

Winter
Volume 19, Issue 1



THE HYPNOTHERAPY JOURNAL

Victoria Droy talks
about The Power
of Stories

Stephan Toqué
on The Power of
Mindfulness

Mary Llewellyn on
Hypnotherapy and
Tinnitus

Jill Turner about
Hypnotherapy and
Palliative Care



HAPPY NEW YEAR TO ALL OUR MEMBERS!!!

Everyone at the NCH would like to wish our members a very happy and prosperous New Year.

2019 will be an exciting time for us. Our technical consultant David Harris, is all set for the redevelopment of our website – the main intention of which is to GET YOU CLIENTS! We are hoping to achieve this by introducing new technologies, being up to date and being inviting, functional and responsive to numerous devices.

We have been working with Crown House Publishers to provide scripts from Crown House Hypnotherapy books for publication within the Journal. We also welcome the 20% discount for members for any Crown House books. Keep an eye on the Notice Board for updates on this.

Last but not least, there will be new extra learning outcomes as per the new CNHC guidelines and a need to clarify the NCH (currently neutral) position on online therapy.

We welcome to the board, Jo Hand, our new Research Director and Jo Talbot-Bowen, our new Ethics Director. They have been fully ensconced into board life via our Christmas meeting and all cylinders are firing. If you have any ethical queries or research questions please don't hesitate to get in touch.

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04 Editorial



05 View from the Chair



07 The Power of Storytelling



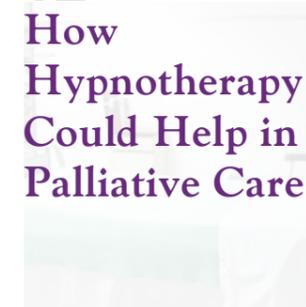
08 Our Recent HPD Graduates



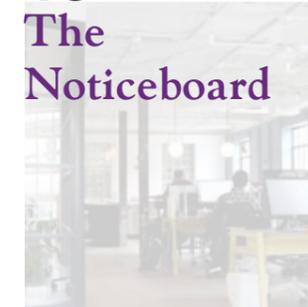
09 The Business of Therapy



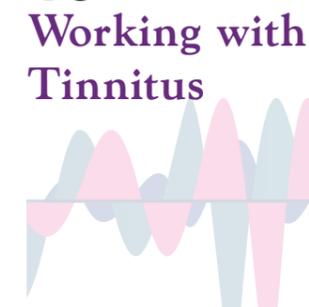
12 How Hypnotherapy Could Help in Palliative Care



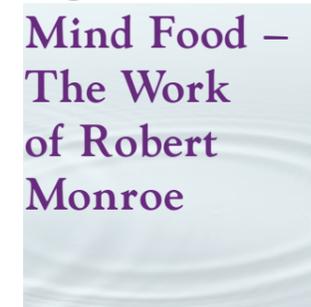
15 The Noticeboard



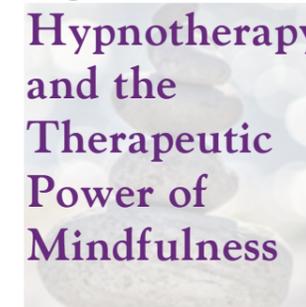
16 Working with Tinnitus



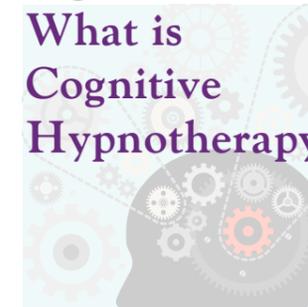
18 Mind Food – The Work of Robert Monroe



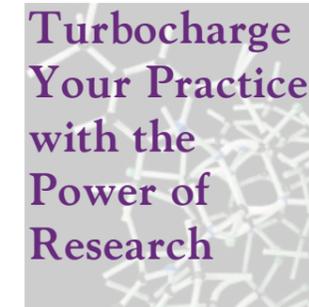
20 Hypnotherapy and the Therapeutic Power of Mindfulness



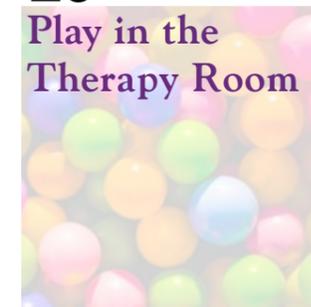
23 What is Cognitive Hypnotherapy



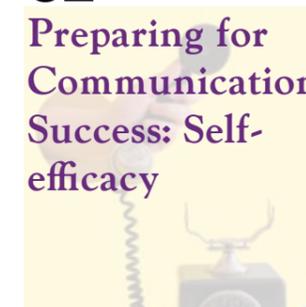
26 Turbocharge Your Practice with the Power of Research



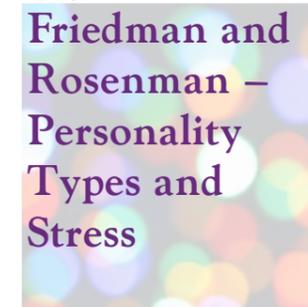
29 Play in the Therapy Room



32 Preparing for Communication Success: Self-efficacy



35 Friedman and Rosenman – Personality Types and Stress





Editor
Debbie Waller, MNCH (Reg.)

Someone asked me the other day how I had come to be a hypnotherapist, and it got me thinking. It wasn't something I went looking for, more a kind of fortuitous accident.

Actually, like many others, I left school with no 'dream job' in mind and went into a fairly routine clerical job, but everything changed when my first daughter was born. I took some time off, but in order to 'keep my brain in gear' took a couple of classes at the local sixth form college, which led to a part-time degree.

I had a number of part-time and temporary jobs while I studied, but once both my kids were in school, I wanted a 'proper job' again. The problem was, I also needed the freedom to drop everything and run now and then; my eldest is on the autistic spectrum and, from time to time, required my presence

at short notice.

I quickly decided the most understanding boss I could have would be me, and so began a quest for self-employment. Around this time, my husband found an ad in the local paper for a hypnotherapy school. They were well established and must have advertised there before but we'd never noticed.

I knew nothing about hypnosis or hypnotherapy and I'd never been hypnotised, but the school was holding an open day just down the road. I went along and got completely hooked. (My psychology professor once said I had an interest in 'tabloid psychology' – maybe this is what she meant!) The rest, as they say, is history.

Is it the 'proper job' I was looking for? Probably not in the traditional sense. At different times it is enjoyable, fulfilling, frustrating, uplifting and emotional. It

Welcome to the latest *Hypnotherapy Journal*. I have been pleased to hear from so many of you that you have been enjoying it.

If there are any topics you would like us to cover that haven't been featured so far, please let me know. Or better still, why not write them yourself? I am happy to hear from any potential contributors, and can offer support if authorship is a new venture for you.

fills me with a huge sense of respect for my clients, who often come to face their worst fears and leave feeling empowered and newly self-assured.

If it wasn't for my other half accidentally noticing that ad, I might now be back in another clerical position, probably enjoying it but never knowing what I'd missed. Instead, I have this amazing job – I'm a part of people transforming their lives for the better and I can't imagine myself doing anything else.

So how did your life's journey bring you to consider hypnotherapy as a career? Do write and let me know; maybe we can publish a few of them next time. You can email me on journal@hypnotherapists.org.uk

Debbie Waller

I thought I would like to ask you a question...

'If I waved a magic wand and your life looked perfect in every way, what would change?' Please take a moment and really think about it. So often we ask our clients this question but just how often do we ask ourselves? And my favourite questions after the magic wand are, 'What are you doing about it? What can you do to get closer to your perfect* life?'



Chair
Tracey Grist, MNCH (Acc.)

We are making huge inroads into change at the NCH, towards that 'perfect' goal. You may have

noticed the fantastic journal, the emails; we hope that in reaching out to you, you too will reach out to us! We are always on the lookout for journal articles and helpers – people who want to get involved and make a difference.

The main focus for 2019 is how best to get you more clients, and what we can do to make that happen. It's a funny thing for that to be the response we get from members. I remember being (in the early, naive days) a member of the GHR, and not one client came my way via their organisation. So I wonder why there is an expectation on the NCH to provide clients, but not the GHR? I notice their therapist search is completely different to ours: the potential client has to contact the therapist directly and not via a contact form. I'd love to hear your thoughts, so write to me about this at

chairman@hypnotherapists.org.uk

It is with a heavy heart that we have said goodbye to Paul Hughes, our Research Director. He has been just the best team player, and we will miss him but wish him well with his future training.

We also simultaneously welcome Jo Hand, our new Research Director. Jo meets all the criteria we need to take over the role of Research Director, an area we hope to build on in the NCH, collating up-to-date resources on hypnotherapy research and bringing in material for members to use to help support our trade. If there is more in this context that you would like to see, please contact Jo directly on research@hypnotherapists.org.uk. Meanwhile, watch this space!

We are always keen to have potential directors-in-waiting so, if the NCH is something you feel passionate about, please do get in touch. In accordance with Companies House rules, the NCH has a limit on the number of directors. However, the directors' roles within that

number can vary. We have set titles, but it is always important that we consider the strengths of each director and play to those strengths, for example at present our directors' areas are as follows:

Research is much more geared to building resources than implementing research – something that may come with time and building strength in that department.

Membership services are much more topic-centred – creating the conference, as this takes up a huge amount of time.

Development focuses on CPD and peer groups, as it is so important to feel that we have mutual support out there.

Marketing is our mainstay in social media and external communications – creating all the NCH hype.

Finance is, well, finance – finding the best deals for us all, and making sure the figures are on the up! No mean feat!

And, finally, as the **Chair** I mostly bring the biscuits to the meetings. But seriously, a chair's role is primarily to run the meetings; the chair has no greater

say than the board – we are all equal as directors. In some ways, it helps as Chair to have no definitive view other than the wellbeing of the NCH, since this can help to facilitate the meetings.

Naturally, we have a fantastic team of officers that are the main cogs in the system, and everyone is as precious as the diamonds they are – a huge thank you! The NCH would be nothing without these wonderful people!

There are, as always, a few areas that we could do with a little more help in. If

you enjoy design and are a dab hand at that sort of thing, or really enjoy social media and its workings, or would like to help out with a bit of surfing the net – please do get in touch! For a while now, we have been flat-out working – the sort of working where you are too busy to show someone how to do something, even though you know it will help in the long run. Well, we are no longer at that point, so please do get in touch if you want to help out, even in a tiny way!

