HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY JOURNAL ISSUE 4

A WEIGHTY ISSUE

Cortisol & Dopamine - the connection to weight issues

Working with eating disorders

Healthy eating, nutrition and food science

Exercise is fun - honest!

AFSFH - AGM - AOK!

acronyms apart - our philosophy of making fun out of the everyday events received a lot of positive feedback

Well, 22 January saw our first ever AGM dawn bright and early.

It has to be said that we are a fun lot, full of enthusiasm etc, so not for us the staid and dry formal AGM. Whilst Nicola was trying to figure out how to get the video to work, Clementine was sorting the sandwiches and David had been sorting the chairs. Then it was time to begin - once we'd allowed 15 minutes for the late arrivals due to the roadworks that seemed to have overtaken Bristol. David undertook one of his hearty welcomes and then passed over to Nicola who outlined some of the great steps we had achieved in our first year. It was then over to Stephanie to deliver the Accounts for the year - and she did a brilliant job as we understood what was said!

Following a lively little video of what we feel we're all about, Sharon then took us through the 5-10 year plan that she had been working hard on over the last 6 months and wow, are we going to knock some socks off! Our thanks go to Julie Gibbons who, as our new Events Manager, organised the event. The minutes of the meeting will be sent out to all members and posted on the website if you want to catch up with what was said.

A big thank-you to all those who attended, we're pretty sure you would have enjoyed yourselves.

PR/Marketing Update

I got quite excited when I started to plan the press releases for the first six months of the year when I realised that we are now in a position to tap into last year's Awareness press releases as well as new ones we are issuing this year. Our first Awareness press release was for Eating Disorders Awareness Week last February. Any members wishing to tap into the event this year simply needed to copy last year's press release, change the date and Bingo!

We'll be marking different Awareness events this year so that gradually over time we can build up a useful library of press resources for our members.

If there's a particular issue that you would like to have a press release for, do let us know. Provided it is of benefit to a wide range of members, we'll do our best to build it into the programme.

We're also planning to enhance some of this year's press releases with accompanying website copy and promotional A6 cards, which can be delivered door to door. Alongside that we'll be developing template marketing letters to GPs, HR departments and other target sectors.

We'll be running more Marketing courses, too, to make sure all our members are maximising their opportunities for success.

We're determined to get the Solution Focused message out there!

Deborah Pearce - Marketing Officer

Letter From the Editor

This issue I have decided to focus on weight. It's an area many therapists seem to struggle with, myself included at the start of my practice.

My problem as I saw it was that I have never had what I consider to be weight issues – lucky you I hear some of you cry! – but as I have over the years had major problems with phobias, and will happily sit for hours rewinding them for others - eating disorders were a complete mystery to me. One male hypnotherapist I know refuses to deal with weight loss issues because he just can't understand why people just can't get – "the eat less, run around more principle". Looking at it from experience I know it's not as simple and straight forward as that. So in this issue I have spoken to many of my colleagues who specialise in this field, bringing together weight loss, eating disorders, nutrition, exercise and the areas of biological research which help shape the way we as therapists help others tackle this growing problem.

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Penny

Penny Ling, Editor

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Hypnotherapy Today

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The Journal of the Association for Solution Focused Hypnotherapy established 2011 represents the practice of Solution focused hypnotherapists as a distinct profession in it's own right. Membership is open to those practitioners who have the appropriate qualifications and experience within the field.

Cortisol

– and why too much is seriously bad for you

A comprehensive overview by Paul Concannon

As passionate Solution Focused Hypnotherapists, we sometimes have so much information at our disposal it can be rather difficult to take stock and remind ourselves of the fundamentals of what we are looking to achieve. I see one of our primary objectives as helping our clients to learn how to 'chill out'.

With the myriad pressures of modern life, it's entirely possible for people to go week-in and week-out without ever really learning to relax. We can often equate sitting in front of the TV with our mind on overload, glass of wine in hand, with relaxation. Thus, we can miss out on the many profound benefits that deep relaxation can help us achieve.

These include lowering blood pressure, less headaches and chronic pain, decreased muscle tension, more energy, stronger immune systems, better sleep, improved attention spans, greater solution engendering abilities, efficiency and emotional balance.

When creating positive trance states, we are helping clients elicit the relaxation response. The relaxation response is defined by Harvard Medical School as 'A physical state of deep rest that changes the physical and emotional responses to stress... and the opposite of the fight or flight response.' The symptoms of the latter are well documented to us at this stage, and include increased blood pressure and heart rate, shallow breathing, muscle contraction, perspiration, stomach churning and an increase in stress hormones such as cortisol and adrenaline. In essence, the relaxation response assists the body from reacting badly when our stress levels increase.

But why is that so important and how does it relate to overall wellbeing?

The answer is far from simple and to find an articulate, medically based and accessible riposte, Hypnotherapists should seek out the workings of Shawn Talbott, PhD, author of 'The Cortisol Connection: Why Stress Makes You Fat and Ruins Your Health - and What You Can Do About It'.

