inner Circle, London, NW1 4NS
Cost: £595

To find out more please contact: supervision@hypnotherapists.org.uk or call Donna Green (NCH Director of Supervision) on 07947 129068.

DON'T FORGET!

For the first 3 years of qualified practice and 300 client hours, all NCH members should undertake **at least** 30 minutes per month, (or an average of 6 hours per year), of contracted supervision with an NCH accredited supervisor.

After this period, your supervision requirements will vary, depending on whether you choose to upgrade to Accredited Membership.

If you are looking for a supervisor, you'll find a list of those already accredited in this role in each issue of the Journal.

NATIONAL COUNCIL FOR HYPNOTHERAPY

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