Happy perfect life-building everyone!

** Of course, I mean ‘good enough’, as ‘perfect’ is a frowned-upon, idealistic word. But hey, let’s aim for perfect, all the time being happy with reaching good enough.*

The Power of Storytelling

Image: Sandy Millar on Unsplash



Take a few moments to think back to your childhood. Do you remember those wonderful occasions at home or school when someone read you a story? As children we would listen so carefully, becoming engrossed in the fictitious world of the imagination. The characters, their actions and feelings would provoke images in our minds, and we lived through their experiences as if they were our own.

Sometimes we felt inspired to copy the actions of our favourite character and make our own adventures. Sometimes we had a ‘light bulb moment’ when, through a character’s reactions, we gained an insight into our own feelings and behaviour.

Stories have the power to change attitudes and actions. They can offer a valuable tool for learning without being authoritarian. Let’s face it, few people like being told what to do; stories can offer an interesting, indirect way to help us re-evaluate our attitudes without feeling

bullied into doing so.

Solution-focused hypnotherapy understands the power of story in allowing the mind to consider new ways of looking at the world. This indirect approach chimes perfectly with what neuroscience teaches us. The subconscious mind works most effectively when presented with a story that needs to be examined to find its particular relevance. The practice of using stories as part of the trance-work done with a client uses this aspect of our subconscious to great effect. It helps people to start entertaining a different attitude to their situation. From this, the possibility of change becomes real to the client, who is empowered to find their own solutions.

Let me give an example. I frequently use one of Nick Owen’s stories about a group of tiny frogs who hold a running competition. When the spectators see how tiny the frogs are, they don’t believe they will be able to reach their goal. The frogs hear only discouraging comments and gradually lose heart and drop out.

One frog, however, continues despite the negative comments, and successfully reaches the end. It turns out that this triumphant frog is deaf.

On the surface, this is a simple story about animals. However, the power of the story is that when we understand that the winning frog didn’t hear those disheartening words we begin to make comparisons. Our subconscious mind starts to wonder whether there is value in sometimes being deaf to criticism. Perhaps ignoring unhelpful comments made by others, or even our own negative thoughts, might enable us to succeed at something important to us?

In this indirect way, a story can provoke a chain of thinking that allows our subconscious to view our situation in a new way. A change of attitude is the most important first step towards a change in behaviour.

When all is said and done, who doesn’t like hearing a story anyway?



Image: Nong Yang on Unsplash

Victoria Droy (www.therapysouthwest.co.uk) has been working in Taunton as a solution-focused hypnotherapist for the last seven years. The change of career came about after bringing up two children as a full-time mum, followed by retail work for the National Trust. Although I was training to be a teacher after university, the arrival of our first child altered my plans. What didn’t change was the enjoyment and satisfaction I get when working directly with people. Helping clients with their problems of anxiety or depression is rewarding for me. People in Taunton, as elsewhere, have to deal with the stresses of everyday life but it is good to know that some of my fellow citizens go about with a lighter step.



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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|----------------------|-------------------|--------------------------|--------------------|
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| Sheila Adams | Jonathan Elliott | Joanne Jones | Daniel Regan |
| Kellie Allen | Polly Evans | Richard Jones | Jackie Reszko |
| Rebecca Allen | Suzanne Fearn | Sophia Kaftal | Samantha Rice |
| Stefan Allesbrook | Taryn Feehan | Anjum Khan | Birgitta Ronn |
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The Business of Therapy

Your questions answered

by Cathy Simmons



This month’s questions are all around a subject that I am constantly being asked about, and is sometimes a bit controversial, too. It is one of those topics that divide therapists, and yet is well worth the discussion.

To niche or not to niche?

So, thank you all who sent me questions about niching. I hope I can address these adequately in this short space.

What exactly are we talking about when we use the word ‘niche’? Like all abstract nouns (in this context) it means different things to different people, but here I am talking about specialising. And it is quite useful to think of two different aspects of specialising.

- 1) The kinds of people you love to help; and
- 2) The issue they are struggling with or looking for help with.

Here’s my own example of this. A niche of mine for many years has been helping city professionals (kind of person) who are struggling with recreational drug use (issue). Both elements are obvious here and became the core of my message.

So – should we niche or not?

The short answer to this is ... It depends! Let’s dive a bit deeper into it, and firstly, let’s look at when NOT to niche.]

Just starting out

With a hypnotherapy practice, I don’t believe that diving straight into a niche when you are just starting out is a good idea, unless you have a real passion for one area of work or have done your training specifically so you can add more skills to an existing area of expertise. Rather, if you don’t already have a burning passion, spend a while seeing many people for different things. This starts to give you a good feel for who you love working with and who you’d prefer not to, and as time goes on you will be naturally drawn to some, and they will start being drawn to you.

Make a note of the patterns as you go along. What do all the clients you’ve loved working with have in common? What do all those you haven’t loved working with have in common? And as you find things you really don’t want to work with, cross them off your list! The great news is that you can always refer them to someone who can help them better and it will feel brilliant.

When to look at niching

As someone who works a lot with Emerging Experts in the therapy field, I know only too well the benefits of specialising from a business point of view. So, if you have been in business for a while and are already getting a feel for what you love and what you are not so keen on, could this be the perfect time for you to consider niching?

Having a clear message about who you help and what you help with is a fundamental necessity in any of your marketing as it means you can very precisely target your message to the people you can help the most, and your business can begin to really flourish.

There is no doubt that from a marketing perspective, niching is a no-brainer, especially if you are wanting to make a living from hypnotherapy, rather than have it as a side-business.

That’s not to say that there aren’t generalist hypnotherapists who make a living from it, but they are normally

relying on some other uniqueness factor; whether that's down to personality, great connections and high profile, working ridiculous hours or spending a large amount on SEO.

Wouldn't it be great to find a way to only work with clients you love to serve?

But does that mean I'm limiting my reach? I want to help everyone with everything

I so get this! You have got these amazing tools and you just want to get out there and help people.

For hypnotherapists, it is so tempting just to list everything you can help with – after all, we DO want to make a big difference. So that's what we do. Start to list everything. Stopping smoking, weight loss, IBS, phobias, depression, confidence, stage fright, etc. etc. ... And of course, we know that we can help with all of that, don't we?

Have a think for a moment about what message that is putting out. Is it telling people that you really know what you are doing? If you had a life-limiting phobia, would you want to go to a generalist or a specialist? If you had fertility challenges, would you want to go to someone who also works with public speaking and a hundred other things? No, you want to know that you are going to the best.

You have **unique** talents and experience. By showing up as a complete generalist, then your potential clients cannot see your genius. By looking like so many others, they can't see your

uniqueness and that you are possibly the absolute best person to help them in their time of need.

And have a think about what message you are telling yourself too.

So often I hear 'but if I specialise, doesn't that mean I'm limiting my reach?'. Well, the great news is, the answer is a resounding NO. Let me give you an example. When I decided to specialise in helping city professionals with recreational drug use, I took everything off my marketing message except that. Did this restrict me or the number of clients? Absolutely not! (OK, I was pretty surprised at first, too!) In fact, the complete opposite happened.

I started to get far more interest from city professionals than I had ever before, and, despite my narrowing of message I still had people from other walks of life, struggling with other issues, contacting me because something resonated with them. And you know what? In most cases, these were also people I loved working with who got great results.

In fact, my client numbers dramatically increased. This is the power of having a clear message.

What audience would you most love to serve most right now?

What issues are you most passionate about?

You have your uniqueness, experience that no one else has; a combination of skills that is unique to you. What speciality are all these factors pointing to for you?

You have got these amazing tools and you just want to get out there and help people.

If I choose a niche, am I stuck with it for good?

This is something else that we hear so often, isn't it, that you must decide on a niche and stick to it.

Yes, having your uniqueness shine and clear message about who you serve is very important, but here's the good news – you only have to decide who it is that you want to serve *right now*. So just start by deciding which audience it is that you most want to serve next, and go out there and serve them! You can always shift your focus later, as you learn more and experience more.

To use my own situation as an example, I started as a generalist, then moved to a smoking cessation specialist, which led me to learn more about all addictions and niching. It was a natural progression to share my understanding of addiction with other therapists, and then, as more and more therapists wanted to know how I had been successful, another natural move to helping other therapists to get their passion out to the world.

You see, It is not set in stone, and that is such a relief!

How do I find my niche?

If you already have a passion, a challenge you personally have overcome or something that is close to your heart, then this is a great start. What other aspects of your life could come into play? Your work? Your hobbies? Your social circle?

You have your uniqueness, experience that no one else has; a combination of skills that is unique to you. What speciality are all these factors pointing to for you?

And you know, quite often your niche finds you! If you don't have a major passion or vision to change the world just now (many people don't), especially if you are just starting out, then be open. You will find that your passion comes from doing the work, not the other way round, so listen to your intuition and enjoy the journey.

I realise that this has only just touched the surface of what is a vast subject and always controversial, but I hope that you've got some food for thought for your own practice. Please let me know your insights. I'd love to hear them.

If you have questions for our 'Business of Therapy' Q&A column, please send them before 1 February 2019, so that Cathy can prepare the answers in time for the submission deadline on 15 February 2019.



Cathy has started a Facebook community just for therapists, aiming to be a hub of excellence for therapists, healers and coaches to share and recommend all things wonderful to help make our lives and running our practice easy and fun!

It would be lovely to see you in there, so go to <https://www.facebook.com/groups/Therapodium/> and ask to join.



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.