Talbott's books are endorsed by The National Institute for the Clinical Application for Behavioral (sic) Medicine and provide a detailed, fascinating and a thoroughly absorbing account of the debilitating influences of stress on the body and mind, in particular the aforementioned production of cortisol, whose detrimental impacts have implications on everything from libido through to our ability to fight cancer.

It's impossible to do justice to Talbott's research and expertise in a relatively short article, but what follows is an outline of the effects of the potentially devastating consequences of excess cortisol. Hopefully this will allow the reader a deeper understanding of what it truly means for our clients when they are 'stressed out' and to help answer questions such as, 'How does hypnotherapy help with disease?'

How Stress relates to Disease

Chronic stress, Talbott tells us, leads to raised cortisol and reduced testosterone levels. This kinship has consequences in a wide range of chronic diseases. "The medical literature tells us quite clearly that many of the negative conditions associated with a "modern" lifestyle—such as obesity, diabetes, hypertension, insomnia, headaches, ulcers, depression, anxiety, poor memory, and a lower resistance to infections—are all related to high stress levels," says Talbott.

Unsurprisingly, all these unchecked, stress related conditions have an enormous impact on economic conditions. Here in the UK for example, this is borne out some of the statistics from The Health and Safety Executive regarding the impact on industry.

- Work-related stress caused workers in Great Britain to lose 10.8 million working days in 2010/11.
- On average each person suffering from this condition took 27 days off work.
- Stress is amongst the biggest problems in British workplaces, with the cost to the British economy being estimated at £3.7 billion per year.

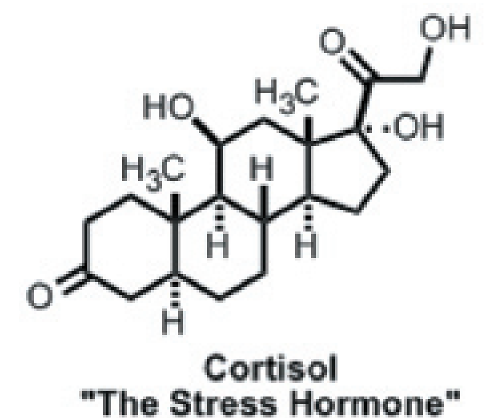
All this sickness of course means more trips to the doctor, as Talbott expresses in the context of his homeland, the USA. "Episodes of illness, doctor visits, and trips to hospital outpatient departments have been shown to double (at least) during high-stress periods when compared to lower-stress periods."

It's not just workers who are impacted either; the list of those seeing the doctor includes highly stressed students and homemakers during periods of intense stress, such as exam deadlines and family issues. So why, one would think, does the human body need a hormone like cortisol? It should be noted that cortisol is vital in helping us deal with the stresses of modern life. The issue is that excess cortisol levels can lead to a host of "related metabolic disturbances" and "an increased risk for developing a variety of chronic conditions."

Essentially, this refers to the effect on our metabolism of elevated cortisol levels, meaning a disturbing list of causes and effects with a direct line to a series of chronic health conditions, a simple example being increased appetite (due to excess cortisol) and enhanced fat storage equals obesity. Other health conditions similarly impacted include heart disease, Alzheimer's disease, depression, infections, anxiety, diabetes – all with links to cortisol induced metabolic issues.

Insulin, diabetes, weight gain and overeating

Insulin you will know about in relation to its affiliation with diabetes. Its function for the human body is to regulate blood sugar; it is sometimes thought of as a "storage" hormone because it helps the body put all these great sources of energy away in their respective places for use later. "The primary effects of stress in raising one's risk of diabetes related to chronically elevated levels of glucose and insulin in the blood," says Talbott. One of the first signals the body must send out (via cortisol) during periods of stress is a message, "No more energy storage!"—and that means shutting off the responsiveness of cells to the storage effects of insulin. "Telling the body's cells to ignore insulin on a regular basis, as happens



Cortisol
"The Stress Hormone"

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with chronic stress, can lead to a condition known as insulin resistance and predispose a person to the development of full-blown diabetes," he continues.

Stress causes weight gain mainly because of an excessive secretion of cortisol, along with a reduced secretion of anabolic hormones, such as DHEA (Dehydroepiandrosterone), testosterone, and growth hormone - a nasty combination which causes the body to store fat, lose muscle, slow metabolic rate, and increase appetite. Overall, stress makes us burn fewer calories and consume more food, especially carbohydrates – which as we know when not burnt, quickly convert into fat frequently in the abdominal area.

For yo-yo dieters, there is more bad news here; people who have restrained their eating habits are likely to be more stressed, which of course, creates more cortisol – a cruel quirk of human psychophysiology. "Adding fat in the abdominal area (in response to stress) changes the body shape from that of an hourglass to more of a shot glass—and repeated diets only compound the problem," Talbott explained. "Fat accumulation in the abdominal area is a condition that is closely associated with heart disease, diabetes, hypertension, and high cholesterol."