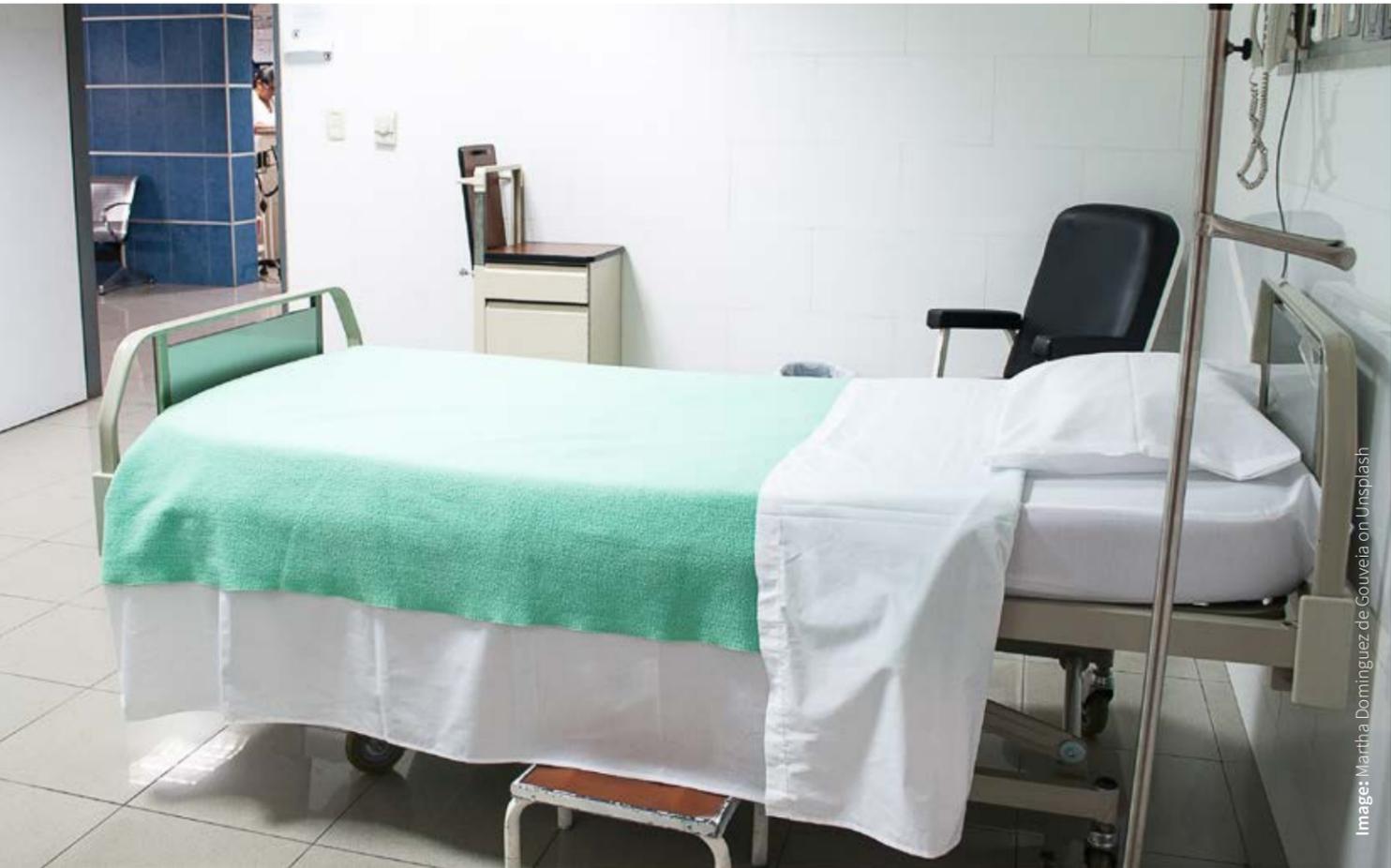


Image: Martha Dominguez de Gouveia on Unsplash

How Hypnotherapy Could Help in Palliative Care

The World Health Organisation definition of palliative care (2018) is:

“An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care: provides relief from pain and other distressing

symptoms; will enhance quality of life, and may also positively influence the course of illness” (Abridged: WHO 2018)

The National Health Service (NHS) does not routinely provide hypnotherapy and, usually, patients have to access private hypnotherapy practitioners. The NHS (2018) states:

“Hypnotherapy uses hypnosis to try to treat conditions or change habits ... When looking for a private hypnotherapist:

- choose someone with a healthcare background – such as a doctor,

psychologist or counsellor

- if you have mental ill health or a serious illness (such as cancer), make sure they're trained in working with your condition.”

My role as a clinical nurse specialist (CNS) working in palliative care is to manage symptoms and provide psychological support to patients, and also to provide psychological support to their families and significant others. My role as a clinical hypnotherapist working in palliative care is to manage symptoms

and provide psychological support for patients and their families and significant others. So how do the roles differ?

In my nursing capacity, I complete an assessment and look at ways of working with patients to give them the best quality of life. This is done in conjunction with the patients' choices and realistic, achievable goals. Here, a medical model is used that comprises consultation, examination, assessment and care plan. Medication is an option, and a range of pharmaceutical remedies is available, which are usually used first-line to relieve and manage physical symptoms. These symptoms can be assessed using various tools and scales, but commonly used is the visual analogue scale (VAS), in which symptoms are scored by the patient on a scale of 0–10 (0 being low and 10 being high). Non-pharmacological options are always discussed, and a range of complementary therapies and self-management options are considered and offered. These include massage, relaxation, acupuncture, aromatherapy, reiki, and now hypnotherapy.

In a hypnotherapy consultation, I would cover the same initial assessment as for my nursing skills, only this time it is usually focused on the psychological elements of the symptoms, such as anxiety, insomnia, phobia, or pain management. It is important to work to the patient's agenda and focus on what is most important to them. Achievable goals will be set, and the Subjective Units of Distress Scale tool can be used (SUDS),

It is important to work to the patient's agenda and focus on what is most important to them.

also on a 0–10 scoring scale (0 being low and 10 being high).

SMART goals can also be set for patients:

- Specific – client-focused goals such as pain management, reduced anxiety, management of insomnia. For example, 'I want to be able to sleep six hours at night.'
- Measurable – using techniques such as VAS and SUDS gives a numerical value to the symptom. This can validate the symptom for the patient, and build confidence in the therapist. The scoring system allows the patient to be in control of how the symptom feels for them.
- Achievable – false promises should never be given by the therapist (e.g. suggesting that a symptom can be completely eradicated), but terms such as 'reduced' or 'managed' are realistic. We do not want the patient to lose confidence, or to feel we are failing them. Sometimes we cannot get rid of a symptom, but we can reduce it to a level

that the patient can live with.

- Relevant – ask the patient how beneficial this could be for them. How will it improve their life?
- Timely – patients have often had their symptoms for a long time before they are referred for therapy. It is unlikely that the problem can be solved with one treatment session, whether that is medical or therapeutic. Giving a patient a time frame of a number of sessions over a period of time is possibly the best way forward. If their problem is managed before then, this is of benefit for the patient.

Research informs us that psychological pain impacts physical pain and vice versa. A patient who is in pain due to advanced disease will have an element of psychological pain too. They are interlinked and, in pain assessments, this is known as 'total pain'. Total pain is a clinical approach developed by Dame Cicely Saunders (1967), the founder of the modern hospice movement. Saunders stated that 'Total pain recognises pain as being physical, psychological, social and spiritual.' Hypnotherapy links into all of these aspects of total pain and could be considered as an adjunct to conventional medicine.

Paterson et al. (2003) stated that hypnosis was the most often quoted non-pharmacological cognitive treatment for pain control. They continued to argue that hypnotherapy has positive outcomes in pain management in cancer

Hypnotherapy has positive outcomes in pain management in cancer patients, and also reduced pain during and following oncology procedures.

patients, and also reduced pain during and following oncology procedures.

In some areas, clinical hypnotherapists are being specifically employed in palliative care centres to work with conventional therapies to reduce symptoms associated with advanced disease, chemotherapy and radiotherapy. The length of the sessions varies upon the patient, nature and severity of the problems. It can range from a single session to multiple sessions. Milling et al. (2003) suggest most palliative patients receive five sessions, including an induction and self-hypnosis instructions and audio recordings to use between sessions. They argue that a combination of hypnosis with cognitive behavioural therapy (CBT) improved symptom control outcomes. CBT is used as first-line by psychologists using National Institute for Health and Care Excellence (NICE) Guidelines (2014) for psychological distress in palliative care.

Flammer and Bongartz (2003) conducted a meta-analysis of randomised control studies of clinical hypnosis used in palliative care. They identified fifty-seven studies that suggested that clinical hypnosis is an effective therapy for many health disorders, which include management of pain, nausea, headaches, anxiety, and insomnia. Sharma (2017) completed

a literature review of fifty-five research papers to identify if there were any clinical benefits of hypnotherapy for patients in cancer care. He concluded that hypnotherapy appeared to benefit cancer patients both physically and psychologically. These are just two studies; there are many more and their outcomes tend to lean positively towards the benefits of hypnotherapy for cancer patients.

To conclude, hypnotherapy has been established as an effective non-pharmacological remedy for cancer pain, chronic pain and pain at the end of life in many studies. Several randomised trials have shown the effect of hypnosis on both procedural and malignant pain.

All of the research and evidence available appears to be related to cancer symptoms, and although cancer can be a disease needing palliative care, so can many other illnesses including heart failure, renal failure, liver disease and dementia to name but a few. I believe hypnotherapy could be of benefit to all these diseases.

Tools, such as VAS, SUDS and SMART, give patients control over their symptom management and validate the importance of the symptom to the patient: this, in turn, gives the patient confidence in the therapist and that their symptom is being taken seriously.

If a symptom, whether physical

or psychological, can be reduced or relieved by hypnotherapy as an adjunct to conventional medicines then it must be in our patients' best interests to offer a service of clinical hypnotherapy. There is evidence and research to prove its effectiveness in palliative care.

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Jill Turner is a registered nurse and works as part of the Macmillan palliative care team in northeast Lincolnshire. She trained as a clinical hypnotherapist in 2017/18 to complement her work as a Macmillan Palliative Care Clinical Nurse Specialist (CNS). Jill says, 'For the purposes of this article, I've referred to people I see in my working capacity as patients, and not clients, due to their medical conditions.'

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THE NOTICEBOARD

Conference 2020

Yes, you read that right. Preparations for the 2019 conference in London are in full swing, but we are already thinking ahead. We'd like to make conference venues as accessible as possible to our members, so where would you like the 2020 event to be held? Let Nick Cooke know your thoughts: services@hypnotherapistsorg.uk

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If you do, you need to know about changes in VAT which apply from January 2019. Search 'VATMOSS January 2019' or contact the Tax Office to find out more.

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The Next Journal

Our next issue will be the 2019 Conference Special. The deadline for submissions, including original scripts (your own work), articles or blogs on any topic suitable for therapists, book reviews, news from peer support/supervision groups is 15 February 2019.