The hypothalamus is that bit of the brain we tell clients about in our consultations which, "Regulates chemical responses in the body and mind." Related to stress, it secretes corticotropin-releasing hormone which kills the appetite (we tend not to be thinking about lunch when under polar bear attack) conversely, CRH makes us feel like we're having a panic attack, so nobody is recommending it as a diet supplement and these hunger suppressing effects only last for a matter of seconds in any case. Sadly, following on from the aforementioned stressor is an intense upswing in cortisol—which encourages our need to eat in the minutes to hours following the stressful event; comfort eaters can relate to this. "We're rarely expending huge amounts of energy when dealing with our modern stressors (sitting in a traffic jam doesn't burn very many calories), so the stimulated appetite makes us eat when we really don't need the calories—and we get fat," edifies Talbott.

Many further details of the profound link between cortisol and metabolism, and the dangerous impacts on weight gain and insulin can be found in The Cortisol Connection series; examples include loss of muscle mass, breakdown of tendons, and ligaments, decreased protein synthesis (to conserve amino acids for conversion into glucose), increase in blood-sugar levels, increase in appetite and carbohydrate cravings to name but a few. "Are we destined to become fat as a result of our stressful lives? Probably—unless we learn to control the adverse effects of cortisol," argues Talbott.

His work is packed to the rafters with scientific evidence taken from many high level studies, and as if to prove the old adage, 'It's all about balance' we are further informed of the impact of overtraining and our levels of cortisol, "Over-trained cross-country skiers experience the very same adverse effects of elevated cortisol levels, such as mood disturbances, immune system suppression, and increased levels of body fat."

"Basically, they were exercising their brains out to get in better shape, but their elevated cortisol levels were hampering, and indeed outright preventing, their progress."

Thankfully, there's plenty of good news there too, referring to a Swedish scientific study he explains: "A 13–14 percent reduction in cortisol levels is associated with a weight loss of more than twelve pounds. This means that despite the gloom and doom caused by the link between stress, cortisol, and obesity, we have some hope that by controlling cortisol levels we can make a positive impact on our body weight and level of body fat."

How often in our consulting rooms have we had clients reporting "low energy levels and fuzzy mental functioning"? Something called Syndrome X, says Talbott, could well be responsible: "If you are starting to gain weight, feeling low on energy, seeing your cholesterol level and blood pressure creep up, and feeling as if your mind is not quite as sharp as it used to be, you are a likely candidate for developing (or you are already suffering from) syndrome X. Among the early signs of syndrome X are low energy levels and "fuzzy" mental functioning. Very often, these feelings strike following meals, due to the body's difficulty handling carbohydrates."

And the root cause of syndrome X? You've guessed it – cortisol. It's important to note, this information is not requiring of us to play the doctor's role and begin diagnosing our clients, but it serves as further clarity on stress and our role in helping clients to combat it.

As therapists we can relate to cortisol's roll in fatigue and insomnia, two areas that depressed and anxious clients will report to us as a natural part of their symptomology. A better understanding of cortisol (that word again!) can help us communicate one of the key reasons why they are feeling so dreadful. Conversely, we are of course armed with the knowledge of how they can produce the feel good neurotransmitters such as dopamine, noradrenaline and good old serotonin; relaxation, positive thinking, interaction and enjoyable exercise.

"Cortisol levels are elevated in response to stress, so any stressful events encountered in the late afternoon to early evening will hamper a person's ability to relax and fall asleep that night. If you'll recall, one of the many effects of cortisol is to increase a person's level of alertness—which is exactly what you want to avoid right before bedtime," says Talbott. "But it's not just that a lack of sleep leaves you feeling crappy; research shows that even mild sleep deprivation can actually destroy one's long-term health and increase one's risk of diabetes, obesity, and breast cancer." So what we can see here is a complete picture developing of the importance of looking at the whole person, and further ratification of our practice in Solution Focus.

- The stress/libido relationship is tied to cortisol levels
- Endorphins actually suppress some of the hormonal steps that produce testosterone
- Extremes exercise coupled with inadequate recovery produces cortisol
- Stress causes hormonal balance gets all out of whack impacting oestrogen and progesterone levels drop (very common in female endurance athletes)
- This can cause eggs not to be released from the ovaries, a condition called anovulation
- Menstrual cycles can become irregular or cease altogether

Cortisol and Sex Drive

"You don't need to read a book about the relationship between stress and disease to know that when we're stressed out we also have problems in the 'intimacy' department," writes Talbott. "Stress simply makes us lose interest in sex. In males, this is due primarily to a dramatic fall in testosterone levels during stressful times. In females, the stress-induced loss of sex drive is a bit more complicated, involving disruption in levels not only of testosterone, but also of oestrogen, progesterone, and prolactin."

This is a detailed area, and can be done with little integrity in the relatively short space available here – some of the key points are listed above in the boxed off area.

Here we can draw a simple conclusion; stress has a negative effect on our sex lives, and in our ability to procreate.

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Perhaps most ominously, there is disturbing evidence that what cortisol does to our immune function can curtail our ability to fight that most insidious and distressing of diseases, Cancer. "We know that cortisol has a direct effect on shrinking the thymus and inhibiting white blood cell production and activity," explains Talbott. "Finally, and most remarkably, is the fact that cortisol can actually act as a signal to many immune system cells to simply shut off and stop working (that is, the cells die)."

The message is chilling, stress causes cortisol and cortisol effects the production of the cells our body uses to fight cancer. There are complex processes at work here, and in our consulting rooms, our inclination need not be to dazzle our clients with science, however the link between cortisol and disease can be an incentive for people to be an active participant in the reduction of their stress levels, especially when they are able to understand their anxiety being through the roof at the same time as them being ill is more than just a nasty coincidence. This knowledge can be deeply empowering because whatever the affliction the message is simple; reduce stress and we can start to feel better.

It's not only cancer which is impacted by excess cortisol – autoimmune diseases (wherein the immune system attacks the body's own tissues) such as multiple sclerosis, lupus, fibromyalgia, and rheumatoid arthritis are on cortisol's hit list. "Most of the world's top immunologists and stress physiologists are baffled by the fact that stress increases immune system function on the one hand, but then turns around and dismantles one of our most important protective systems on the other."

It is fair to conclude at least part of the answer to the latter pertains to our modern lifestyles; running on empty at a hectic pace simply does not allow cortisol levels to return to normal. Now it is important to remember, here we are painting merely light brush strokes on this multifaceted subject, especially relating to the autoimmune aspect; cortisol is only one link in an intricate chain of events.

Hearty truths about the stress response

We will not be surprise to learn that all of this stress hormone surplus is going to be detrimental to our ticker. "Chronic activation of your stress response system increases your risk of blowing a gasket in your heart—otherwise known as heart disease," said the writer.

A few of the 'lowlights' include:

- Our blood gets thicker because of the tendency of stress hormones to promote blood clotting
- Feelings of sadness, anger, and control (and lack thereof) are linked to causation of heart disease
- Risk for coronary heart disease is three to five times greater in people with higher levels of anger, anxiety, and worry.

He also reminds us of the part we have to play in impacting a healthy heart: "The dissipation of stress, through either meditation or exercise, helps to bring blood pressure back to normal levels."

And now for the good news

It's with a degree of trepidation that I once again bang on about the source, but it's critical to remind ourselves here of the latter part of the title of the main book in question, and that is: 'and What You Can Do About It'.

There are practical tips aplenty within the pages about how we can reduce stress and cortisol levels, in some instances relating directly to case studies. This is a medical book, a scientific book, but written for ease of access and intended for scholar and laymen alike. It's no mere tome of doom, gloom and bleak news designed to have us leaking the very stuff it sets to educate us about. Rather it's a highly practical source of information on how unchecked stress can impact us and what can be done about it, as Talbott concludes: "At first glance, many of us might view the close relationship between stress, cortisol, and the long list of chronic diseases as a hopeless disaster just waiting to happen—and for a great many people, it is. The good news, however, is that armed with the right information and the proper motivation, one can do a great deal to counteract these potential problems. The general idea is to control the stress response in such a way that cortisol levels are maintained within their optimal range—not too high and not too low—with long-term health and wellness as the outcome."

In our facilitation of positive thought, interaction and action (exercise) alongside relaxation, goals and reducing stress levels, we can make the link between that latter statement and our daily therapeutic practice as Solution Focused Hypnotherapists. The message is simple; more balance and less stress helps us live longer, healthier, happier and more successful lives. ■

Additional notes on anxiety, depression and Alzheimer's disease, gastro intestinal issues, arthritis, cortisol and ageing sourced from 'The Cortisol Connection'.

(Here we should remember these notes need to be taken in context, (this is another push to ensure that Talbott's books are on your required reading list!). The writer is not zealously suggesting that absolutely all the items already discussed and the areas summarised below are directly attributable to cortisol. On the other hand, he is clear about the specifics of the varied nature of the relationships each of these physiological and psychological issues have with cortisol, backing up by high quality scientific data, with some case studies thrown in for good measure. Conversely, where the relationship is superficial, apparent or likely though perhaps not fully backed up scientifically, the conclusions will be assisted by 'best guess based on current information' type accounts of the topic discussed).