If you have questions for our 'Business of Therapy' Q&A column, please send them before 1 February 2019, so that Cathy can prepare the answers in time for the submission deadline. Send everything to journal@hypnotherapists.org.uk

Working with Tinnitus

A distraught lady rang wanting help with her tinnitus. She was very distressed because her doctor had told her that there was nothing he could do to help her with the sounds in her head. He recommended a hearing rehabilitation clinic to help her learn to live with it. She told me that she could not possibly learn to live with it because it was so intrusive, especially when she tried to relax or sleep at night.

I was very interested to find out what may have been happening just before she had this problem. She said she had been absolutely fine, no problems at all apparently: she had left her husband and it was the best thing she could have done. She now felt happier than she had for many years. I asked her if there was any downside to her separation. She seemed puzzled by this rather strange question, given that she felt much happier away from her husband. On reflection, she admitted that she was missing her son who felt that she should not have left his father. I asked her if this feeling of missing her son reminded her of anything. She said yes, it reminded her of the arguments her mum and dad had had over custody of her when they separated.

She told me that she had wanted to stay with her Dad but was not allowed to. She still felt the emptiness some forty years later. I asked her what she missed

the most about not seeing her Dad when she was little. She said that he spent time with her, and although all of that was behind her and their relationship was wonderful now, she could still experience the loss. Now the loss of her son had brought it all flooding back to her.

It was very important for her to express her sadness about losing her Dad as a little girl, and now the loss of losing her son. At the time of her Mum and Dad's separation, she had been unable to acknowledge how she felt, as doing that risked upsetting her mum. She held all those emotions inside and felt very alone, in her own world where no one seemed to understand her. Now all those feelings had been triggered again, as well as memories of doors banging and her parents arguing over her.

At the time of her parents' separation, she just wanted peace. She wanted to shut out the pain of the parents that she loved being unkind to each other.

That auditory trauma may well have been a factor in her now experiencing tinnitus. At the time of her parents' separation, she just wanted peace. She wanted to shut out the pain of the parents that she loved being unkind to each other.

I asked her to recall a time when she felt at peace. Perhaps a time she could use as an anchor now, during this time of similar stress. She laughed when she told me what she really loved doing with her Dad at weekends.

She described a memory of watching motorway construction, and also building sites came to mind. She found it was funny because here she was, distressed and finding tinnitus invasive, and yet as a little girl she was enthralled by the sight and sounds of

roads or buildings being created. She remembered that, at the time, she became lost in this world of architecture and structural engineering.

It occurred to her, and to me at about the same time, that we could perhaps use these pleasurable memories to help her relax and let go of the tension which surrounded the sounds in her head. Using guided imagery that is exactly what we did together and, at the end of a light hypnosis session, she was convinced that this ability from childhood would be a way out of her vicious cycle of frustration about her tinnitus.

Early the next day she rang me to say that she had been able to sleep surprisingly well and, during breakfast, she felt relaxed and happy. Those feelings continued on and off for most of the next week. When she came for her second appointment, she said she had found that imagining observing motorway construction or building works was always able to provide her with a break whenever she noticed she was becoming tense, or the sounds were getting to her. Particularly as, unfortunately, tension seemed to make the tinnitus louder and so her worry about it getting louder intensified the sounds.

Over a period of time, she courageously continued to persevere with her own imagery – which also included sounds and pleasant feelings just as she had felt them years ago. When her son came to visit her, she found herself talking to him about his grandfather and how she really loved being with him when she was young. She described how he frequently took her to watch motorway roads and buildings developing from one weekend to the next.

Interestingly enough, she said that this fairly easy conversation had begun to create a bridge from their rather fragile relationship towards a better, more secure one. This realisation had increased her peace of mind because she

Tension seemed to make the tinnitus louder.

remembered how she had been able to heal the fragments of her relationship with her father as a girl, and she now hoped that this could happen again, in time, with her own son.

As we worked on each puzzle piece that related to stress, it allowed the sounds of the tinnitus to take a back seat. She frequently reported that she was now able to get on with her life and experience more positive expectancy, for each new day and all aspects of her future.

At her last appointment, she reported that she was sleeping well, her stomach was more settled and that her tinnitus was often non-existent. When she was aware of the sounds, she used them as a barometer that provided her with a greater awareness of her state of mind and body. This made it easy to nip things in the bud when she was getting into negative thought patterns.

This client continued to use self-hypnosis imagery and to connect to positive feelings and memorable, enjoyable sounds. She discovered that taking time for some relaxing breath work led her into quiet and blissful meditations, which nourished her heart and soul. She reported that she appreciated the learning from these experiences, which had also enriched her life.



Mary Llewellyn is a psychotherapist and Meridian therapist with over thirty-seven years of experience in full-time private practice. She works at the Tickhill Clinic, (www.TickhillClinic.com) in South Yorkshire. Mary holds an honours degree in psychology, and postgraduate training in psychotherapy, and has worked in adult as well as childcare programmes.

Mary is a member of the British Psychological Society, the National Council of Psychotherapy, the National Council for Hypnotherapy, the General Hypnotherapy Register and the Association for the Advancement of Meridian Energy Techniques. She is an eclectic psychotherapist using a comprehensive approach to healing, integrating traditional with newer, complementary models of energy psychology.

Mary is an accredited trainer who has been teaching in the UK and worldwide over sixteen years, together with her husband Dr Tam Llewellyn.

Mind Food

The Work of Robert Monroe

Robert Monroe is known for his pioneering work into human consciousness. He invented Hemi-Sync® audio technology and founded The Monroe Institute (TMI), a worldwide organisation whose mission is to advance the exploration of human consciousness and the experience of expanded states of awareness as a path to creating a life of personal freedom, meaning, insight, and happiness. Hemi-Sync stands for hemispheric synchronisation of brainwaves – a method of using sounds to induce what is called coherent brainwave patterns, which facilitate altered or expanded states of consciousness.

As hypnotherapists, we have a vested interest in altered states, using verbal guidance and trance-induction techniques to lead our clients into the therapeutic mind space where psychological and emotional healing can occur. Relaxing background music is often used to help clients to facilitate the right mood for effective therapy.

Hemi-Sync® audio technology can be a useful additional tool for therapists to draw on with clients. There are added benefits to be gained from using beautiful sounds that fill the therapy room but also lead the brain towards the desired brainwave frequency – the

theta state (4–8 Hz), which is most associated with a relaxed, meditative mind that is open to the creative process of therapeutic change.

I first learned about Robert Monroe's work in 1999, during my hypnotherapy training, of course. I quickly realised that the Hemi-Sync list, which included instrumental tracks (Metamusic®) and verbally guided tracks (Mind Food®, Human Plus® and The Gateway Experience®), would be a valuable resource for my own development as well as for clients to use to supplement their therapy. Clients are invariably enthusiastic about the range of titles available to purchase and utilise to take them on the next stage of their journey, once their hypnotherapy treatment has concluded.

Robert Monroe began his career as a writer and director in radio broadcasting

in the 1950s. He developed an interest in the effects of various sound patterns on human consciousness, including the feasibility of learning during sleep. It is reported that he acted as his own research subject, keen to try out these effects for himself. In 1958, he began experiencing a state of consciousness he described as an 'out-of-body experience'. Further experimentation and research led to detailed accounts of his experiences, which he chronicled in his 1971 book, *Journeys Out of the Body*. Other interested professionals in this field joined his research, and their endeavours resulted in a non-invasive and easy-to-use enhanced binaural-beat audio-guidance technology – hemispheric synchronisation or Hemi-Sync®.

In 1974, The Monroe Institute was founded, dedicated to the exploration of

By incorporating a simple future pacing exercise, the listener can try their potential future on for size and check that it fits.

human consciousness. Robert Monroe continued to explore, research, and teach others about expanded states of human consciousness, and explore the potential for real-life applications for his audio technology. Workshops enabled participants to have personal experiences of altered states and an extensive portfolio of enhanced binaural-beat audio exercises was recorded, designed to focus attention, reduce stress, improve meditation, enhance sleep, and manage pain, among other applications. The Monroe Institute is a centre for education and research and it continues to inspire participants and promote the advancement of our understanding of human consciousness.

Robert Monroe passed away in 1995, leaving a legacy that includes his three books – *Journeys Out of the Body* (1971), *Far Journeys* (1985) and *Ultimate Journey* (1994). The Monroe Institute thrives as it builds on his vision – the global awakening of humanity. TMI offers consciousness expanding programmes, both at its centre in Virginia, and also at locations internationally. Continuing research is also fundamental to the Institute's work. Hemi-Sync, which is the trading company, continues to invest in new titles to complement the existing resources for personal development that Monroe originated and developed. It is possible to buy a number of tracks that

have Robert Monroe's voice on them, which gives a unique insight into his skill and methodology.

I joined the list of Hemi-Sync artists this year with my debut title 'Creating a Positive Future', a guided meditation that is designed to work with your inner power to focus on and energise your dreams for a better and more fulfilling life. I wrote this therapy script to give to clients as a parting farewell, to encourage further hypnotherapy practice and focus their minds on making their future as bright and as enjoyable as possible. I received many positive responses about the results that clients achieved for themselves. By incorporating a simple future pacing exercise, the listener can try their potential future on for size and check that it fits. Try before you buy – always useful before you commit to important life changes. The narrative also includes a flying sequence as part of the induction, designed as a metaphor for that feeling of being free from limitations.

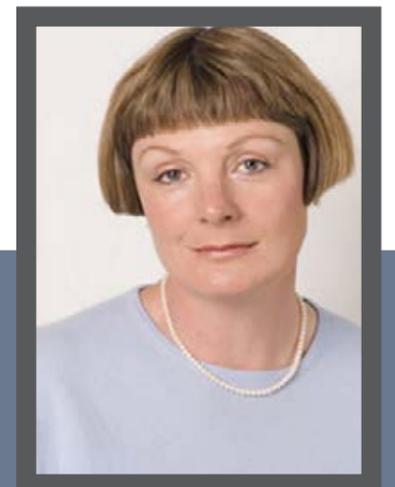
I then adapted and shortened the script to appeal to young people, to help with study, exams and finding the right career path. This script – 'Positive Futures for Teens' – was published in the *Hypnotherapy Journal* issue 2, vol. 5, summer 2005.