- Stress can increase the incidence of forgetfulness and fast-track the development of full-blown memory loss and Alzheimer's though in the author's words, "we simply have no direct evidence that cortisol causes Alzheimer's Disease, although chronic stress and elevated cortisol levels certainly appear able to make the situation much worse"
- Chronic stress can lead to actual physical alterations in the arrangement of the brain's nerve cells
- Panic attacks or OCD, both of which appear to be associated with 'a chronically overactive stress response'
- Elevated cortisol is the main cause of panic attacks
- "Prolonged exposure of brain cells to cortisol reduces their ability to take up glucose (their only fuel source) and causes them to shrink in size"
- Cortisol is higher in people suffering from depression - "Does cortisol cause depression?" the answer is definitely, probably "maybe," states Talbott
- It certainly appears that having elevated cortisol levels raises one's risk of developing depression
- When, after acute stress, the body is overstocked with cortisol, blood flow and glucose delivery to the brain both begin to fall
- Cortisol has emerged as the linchpin between diabetes and obesity
- The relationship between elevated cortisol levels and an accelerated loss of cartilage, bone, and muscle has been demonstrated in numerous situations.
- Medical evidence demonstrates that gastric ulcers and intestinal ulcers are much more common in people who are stressed, anxious and depressed
- Research has shown that the older we are, the more cortisol we have, the shoddier our memory becomes and signposts that the cortisol relationship to age and memory is largely due to cortisol's propensity to shrink the hippocampus.

Overeating and Dopamine

Claire Brigg expands on the connection between the two.

The prevailing approach to treat obesity follows precisely the laws of nature: exercise more and eat less (Bruemmer 2012) however with more than 1 billion adults worldwide classified as obese, this chronic problem seems resistant to treatment.

In an environment where energy dense and highly palatable foods are abundant together with a more sedentary lifestyle it's easy to understand how a hedonic appetite system such as the dopamine reward system, plays a crucial role in eating behaviour (Finlayson & Dalton 2012).

Other than hormonal and intestinal appetite influences our motivation to eat seems to be regulated by mid brain dopamine activity (Wilcox et al 2010)

A recent study (Stice et al 2010) offers insight into the dopamine and obesity connection with their fMRI study of dopamine release in overweight women. This study tested whether overeating leads to reduced responsivity to palatable food and also hypothesised that a low sensitivity of reward circuitry increases risk of overeating and so on in a feedforward process. Put simply, the more we eat the less pleasure we gain from eating so the more we eat and so on…

Their findings show that women who gained weight over a 6 month period showed a reduction in reward brain activity in response to palatable food consumption relative to weight stable women. The data suggests that although obese individuals show dopamine reduced receptor availability than lean individuals it is weight gain as opposed to stable weight that creates the biggest reduction.

Wilcox et al (2010) study of overeating behaviour and dopamine support this data and found that high BMI and difficulty controlling weight is associated with low dopamine activity. Furthermore they conclude that changes in dopamine are associated with changes in weight and appetite indicating that dopamine plays an important role in the motivational aspects of food seeking behaviour.

Perhaps one interesting adjunct to Stice et al's (2010) findings is their recommendations for future research and treatment implications to what they term a chronic and treatment resistant problem. They suggest that any future research should evaluate behavioural and pharmacological interventions that increase dopamine activity as a means of preventing and treating obesity.

In conclusion it seems logical to assume that in a therapeutic context our focus needs to be on ensuring that an individual has many other rewarding activities in their lives that help to produce and maintain dopamine brain activity so that the focus is not purely on food. ■

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Successfully working with eating disorders

To eat or not to eat, Shirley Billson disgorges her wisdom

Not long after I qualified as a hypnotherapist, I was lucky enough to be invited to take part in a BBC documentary called 'Desperately Hungry Housewives', which followed the stories of 3 women and their quest to overcome anorexia and bulimia nervosa, each one working with a different style of treatment - CBT, counselling and hypnotherapy.

Sadly, what offered such promise as a vehicle for exploring the comparative merits of different approaches, unsurprisingly, went the way of most 'serious' journalism. It dumbed down, was low budget and, because of that, it didn't follow up on treatment outcomes beyond the first session.

However, I continued to work with my client Jane for more than 20 sessions. She isn't 'cured', but she is living life so much more fully than before. She has a job, has dropped lots of her limiting beliefs and behaviours and is feeling more confident than she ever did in most of the 20 preceding years! We keep in touch and it is a privilege to have worked with her - as it is to work with all my clients.

My work with Jane sparked an interest in continuing to study and understand eating disorders and the way they are treated within the media and in the medical profession.

Whilst this doesn't make me an expert, I can certainly share with you some learning that I hope will help you feel more confident when confronted with someone who either doesn't eat, or who binge eats (whether they throw up afterwards - or not).

I suspect the mistake many of us make when first confronted with a 'condition' that has a label (especially one the client has 'learned' from professionals) is to feel overwhelmed by the label and to focus on it. However, remember that your job is to shift your client's attention - and yours - towards the solution. I can't tell you how relieved most of them are when you tell them you aren't going to talk much about food or eating. That, in itself, can start you on the road to success - especially with rapport building.

How to approach an initial consultation

On my client form, I complete the answer to the following solution focused question, **"If you could take one thing away from this (hypnotherapy, process, session), what would it be ...?"** and when I ask it, I add in the qualifier - "even if you don't believe it is possible".

This style of miracle question and the answer you get will set you in the direction you want to go - solution focus. It neatly focusses the mind of your client (and you) on success. It also moves your client's thinking away from what the 'right answer' is, because, in my experience, such clients often want to give you the answer they think you - or someone else - wants to hear. Doing what other people want and measuring their own sense of value based on other people's opinions (or their perception of other people's opinions) are typical.

Invariably, the answer will have nothing to do with food.

However, thinking about the answer to this question helps expand what might be a very limited set of beliefs - based on their interpretation of the 'real world' - into a place where their own desires and ambitions have some possibility for expression in a way that is safe and where they are in control.

The final thing I ask them is a scaling question ... I repeat their answer to the above question (reflective listening means I will have written down their phrasing and use of language) and ask, "if achieving all that were 10 (I'll embellish this with sensory word pictures ... if you could see this, hear that, feel, do, etc...), what number are you at right now?

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It sets the tone for every session thereafter.

You already know that this sets you apart from almost every other expert they will have worked with (and many will have seen counsellors, psychologists, psychiatrists et al before they pitch up on your doorstep, often greeting you with the famous phrase, "you're my last resort").

They will relax more, they will feel more optimistic, they will believe that your approach is different (because it IS different) and they will start to get comfortable with the 'pattern' of future sessions. Here is a place for them to imagine life is different. Here is a place where you respect their desires and help them focus on what they believe is achievable - without behaving like you know better.

What stands in the way of (your) success?

Early on, just like many of you reading this, I didn't feel up to the task - didn't know how to get someone to stop this 'irrational' fear of food that would help them make the change they wanted to make, because (I reasoned) it wasn't like stopping being afraid of spiders or flying. Eating was something they had to do every day. There was no getting away from it.

I had many sleepless nights worrying about my 'eating disorder' clients before I realised that this meant I had merely joined them in the problem. I was being sucked into the trap that said this was different from 'ordinary' problems - and, worse still, I was accepting the responsibility for solving their problems. Clearly, solving their problems was not what I was doing - not for a while at any rate. Not until it became apparent that solution focused practice frees you from the demon that says you are the expert and it is your job to solve someone else's problem. You aren't and it isn't.

Desperate parents of young people suffering with eating disorders may sometimes try to foist this responsibility on you. Like a drowning man, they will try to take you with them. Resist! Be confident and be clear about what you can and cannot do. Be firm. I learned this lesson painfully!

When you master this, you are on your way to creating your own solution focused success.

Knowing what other professionals are saying (and doing)

Although I clearly stated that I am not an expert and that it is a mistake to believe you are - or that you should be - it is, in my opinion, vital to convey expertise that builds rapport and confidence in your client. This, after all, is the whole purpose of the initial consultation. When I was still of the mindset that I had to be an expert, I devoted some time to researching other mainstream approaches and it has proved invaluable. I made it my business to understand the intent - and the structure - of programmes my clients are going to go into - or have been in.

I recommend that, if you read just one book on the subject, read Dr Chris Fairburn's book for practitioners, Cognitive Behaviour Therapy and Eating Disorders. He is THE recognised UK expert on eating disorders within mainstream medicine and it is predominantly his approach that most NHS outpatient clinics will employ in working with their clients.

I went through a period of following this approach myself - making adaptations to incorporate hypnotherapy. It taught me a lot. Nowadays, if it seems appropriate to the way a client would structure their own solutions, then I will pick and choose some of those techniques - but only as part of the solution focused approach.

However, a book that has given me even greater confidence (and echoes my own learning) is Overcoming Overeating (by Jane Hirschmann and Carol Munter). Although, as the title suggests, this is aimed at people suffering from Compulsive and Binge Eating, you will find the thought process underpinning it is just as valid for understanding and working with people who under-eat. I can't recommend this book highly enough - and have no idea why the approach it recommends hasn't been adopted more widely within the mainstream medical profession.

Making Solution Focused Hypnotherapy (SFH) work

In my view, SFH can give you the edge over pure solution focused therapy if you weave the core elements of miracle questioning, scaling and reflective listening into the hypnosis part of your sessions. In hypnotherapy training, we learn about the power of metaphor. For me, one of the best ways to apply this is to 'actively' listen for a client's own use of metaphor in language - and then use that metaphor, both in the SF discussion part of the session and then again in constructing the hypnosis part of the session.

For those of you new to hypnotherapy, you may still be relying on scripts, but this doesn't mean you can't weave in elements of client language and metaphor - to 'personalise' a script.

My client notes have few proper sentences. Instead, they are littered with fragments of phrases that the client uses without thinking (subconscious mind!) that describe their perception of the problem or their description of the solution. I believe that words are windows to the mind. So pay great attention! As Insoo Kim Berg does, use those phrases gleaned by reflective listening in your conversation - AND make them even more powerful by weaving them into your hypnosis. Your hypnotherapy will be even more effective - and your clients will feel like you understand them better than anyone.