During the process of working with the Hemi-Sync team to refine and perfect my script, I was challenged to have more

clarity about the words, the imagery, the therapeutic intention, and the way the guided journey would work in practice. Staying true to Robert Monroe's template for the Mind Food® exercises, I was encouraged to edit, simplify and prune out superfluous words in order for the important backing music (which was specially composed for my track) to take centre stage and do its wonderful work. I duly learned an important lesson that has changed how I approach the design of therapy scripts.

Sometimes it is useful to go back to the basics and revisit the work of the pioneers who laid the foundations for our work today. By exploring suitable Hemi-Sync titles that can then be recommended to your clients, you can enrich their experience of trance and deepen their understanding of their own consciousness. The Monroe Institute is also a valuable resource for research into the practical applications of these audio technologies.

Visit www.monroeinstitute.org to find out more.



Visit www.hemi-sync.com for more information about the products. Deborah's track 'Creating a Positive Future' can be found in *Self Improvement*. A webcast with Garrett Stevens, Chairman, is also available for viewing in the News section of the website.

Hypnotherapy and the Therapeutic Power of Mindfulness

Mindfulness-based hypnotherapy, as its name suggests, places a strong emphasis on mindfulness practice. But what exactly does mindfulness mean? And what is being mindful?

In the increasingly fast-paced world we live in, life can be relentless, frantic and exhausting. We are often caught up in habits, and patterns of thought and behaviour that tend to imprison us in a smallness that is definitely not the full story of who we are. We might have a strong intuition on occasion that what is really missing in our lives in some profound way is us, and our willingness or ability to show up fully in our lives.

Mindfulness is a way of being with and attending to our experiences, with awareness rather than judgement, from

the only moment we ever get, which is now. It is about learning to bring a sense of approach and acceptance to the present moment, just as it is, however pleasant or unpleasant, easy or difficult, instead of worrying or reminiscing about the past and/or negatively forecasting the future. Mindfulness is a practice and life skill that can be easily learned, a set of tools to develop insight, clarity and discernment into the vast range of feelings, sensations and thoughts that inhabit the mind. Mindfulness helps you to become more aware of the unhelpful thought patterns that can trigger and

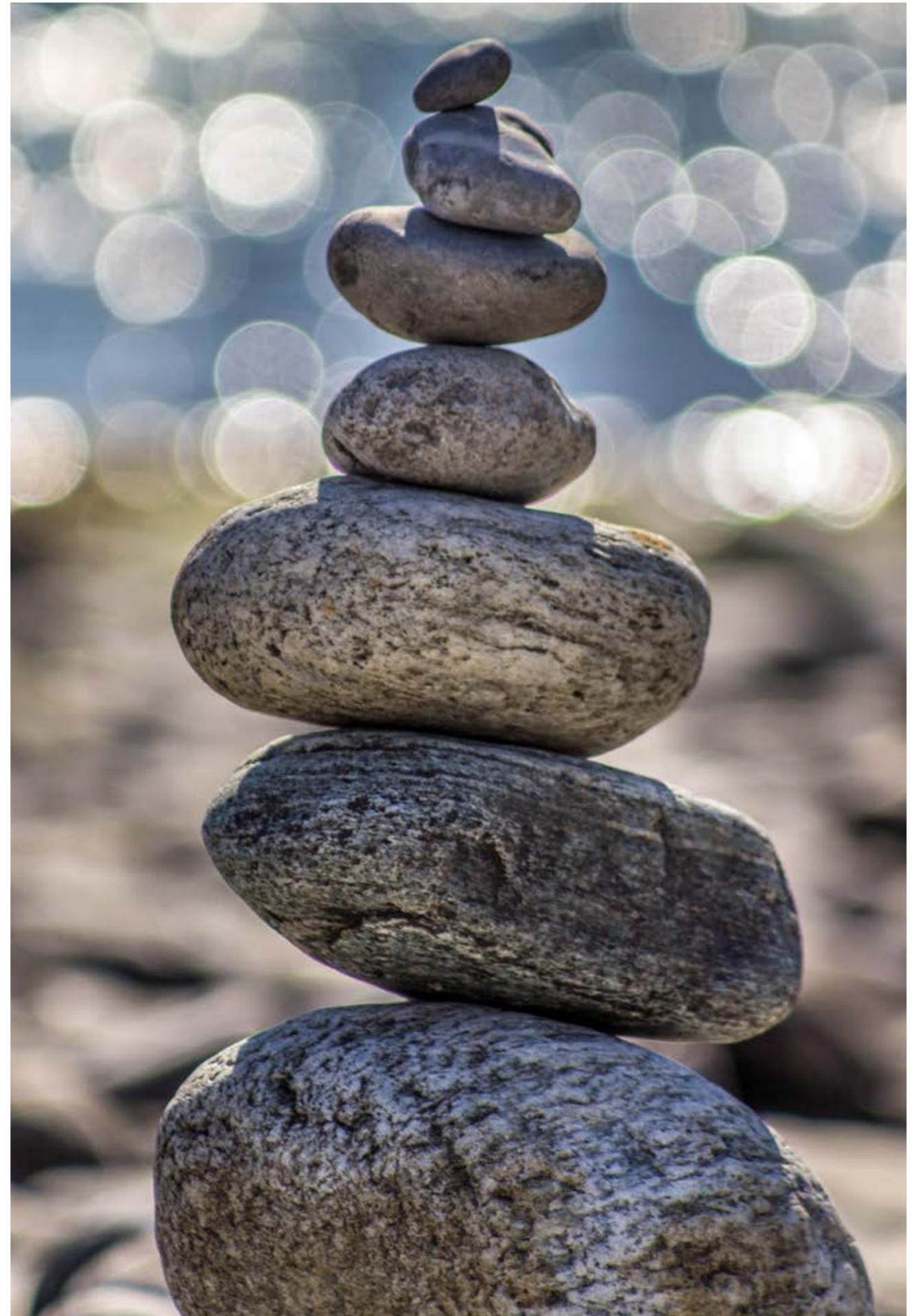
perpetuate stress, anxiety and low moods.

With such awareness comes choice, and an improved ability to respond skillfully to life's hurdles. It means learning to experience the world in a more immediate way without being constantly overwhelmed by stressful thoughts, feelings and emotions. Mindfulness techniques help you to access an inner sense of calm, allowing you to experience a stillness from which you can deal with the ups and downs of life with a much greater sense of control and balance. A mindful attitude helps you to deal with stressful thoughts, feelings and emotions by acknowledging their existence, but not getting caught up in them. Different techniques such as, for instance, creative visualisation and disassociation are often used to this effect.

The origins of mindfulness

Mindfulness has a very ancient heritage, rooted in Eastern religion and philosophy, and is very often associated with Buddhist concepts of inner peace. However, it must be stressed here that, used within therapeutic contexts, the

Mindfulness is a life skill that can be easily learned, a set of tools to develop insight, clarity and discernment about a range of feelings and thoughts that inhabit the mind.



approach has no religious aspect to it.

Recognition of the therapeutic power of mindfulness in dealing with stress, anxiety and depression has been growing across a range of different schools of therapy in recent years, particularly in cognitive behavioural therapy and solution-focused hypnotherapy.

It is an area of expertise well suited to hypnotherapy, whose practitioners are experts in teaching clients how to relax and access feelings of deep inner calm, well being and resourcefulness.

Hypnosis and mindfulness

We can all become entangled in a stream of thoughts that are definitely not helpful. Mindfulness-based hypnotherapy helps you to stand back from your thoughts and start to see their patterns. It enables you to access the inner sense of calm you need to process uncomfortable or distressing thoughts, feelings and emotions.

It is all about cultivating a state of mind that enables you to deal calmly, and with a much clearer sense of perspective, with the stresses and strains of modern living. It is an attitude of mind that can be applied in all sorts of everyday situations.

Long-term benefits of mindfulness-based hypnotherapy

- Improved ability to cope/engage creatively with short and long-term

periods of stress

- Increased calm, relaxation, balance and presence of mind
- Much greater enthusiasm and energy
- Lasting decreases of physical/psychological symptoms: stress, anxiety, depression
- Enhanced ability to cope with and manage physical discomfort and chronic pain
- A greater sense of control in working with difficult situations.

Mindfulness approaches put you back in the driving seat, giving you a sense of control and the self-sufficiency to move forward confidently with your life in ways which are rewarding and long-lasting. Hard evidence for the beneficial long-term effects of mindfulness is now being provided by new brain scanning techniques. These are leading to major steps forward in the ways that scientists understand the brain. Research data not only proves efficacy but shows that mindfulness is not a fad.

Mindfulness helps us to change our thought patterns, and changing our patterns of thinking has a strong influence on the way we view or interpret the world around us. As Wayne Dyer (an American philosopher and motivational speaker) used to say, 'If you change the way you look at things, the things you look at change.'

Anxiety, stress and anger are, more often than not, caused by our negative

thought patterns. They are not – if we stop a moment and 'look' at them – caused by the event per se. It is our way of interpreting the world around us, of interpreting our reality, that triggers stress, anxiety or anger. If the events in one's life were what triggered emotional responses, then all students at university would experience panic attacks before an exam, and all the victims of an earthquake would display the same emotional response. We all know – don't we? – that this is not the case. We can therefore see that the way we interpret our reality, the way we think, actually determines the way we feel.

Every thought form has an impact that shapes the moments to come. Thoughts often define our universe. It is not a secret that the thoughts you 'seed' in your mind and the concepts and beliefs you accept – feeling them sinking into you day after day – inevitably influence your own living reality. What mindfulness enables us to realise, though, is that thoughts are simply 'mental events' and do not have to control us.

What Is Cognitive Hypnotherapy?

Cognitive hypnotherapy is a little different from traditional hypnosis.

Classed as solution-based brief therapy, cognitive hypnotherapy, or 'CogHyp' as it is also known, draws on a range of techniques and disciplines to create a therapeutic framework with roots in modern neuroscience, scientific research and a host of established therapies. Utilising the best techniques taken from Neuro-Linguistic Programming (NLP), clinical hypnotherapy, regression, Emotional Freedom Technique (EFT) and coaching, the aim is to restore the connection between mind and body so you can feel strong and capable no matter what life throws at you. The major roles of the unconscious mind can be summarised as follows:

To minimise the need to pay attention to routine behaviours

One of the underpinning principles of this form of therapy is the notion that we all enter 'waking trance' multiple times every day: when driving, exercising, brushing our teeth, etc. The everyday trance state allows us to function day-to-day by taking over tasks that we perform routinely and that don't require too much of our attention. It does this because the brain is having to process so much information at every moment of every day, it has developed this 'auto-

pilot mode' mechanism as a means of efficiency.