Conclusion

In some respects, I have come almost full circle with my thinking and my practice. I started out thinking that eating disorders were 'different' to other problems. I thought I didn't have the resources or expertise to work them successfully - and that to regard them as no different to any other problem verged on flippancy and seemed unhelpful. As I have developed my confidence and expertise with Solution Focused Practice (simple, but not easy!), I realise that you can apply exactly the same principles to eating disorders as to any other problem. The only thing you need to work on is your confidence.

In my case, that meant I wanted to learn more about eating disorders and traditional treatments so that I could build greater rapport - and achieve more successful outcomes - with clients who were very familiar with professional 'experts'. In the spirit of solution focused practice though, remember that solution focus isn't just something you simply apply to your client's problems. It is a technique that, when you apply to your own ambitions for success, can mean you will achieve that success on your own terms.

So, whilst reading about someone else's successes might be useful, remember that they have simply found ways of working that work for them, based on their unique skills and attributes. You will find your success if you focus on yours - and your route to that success may be completely at odds to mine or anyone else's. Unless you are tasked with creating a 'global' system where one size fits all, it doesn't matter.

If it works, do it!

The best advice I can give is to trust your own instincts and your own experience. Be guided by others, but strike out on your own. Do it your way. ■

EATING DISORDERS

THE ROAD TO RECOVERY

Pam Madden shares her experiences

Around 1.6 million people in the UK are affected by an eating disorder, with 14-25 year olds most at risk of developing this type of illness, and girls and women ten times more likely than boys and men to suffer from anorexia or bulimia. Associated illnesses and diseases include high blood pressure, type two diabetes, osteoporosis, blindness, high cholesterol leading to stroke and heart attack, and limited life expectancy.

In my experience of working with hundreds of clients with eating disorders including eating too much or too little there are a number of common issues that clients experience including

- control
- fear of being hungry or fear of being too full
- feeling unfulfilled
- negative self introspection
- bottling things up
- low self worth
- low self-esteem

Common symptoms for dysfunctional eaters include:

- food planning dominating your life
- denial
- low energy
- dreadful dietary habits
- fear of shopping
- comfort/emotional eating and bingeing especially on sugary foods
- withdrawal from food/meal skipping
- food anxiety
- buying the same foods
- being over or underweight
- anxiety about carbohydrates

The road to eating disorder recovery starts with admitting you have a problem, putting yourself first and asking for help from a specialist. This can help you to gain an understanding that your beliefs drive your behavioural habits and that these can be changed, so you can focus on building your self-esteem through accepting yourself and achieving your healthy goals which motivate you and give you a life purpose.

My initial assessment of my client involves eliciting and exploring:

- What are your thoughts and beliefs about food? What else? Keep asking until client dries up.
- What are your thoughts and beliefs about yourself? What else? Keep asking until client dries up. (This can be quite cathartic and illuminating for the client.)
- What triggers thoughts about food and self?
- What do you want? (E.g. Lose weight, gain control of something, get someone's attention.)
- Have you noticed any physical health effects (fatigue, loss of hair, digestive problems, loss of menstrual cycle, heart palpitations, etc.)? Emotional effects?
- How are you currently feeling physically? Emotionally? Do you feel ready and motivated to stop the dysfunctional eating behaviours?
- How can the people in your life best support you?
- What resources and drivers do you have to change e.g. previous successes; determination to get in control of health so that you can continue to care for your children?
- What new beliefs would work for you to break the old cycle e.g. refined sugar is a poison; press the pause button and think of unwanted consequences before I put something in my mouth; food is just a fuel and good fuel is fresh; I talk about my problems rather than stuffing them down with food; I have everything to live for so I nourish myself.

Anorexia, bulimia and obesity can cause death and not just if you're drastically under/overweight. Your health may be in danger, even if you only occasionally fast, binge, or purge, so it is important to get a full medical evaluation. If the evaluation reveals health problems, they should take top treatment priority. Nothing is more important than your physical well-being. If you are suffering from any life-threatening problem, you may need to be hospitalised in order to keep you safe.

Once your health problems are under control, you, your doctor and therapist can work on a long-term recovery plan. Your team may include a family doctor, a psychologist, a nutritionist, a social worker and a psychiatrist. Then you and your team will develop a treatment plan that is individualised to meet your needs. Your eating disorder treatment plan may include inpatient treatment, individual therapy, group therapy, nutrition and eating disorder education and medical monitoring.

THE ROAD TO EATING DISORDER RECOVERY STARTS WITH ADMITTING YOU HAVE A PROBLEM,

An effective treatment programme for eating disorders should address more than just your symptoms and destructive eating habits. It should also address the root causes of the problem—the emotional triggers that lead to dysfunctional eating and your difficulty coping with stress, anxiety, anger fear, sadness, guilt and other uncomfortable emotions.

Therapy is crucial to treating eating disorders. There are many ways a therapist can work with you, including addressing any feelings of shame or guilt and isolation caused by your eating disorder.

I use a combination of cognitive-behavioural therapy and solution focused hypnotherapy to target the unhealthy eating behaviours driven by the unrealistic, negative thoughts and beliefs that fuel them. My solution focused approach involves, in part, working with you to replace your old beliefs with your new ones that drive the new behaviours which you do want.