To provide a 'survival instinct' as a means of protection

The primary role of the unconscious is to protect us and ensure our survival at all costs: it scans our surroundings constantly, using our senses, to determine whether we are safe or not and behaves accordingly. We are complex beings made up of millions of years' worth of evolutionary survival mechanisms and our unconscious thought processes are always on the lookout for something that might threaten our safety.

Most of the time, these two separate processes work very well for us. However, problems can occur when we are facing emotional problems such as anxiety; we develop bad habits that we can't seem to break – compulsive behaviours, addictions, phobias and so on. This is due to what we call 'unconscious drivers' in our brain thinking that the behaviour is doing us good somehow, even if it is not. This, in turn, can cause compulsive or impulsive behaviour or thinking whereby we inexplicably do the same thing over and over again, unconsciously believing that it is doing something positive for us. This doesn't have to make sense to

the logical, more conscious mind, and often does not. Sometimes, it is almost as if our brains are so good at trying to protect us that information is fired off in our brains before we get the chance to consciously interrupt the process and prevent it. This is sometimes known as a 'disconnect' between mind and body.

This disconnect can occur for a variety of reasons such as trauma, learned behaviour, and outdated thinking patterns. For example, imagine that you have a phobia. There will be a significant emotional event (SEE) connected with the stimuli that trigger the phobic reaction. It is likely that you once had an encounter that caused a deep emotional response, and triggered your fight, flight or freeze response. The response worked, your brain thinks it did its job and protected you from whatever scared you; it stores the response and will react to the stimuli in the same way next time. Every time this pattern is repeated it compounds the message to the brain that this is the right thing to do, and every time it happens the behaviour becomes more automatic until you can't even remember how or why the cycle started. The problem arises when the response is not appropriate for your situation – the context has changed but the response has not.

This is where cognitive hypnotherapy

Stephan Toqué trained at the Clifton Practice, a recognised centre of excellence for hypnotherapy. He holds the Hypnotherapy Practitioners Diploma which is considered the 'Gold Standard' in hypnotherapy training. He is a member of the NCH. He says, 'For me, there is nothing as rewarding as seeing people free themselves from deep-rooted issues they may have felt burdened with for years, and then fulfil their potential. Solution-focused hypnotherapy changes people's lives in a way that empowers them and puts them back in control.'

His clients come from all walks of life and are of all ages with a variety of issues, although he specialises in anxiety-related issues and work-related stress. His aim is to always collaborate with clients and help them to get back in the 'driving seat', trusting every single moment to unfold for their highest good and becoming aware of the numerous inner resources they can tap into.

Originally from France, he offers hypnotherapy both in English and in French.



can help. For treatment, a client does not need to achieve 'deep trance' in order for the therapy to work; they need to break the trance, so to speak. In fact, cognitive hypnotherapy is largely conversational and totally conscious.

What is it good for?

• Depression, anxiety and panic

Most of us have experienced all or some of these symptoms – they are all too common in the modern world. Generally speaking, anxiety and panic are fears of what might happen, while depression is connected with events in the past. These feelings are a complex series of chemical and neurological reactions that occur due to outdated or unhelpful survival responses. Cognitive hypnotherapists help clients to conquer these issues by eliciting the details, offering support, and coming face to face with the root of the issues. This allows for the potential to make lasting changes that help to regain control of thoughts and feelings.

• Phobias and fears

Phobias tend to be universal and classifiable, such as spiders, needles, cats, dogs, snakes, germs, lifts, public speaking, flying, balloons ... The list is seemingly endless. Anyone can develop a phobia of anything at any time. No phobia is trivial; at best they can be really inconvenient, at worst a sufferer will behave irrationally and totally out of character. Phobias are a way of your mind reacting to something it thinks is going to kill or harm you. While they tend to be glaringly obvious and come in an array of forms, fears can be less obvious, niggling away at you and eroding your self-esteem. Cognitive hypnotherapy is very good for dealing with phobias and underlying fear, because the techniques used can help to find the triggers and change the responses to them.

• Confidence and self-esteem

Unfortunately, many people suffer from self-doubt; negative self-image; demoralising thoughts; and feelings of inadequacy. Cognitive hypnotherapy is very good for helping to change this, because the techniques used aid in uncovering individual strengths and potential, changing how one sees him- or her-self and reinforcing a sense of self-worth. Through learning to focus on inner resources, people can feel freer and stronger about who they are, enabling a happier, more rewarding and enriched life.

• Smoking and bad habits

Habits tend to be largely unconscious, with the conscious aspect being a secondary factor. The behaviour, or habit, might be viewed as a crutch or coping mechanism that a person is afraid to let go of. Smoking, drinking, nail-biting, self-sabotage, phone or online addictions, mindless eating, excessive exercise, cleaning and so on are just a few examples of habits a person might want to break. Behind every habit there is a reason for the behaviour, a driver; by looking behind the habit there is the potential to unlock the drivers and find freedom from the compulsion.

Cognitive hypnotherapy is different from other therapies because it helps people to deal with current problems by pinpointing the moment they started and making space for the brain to learn how to respond differently. The aim is to understand how the problem is experienced in the mind of the client and help them to reframe it, rather than learning to cope with the problem.

Though many problems can seem daunting and overwhelming, these techniques are quite simple to learn to learn and apply, yet incredibly effective in helping clients interrupt patterns of

behaviour, reframing traumatic events and freeing them from their personal prison.



Nancy Madden BA Hons, PGCE, MA, Dip C Hyp, HPD, NLP Prac.

Nancy is a fully qualified cognitive hypnotherapist with a practice in South London. She offers a range of treatments for emotional and behavioural issues, incorporating clinical hypnosis, NLP and EFT. She has a lot of experience working with adults and teenagers and has helped many people deal with a variety of problems such as anxiety and panic; fears and phobias; confidence, low self-esteem and lack of motivation. Nancy can help with the full spectrum of issues that make life less enjoyable.

Nancy is a member of Mensa and an active member of a local karate club. Aside from her hypnotherapy practice she loves to write and to travel. Nancy recently completed a Masters at UCL, the first to research her chosen field, and is set to finish her Master Practitioner qualification in cognitive hypnotherapy this year with The Quest Institute.

To find out more go to NancyMaddenTherapy.com

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.

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If you would like to appear on this list, please contact supervision@hypnotherapists.org.uk. Your listing is free.

Supervisors listed here are currently able to accept new supervisees; if you are looking for supervision, please contact one of them.

Turbocharge Your Hypnotherapy Practice with the Power of Research

Dear Paul,

I have recently been diagnosed with oesophageal cancer. The doctors say it is in its early stages but it has come as quite a shock nonetheless. Worse still is the fact that I have to undergo radiotherapy. I'm terrified of small spaces and the idea of having scans and having to wear a mask is awful. A friend of mine had this same form of cancer a few years ago and experienced considerable pain from the therapy. I must say that I'm hardly thrilled at the prospect of this either.

So you can understand that I'm in a bit of a mess at the moment, and wondered if hypnotherapy could help me. I must confess to being a bit of a sceptic (particularly since some sites I've seen seem to suggest that hypnosis can cure cancer), but my daughter came to see you a few years ago and said the results were good.

Is there anything you could do to help me? Is there any evidence that it works?

Best wishes,
Fred

--

Hello Fred

I'm truly sorry to hear that you're having to go through this. I've worked with a good number of cancer patients in recent months and so do understand that this is a very difficult situation to be in.

You're quite correct, of course.

Hypnotherapy can't cure cancer and it is actually an offence, under the 1939 Cancer Act, to make any such claim. However, hypnotherapy has been shown to be helpful with regard to the concerns you raise in your email.

Claustrophobia relating to MRI scans is a common experience, and I've seen a few people for this in recent times. They reported a good outcome. There was some research done on this in 1990 by Paul J. Friday. The study only involved ten patients but found that hypnosis increased their ability to tolerate and complete the procedure. Hypnotherapy could help you to be free from your fear of small spaces and thus be free to undergo the treatment you need.

I have also worked with clients in order that they might be able to better moderate their experience of discomfort during medical interventions.

In 1995 a researcher called K. L. Syrjala conducted a controlled clinical trial with ninety-four cancer patients. He used hypnotherapeutic relaxation exercises and imagery techniques in order to help them to manage their experience of pain. The study found that hypnotherapeutic techniques significantly reduced these patients' experience of pain.

Interestingly, CBT approaches, when added to the above showed no positive impact.

Hypnotherapy has been shown to have a positive ability to help people with pain management. There are a great



Paul Hughes is a UKCP registered hypnotherapist 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.

There is a significant and growing body of research behind our modality.

many ways of working with this aspect of your treatment and, whilst there are no guarantees, the evidence suggests that you have every chance of succeeding in your goal of minimising such unpleasant side effects. I'll be more than glad to help you.

I can fully understand that the prospect of such a treatment, with all its potential side effects, is causing you anxiety. This is perfectly normal, natural and common.

Hypnotherapy is the ideal therapy for all kinds of anxiety. I work with it pretty much every day to good effect. I'm far from surprised that you're presently experiencing such anxiety, and look forward to helping you.

In 1990 David Spiegel MD researched the use of hypnotherapeutic techniques with regard to anxieties and stresses experienced by cancer sufferers. He found that these techniques brought statistically significant gains in helping patients to adjust to the trauma of cancer and its treatment.

Hypnotherapy is supported by a growing body of research. There is also an extremely promising thread of newer research into the field of psychoneuroimmunology. This concerns the ability of the mind to affect the body's immune system's response to disease.

Scientists long ago established the connection between positive expectation and medical outcome. In its crudest form, this is known as the 'placebo response'. Researchers are now beginning to explore the idea that the mind can have a more finely tuned effect on recovery from illness.

It is all incredibly exciting and means that you can have a positive expectation that hypnotherapy could be of use. There are, of course, no guarantees and yet I see no reason, from what you have told me to date, to believe that you could not hope to experience a positive outcome

with regard to your goals.

If you would like to discuss this further then please do feel free to contact me. If you'd simply like to book in then please feel free to suggest some dates and times and I'll be glad to reply with details as to my availability.

I look forward to hearing from you.
Best wishes

It can be tempting to write off the sceptical people who contact us with an enquiry. I've often seen them dismissed as being 'time-wasters', 'not the sort of people we want to work with', and unhappy complainants in the making. I like to think that these people are simply verging on the desperate, and are giving us the opportunity to show that hypnotherapy is more than a refuge for the eccentrics and ego-driven charlatans of a now fading public imagination.

There is a significant and growing body of research behind our modality. Using its potential can make all the difference between winning a client and seeing them disappear off into the distance into the arms of another modality.

It could make all the difference between a healthy caseload and an empty diary.

Research could beef up your website into being a solidly sound exponent of our therapy, outpacing all the sites of other local therapists who simply rave about the most recent, and unresearched, wonder-protocol. Research could be used to show local GPs and other health professionals that hypnotherapy is more than simply watch-swinging mumbo jumbo. Medical referrals could be coming in your direction if you set the standard for evidence-based integrity in your local area. It could help to give our field the respectability that sometimes feels

imperilled by tacky TV shows and stage acts.

Medical and scientific communities are showing an increasing interest in our field, and some therapists, such as Garry Coles, are doing very well within the medical establishment. Become more versed in the research and in evidence-based treatment protocols and you could too.

As the 'Home of Hypnotherapy', the NCH is determined to support its members in having access to research. Our website features an extensive database of research into the clinical application of hypnosis. Take a look – and use it to your best advantage.

There are other sources of information too. Google Scholar can be a fruitful place in which to find publicly available research papers. Other websites such as <https://www.ncbi.nlm.nih.gov> can also be searched, often with excellent results. I often hear (and once believed) that infinite variables, such as therapist and client personalities, for example, render research into the therapeutic impact of hypnosis difficult or impossible to conduct.

Good research will always iron these out as far as possible. However, consider this: if a research paper irons out the therapeutic alliance and still finds hypnosis to have a statistically significant impact upon a complaint or condition, imagine how much more powerful your own skills and attributes will render that same approach! Research can only show the baseline effectiveness of our modality. Teamed with your own individual skills the impact, in the field, must be vastly greater.

So harness the power of research in your marketing, in your practice, in your building of relationships with prospective clients and professionals, and the results could transform our field from being a frequently side-lined curiosity to being a part of the mainstream.



Play in the Therapy Room

As a therapeutic social worker, I have been incorporating play in my work with clients for a number of years.

Experiencing the benefits of this meant it seemed only natural to incorporate play into my work as a hypnotherapist too. When I use play with children, I see them change from being shy, wary or even angry, into happy, more open and visibly more relaxed children. I have been trained by the Theraplay® Institute and regularly use their principles, which suit many of my clients' needs – including children who struggle with confidence and self-esteem, anxiety, anger, difficulties with regulating their emotions, children who have experienced trauma and loss, and the list could go on.

A typical day in my therapy room will include playing with balloons or bubbles; we might sing songs, or make up a 'high five' greeting with sound effects. I use feathers and movement, all with the intention of helping my clients

to move from their more primitive brain, and fight/flight/freeze, into their more intellectual mind, where they can start to feel more relaxed and positive. My training has given me the advantage of being able to choose activities or games that will quickly help a child to become whatever it is they are most hoping for. For example, if a child is lacking in self-esteem and wants to have the confidence to walk past a group of children in the hallway, I would likely play a game that will offer them some challenge that I know they can achieve and succeed in. This helps them to feel good about themselves and reminds them of what that feels like. I can then explore this feeling by talking about it with the child, and I can carry the feeling forward using hypnotherapy. Similarly, if my client wants to manage their 'big feelings' better (self-regulate) I might choose an activity that really gets them moving, their heart racing and then slow the activity down so the child can experience the physical changes in their bodies with both activity

levels. We would talk about that, and I would show them how they can create the same effect using breath work or progressive muscle relaxation, before starting hypnotherapy. In essence, my aim is to make my sessions fun but with a therapeutic agenda.

When working with children, I very much believe that I also need to work with the parents. Happy parents make for a happier child, and play is just one of the ways I get them involved. So, when a child asks for their parent to stay with them in the therapy room, I include them in the play too. What tends to happen then is that the parent relaxes, the parent and child experience a positive bonding moment, and the dynamics of their relationship can improve.

I don't think that play needs to be reserved for children and families. As a solution-focused hypnotherapist, I encourage my clients to be positively active, so they can produce all of those monoamine neurotransmitters that will help them to feel good. Personally, I think the best way to be active is by

doing something that you find the most fun. Some of my adult clients have completely lost touch with that feeling of joy that came to us all as children, when we were playing. In this instance, I like to help them remember those times, and together we explore ways they can reconnect with those feelings as an adult. From this I have found myself playing 'snap', and playground clapping games with clients mid-session. The simple act of doing this can help clients to identify those things they can do as adults that bring them the same sense of fun and joy. 'Playing' as adults can come in all shapes and sizes, dressing up for Halloween with your children, playing fetch with your dog, going on an adventurous bike ride with your partner, even solving a crossword can be play if it feels fun and brings a sense of joy.

Whilst I firmly believe that play has a helpful role in my therapy room, it does not distract attention away from other therapeutic techniques. It is surprising what can be achieved with just ten minutes of play in a session with adults. The rest of my time will be spent teaching my clients about the neuroscience of happiness and using solution-focused psychotherapy and hypnotherapy techniques.

The result of all of this isn't just to put a smile on my client's face, although that does generally happen: it is also about producing that chemical reaction in the brain that will help them to move forward in the way they want to. Just like sleep and dreams, play has important biological functions and provides benefits for us all. Some of the major findings from the neuroscience of play include that it can create a simultaneous sense of safety and adventure, it enhances creativity and imagination, and it can encourage us to adapt and build new connections. It can also be an important source of relaxation and stimulation for adults. In this context, it makes absolute sense to incorporate play into the therapy session when it is appropriate to do so. The secondary benefit to all this is that I love waking up for work in the morning! I get to play and laugh too, so I reap the same chemical rewards as my clients.

If you would like to learn more about this benefits of play, The National Institute for Play provides a lot of evidence-based research and facts that are easily accessible.



Leanne Astalos BA (Hons), DSFH, HPD, AFSFH (Reg), CNCH (Reg), MNCH (Reg), HCPC (Reg)

Leanne is based in a private clinic in Stanwick, Northamptonshire. She has worked with children and families for over fifteen years; throughout this time she has worked with children who have experienced loss and trauma, and she provides post-adoption support to adoptive families. Leanne has dedicated her career and learning to understand how trauma impacts on the brain and what can be done to repair any damage. Leanne is a therapeutic social worker, a mindfulness practitioner and a solution-focused hypnotherapist trained at the Clifton Practice.

www.essentialhypnotherapy.co.uk



I don't think that play needs to be reserved for children and families...

The Supervision Practitioner Diploma



Donna Green
supervision@hypnotherapists.org.uk

Our Supervision Award, already accredited by the NCFE, is in the process of being trademarked as the Supervision Practitioner Diploma SPD (NCH) to create the supervision equivalent of the Hypnotherapy Practitioner Diploma HPD (NCH).

In the mean time, we are delighted to be able to have nearly 100 recognised supervisors within the NCH.

Our Journal provides a list of about 30 supervisors who are all ready and able to provide you with excellent-quality support to assist you in your practice. Many offer supervision via

Skype or Zoom, one-to-one and/or group supervision.

Once you graduate from your training school, you can choose whoever you like to be your supervisor. Our extensive list means that you will be able to find someone who suits your needs!

I can be contacted at my usual email

address: supervision@hypnotherapists.org.uk.

If you have any queries or comments, please do get in touch. I'd love to hear from you.

Membership Services

Hello and I'm Nick Cooke, your NCH Member Services Director. I'd like to introduce myself, tell you a little about what I do, and make a request for your help and support.

I'm a very experienced hypnotherapist and mindfulness teacher, and a trainer in both those fields. A few years ago I was elected a director of the NCH, firstly as Development Director, followed by a stint as Supervision Director. After four years I resigned because of other commitments.

In 2017, I was invited to be a presenter at the NCH conference on the subject of Acceptance and Commitment Therapy (ACT). During the AGM it was made clear that the NCH needed an additional director to help run the organisation. Some bizarre craziness in me meant that I put my hand up and was re-elected. The rest is history! Perhaps I should remind readers that NCH directors are unpaid and mostly they fit in their NCH work alongside full-time

jobs.

The title of my board role ('member services') is somewhat misleading. Officially I'm responsible for the services that we provide to our members, however, in practice all the directors share responsibility. Most of my time is taken up with organising our annual conference and in line-management responsibility for our journal.

Matters related to membership – questions, renewals, upgrades etc. – are not handled by me but by my knowledgeable colleagues, Karen and Yvette.

We often invite our members to share with us what they would like the NCH to do for them and also perhaps to consider what they could do for the

NCH! It's your organisation after all. Just a personal request – I'm planning on stepping down from my directorship in August 2019 when I will have completed two years on the board. This means that at our conference and AGM in London on Saturday 22 June we will need to vote in at least one new director. Give it some early thought please, and consider whether you would be interested in taking on a leadership role in your profession. If so, I'd love to hear from you: services@hypnotherapists.org.uk

I hope I'll be seeing you at the conference and if you haven't booked your ticket yet there's still time to do this, securing a special member's rate, via our website: <https://www.hypnotherapists.org.uk/8250/nch-c-2019/>

Preparing for Communication Success: Self-efficacy



Image: Elena Koycheva on Unsplash

Communication is a skill that you can learn. With a little work, you can quickly and easily enhance the quality of every part of your life.

How would you define effective communication? In its simplest form, it can be that your message is sent and received in such a way that all parties involved understand the intended meaning.

What makes someone an effective communicator? Many people think that a key quality of an effective communicator is that of self-confidence. However, self-confidence has many different components, including our sense of achievement and skills and how we cope in our everyday life. High self-confidence enables people to be confident in their belief in their ability to complete tasks.

Self-efficacy is a common key 'communication competency'. High self-efficacy enables people to be confident in their ability to respond to challenges and setbacks. Psychologist Albert Bandura first suggested, back in 1977, that self-efficacy plays a major role in determining our likelihood for success. He considered there are four key areas for self-efficacy development: mastery of tasks, observation of the success of others, the influence of the views of others, and how we manage our emotions.

Mastery of tasks

Successfully mastering a task is thought to enhance self-belief, whilst a failure can undermine it. Resilience (our ability to bounce back from adversity) develops from our experiences of using effort and

perseverance to overcome obstacles. Whilst it is considered that the more success you experience, the more success you are likely to enjoy in the future, it may not be quite that simple. When a challenge is too easy, it doesn't contribute to the development of self-efficacy. However, if it is perceived as too hard, or unachievable, you are less likely to make any effort, which may also affect the possible outcome.

Development of motivation, resilience and determination is important. The personality-trait theory of 'Locus of Control' relates to how much influence you consider you have over the outcomes of your life. If you are 'overly external' in your Locus of Control, you are likely to consider that you have little control over your life and are at the whim of fate. If 'overly internal', you are likely to take on responsibilities far beyond your sphere of influence. Reaching and maintaining a balanced Locus of Control means that you take appropriate responsibility for your responses to situations. Similarly, working on problem-solving and decision-making skills will contribute to a more balanced Locus of Control, as you gain confidence from the choices you make.

Typical positive self-statements to motivate mastery include:

- 'I do and say what I believe is right, rather than what is expected of me.' (demonstrates you are taking responsibility for your own decisions)
- 'I handle new situations with relative

comfort and ease.'

(shows you are open to change)

- 'If something appears difficult, I face it.' (facing rather than avoiding challenges)
- 'I work to achieve my goals and believe my efforts will be successful.' (recognising that your own efforts can be rewarded)

Vicarious experiences

If you can relate to someone else, particularly role models and people of influence, and you see similarities between yourself and them, you are more likely to have belief in your own capability to achieve success (if they also have success). Seeing others succeed, especially your role models, can be motivating. Yet it can work against you as well. If you relate to others and they are working hard without achieving success, this can demotivate you. However, their lack of success can provide valuable information about what didn't work. Internal (self-) motivation can be more powerful than solely relying on others for motivation, although external motivation can be helpful and is found in many places. Appropriate networking and support groups can be useful, as can the right mentor. A simple internet search for these will find a good range of different groups and services. Perhaps explore several, to get the best fit for you.

Typical positive self-statements to motivate the benefits of vicarious experiences, include:

- 'People whose opinion I value give

me positive feedback on my work and achievements.'

- 'I have contact with people of similar skills and experience who I consider successful.'
- 'I learn from the successes of others.'

The influence of the views of others

Influential people (those that matter to you), and their positive view of your abilities, can strengthen your belief that you have what is needed to succeed. If you believe you can achieve something, you are far more likely to put in sufficient effort and persist during challenges. However, if those same influential people have doubts about your abilities, this can reduce your will and your belief. You are then less likely to succeed. Being realistic is fine. If people are simply negative because they are negatively focused people, you may wish to reconsider whether their opinions are helpful.

Emotional and psychological state management

Your emotional states and psychological health can influence your self-efficacy. Tensions and stress can lead to insecurity and poor performance and result in reduced levels of confidence. In contrast, well-managed stress and a positive mindset can reinforce confidence in your

skills, and give you a sense of resilience and assurance in your ability to deal with whatever arises. Consequently, it can be helpful to focus your effort on developing stress management strategies and generating an optimistic outlook.

Typical positive self-statements for emotional and psychological state benefits include:

- 'I feel positive and energised about life.'
- 'When I encounter difficulties, I feel capable and positive about my ability to cope.'
- 'I confidently face challenges.'

Imaginal experiences

Psychologist James Maddux (2005) suggests that there is a fifth component to the development of self-efficacy, that of engaging the use of visualisation to experience oneself acting successfully in a particular situation. Mental rehearsal and the use of the imagination is highly effective in behaviour development, emotional management and goal achievement.

Want to learn more?

Dr Kate's new book, *How to Communicate More Effectively*, has been inspired by diverse topics, concepts and experts from within and beyond the hypnosis and communication fields. It explores many strategies, techniques

and activities, and blends 'real-world' information with 'ready-to-use' influential techniques. These aim to take your awareness beyond the theoretical into your everyday language. The book offers wide-ranging applications in all situations where maximising the comprehension and impact of what you say (your 'communication message') is important.

Perhaps you are already a great communicator, simply looking for a few gems of information. Or you may be seeking to address many different aspects of how you presently communicate. It might be that you are struggling to get your message across to people in a working environment. Or perhaps you have a couple of challenging children, or relatives, who are simply not listening to you.

Whatever your intended application, Kate Beaven-Marks's book will offer you practical and useful information and techniques to help you enhance your communication effectiveness in any situation. It is available from: <https://getbook.at/H2CME>.

Friedman and Rosenman – Personality Types and Stress

What is stressful to one person is often just in a day's work for another; the difference probably being in their perceptions of the various events. Mental health professionals have often suggested that personality can play a significant role in how people perceive stress. But how do these differences in personality arise?

It is thought that a variety of social, biological, psychological and behavioural factors can influence the development of our character.

Scientists tend to agree that genetic personal chemistry, or inborn temperament, influence a child to respond to its environment in ways that can be assertive or shy. Such inherent tendencies are then influenced further by

ongoing experiences. The combination of inheritance and experience form an individual's characteristic ways of behaving, feeling and thinking – what we call the personality.

Some studies have also purported that men and women handle stress differently – a difference that scientists have attributed, in part, to oestrogen. This may account for the fact that

women are three times more likely to develop depression in response to the stress in their lives than are men. However, women, unlike men, tend to have stronger social support networks to which they can turn during times of stress. These social supports may help explain why women generally seem to be better able to cope with stress than men.

In the 1950s, Meyer Friedman and



For Dr Kate Beaven-Marks, an interest in how people communicate, both with themselves and others, has been a thread running through her entire career: her work as a speaker, educator and corporate trainer, both in the UK and internationally, has been extensive and covered many sectors.

Kate is also a highly experienced and extensively qualified clinical hypnotist and Master Practitioner of NLP, with advanced degrees in management, psychology and education and a considerable number of hypnotherapy specialisms and advanced trainings.

Kate is an energetic and enthusiastic trainer, with a cumulative theoretical and practical knowledge of communication, hypnosis and therapy that would be difficult to surpass. She is an exceptionally talented, honest and approachable expert in the field of hypnosis and communication. She is a founding director of HypnoTC: The Hypnotherapy Training Company, one of the UK's top hypnotherapy training schools and has written widely on wellbeing and hypnotherapy. She has been published and featured in a number of leading magazines, journals and newspapers, including Men's Health, the Daily Mail and the Sunday Times.

R. H. Rosenman were researching the possible causes of coronary disease. After a nine-year study of over three thousand healthy men aged 35 to 59, Friedman and Rosenman speculated that certain patterns of behaviour carried a higher risk of stress and disease. They categorised personality into three types:

Type A

Type A personalities have a temperament characterised by (some say excessive) ambition, aggression, competitiveness, drive, impatience, need for control, focus on quantity over quality, and an unrealistic sense of urgency. The theory describes Type A individuals as outgoing, ambitious, rigidly organised, highly status conscious, sensitive, impatient, anxious, proactive, and concerned with time management.

People with Type A personalities are often high-achieving 'workaholics'. Over 60 per cent of CEOs in the United States are believed to be Type A personalities. They push themselves with deadlines and hate delays and ambivalence. Working relationships between Type A and Type B personalities (see below) are likely to be fractious as neither type will be able to give the other what they want or need.

Type A personalities are commonly associated with a high risk of stress that leads to coronary disease and other serious stress-related ailments.

Type B

Type B personalities demonstrate a behaviour pattern characterised

by a relaxed manner, patience, and friendliness. The theory describes Type B individuals as a total contrast to Type As. Type B personalities typically work steadily; whilst they may enjoy achievement, they have a tendency to disregard physical or mental stress if they do not achieve. When faced with competition, they will focus less on winning or losing than their Type A counterparts, and far more on enjoying the game regardless of the result.

Unlike the Type A's rhythm of multi-tasked careers, Type B individuals may be attracted to creative careers such as writer, counsellor, therapist, actor or actress. However, experience shows that IT network and computer systems managers, professors, and judges are likely to be Type B individuals too, as their personal character can lead to exploring ideas and concepts. They are often reflective and think of the 'outer and inner world'.

By definition, Type Bs are noted to live at lower stress levels which almost certainly decreases their risk of stress-related heart disease.

Type C

Type C personalities demonstrate a psychological disposition whereby, on the surface, they can seem quiet and thoughtful; however, underneath they may be frustrated and angry. A person with a typical Type C personality can appear to lack emotion, and they do not usually assert themselves but instead want to pacify others. Type C personalities can show similar

characteristics to Type As; however, they are usually not as obsessed with time management and this can lead to work conflict with Type As. Because of their surface calm, good working relationships with Type Bs are often forged. Type C personalities also seem to have a hard time sharing their emotions and are thus often categorised as being emotionally repressed.

Their repressed anger and frustration can cause stress, leading to an inhibition of their immune system, and experience shows that Type Cs might be associated with a greater chance of developing cancer.

Whatever the basis for the different personality types, knowing which you are gives you an opportunity to make lifestyle changes that could shield you against stress. There are questionnaires that you can download for your own use, or for clients, which can be relatively accurate (few questionnaires are totally accurate!) at predicting your probable personality type. Once you know what type you are likely to be, you can decide whether you need to make some changes to your life – particularly if you are Type A or Type C. Hypnosis, meditation and mindfulness could be life-savers!



Phil Wheeliker is a practising psychotherapist and business psychologist based in Wakefield, West Yorkshire. Educated to Master's degree level in Business Administration and Psychotherapy, he has specialised in stress management, particularly in a corporate setting, and works with both individuals and companies to improve performance. He is a visiting lecturer in psychology and management for the Kuwait National Petroleum Corporation and is currently delivering training in management and leadership to Rolls Royce.

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?

We plan to produce a Journal about every four months, please check the notice board in this issue or contact the editor for details of the next submission deadlines.

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.

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!



MELISSA TIERS - ADAM EASON - DR NEIL STANLEY - JAMES TRIPP

TICKETS ON SALE NOW

Log in to our website and visit the following URL to obtain tickets at a special rate to NCH members!

<https://www.hypnotherapists.org.uk/system/signup/nchshop>

Venue and Travel

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

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.