Continued over...

Client's old belief:	Client's new belief:
When I feel bad I eat	When I feel bad I talk to someone about what I am feeling
Client's old behaviour:	**Client's new behaviours:**
Eating when not physically hungry	I have a list of people to call on to speak with about uncomfortable emotions; I write down uncomfortable emotions when I experience them and speak with my therapist about these

Be kind to yourself: e.g. have a massage or a candlelight bath; do exercise you enjoy.

One of the main goals is for you to become more self-aware of how you use food to deal with emotions, while still experiencing emotions as a natural part of being human. You can choose to deal with those by talking them through with someone or just putting a few minutes aside and telling yourself that you will come up with the solutions that will work best for you at a time and pace that is right for you. A good therapist will help you to recognise your emotional triggers and learn how to avoid and combat them. Cognitive-behavioural therapy and solution focused coaching and hypnotherapy for eating disorders also involves education about nutrition, healthy weight management and relaxation techniques.

Your self-help can be improving your own emotional intelligence. Eating disorders such as anorexia and bulimia are about using food to cope with painful emotions such as anger, self-loathing, vulnerability and fear. Dysfunctional disordered eating is a coping mechanism whether you refuse food to feel in control, binge for comfort, or purge to punish yourself. You can learn healthier ways to cope with negative emotions. Ask yourself what is really getting to you. Fat is not a feeling, so if you feel overweight and unattractive, stop and ask yourself what is really going on. Are you upset about something or depressed or stressed out or lonely? Once you identify the emotion you are experiencing, you can choose a positive alternative to starving or stuffing yourself.

Distractions and doing something else are your alternatives such as phoning a friend, going for a walk, or doing something nice for someone else. One of my clients started doing charity work on a regular basis which helped to build her self-esteem and guard against too much introspection.

Placing too much significance on how you look often leads to low self-esteem and insecurity. You can learn to see yourself in a more positive, balanced way by:

- **Listing your positive qualities:** brainstorm of all the things you like about yourself. Are you smart? Kind? Creative? Loyal? Funny? What would others say are your good qualities? Include your talents, skills, and achievements. Also think about bad qualities you do not have and do not want.
- **Focus on what you do like about your body**: appreciate the things you like about your appearance and remember that supermodels are airbrushed for photographs.
- **Challenge negative self-talk:** when you catch yourself being self-critical or pessimistic, stop and challenge the negative thought. Ask yourself 'is this helpful thinking; does it make me feel good; what evidence is there for the thought? Then change the thought to something believable and positive e.g. I feel I am gradually learning about talking through how I feel.
- **Be kind to yourself:** e.g. have a massage or a candlelight bath; do exercise you enjoy.
- **Develop some healthy food beliefs:** e.g. 'I eat whole foods when I am hungry'; 'I know my 'food triggers' and when I get these I go for a walk and challenge and change my thoughts', 'if I eat only healthy foods I can keep them down without guilt'.
- **Keep a gratitude and achievement diary** and use it daily to record the things that bring you little bits of happiness each day such as accomplishing something at work, laughing with friends, eating a fresh meal, going for a walk...

One final input from me for this article. If you are suffering from anxiety and this is impacting your eating even though you are not experiencing any psychological emotional difficulties, it is well worth visiting your doctor and asking for a medical including a blood test. I experienced this first hand and found out that I was suffering from hyperthyroidism which is treatable through drugs and surgery ■

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Body Dysmorphia

A case study by Penny Ling

Just after I had completed the CBT course I was contacted by a young woman who wanted to see me about Body Dysmorphia. Having no knowledge of this condition I went straight to Amazon and bought "The Broken Mirror" by Katharine A. Phillips.

Her approach to this little publicised disorder was using CBT, and it turned out that the condition was related to OCD. Essentially Body dysmorphia syndrome is focusing on one part of the body to a completely unacceptable degree. Sometimes it can be lack of muscles which causes young men particularly to take steroids and over body build or it can be an obsession with a part of the body such as the nose or mouth, and even after cosmetic surgery they are never happy – sounds a bit like Michael Jackson!

My client turned up to the initial consultation holding the same book – phew! That was a great advantage to me because I could refer to what she'd read and change that to a more solution focused approach. Although CBT has some very good methods, it focuses a little too much on the problem, so using a mix of the goal setting and chunking down of the condition and how it manifested itself and the MQ, we had a plan of action.

She focused on her face, as she had Polycystic Ovary syndrome (PCOS), her skin condition wasn't great, and her doctor reasoned she had PCOS because of her weight. So we had a lot of lose ends to tie up here, but I figured we should start with the anxiety. By lowering her anxiety she could control the impulses, and I knew it would also help her with her weight loss.

Session 1. We established that she sometimes missed her bus to work because she was spending hours trying to cover the marks on her face. She lived at home with her parents and used the bathroom last, so had the freedom to pick and patch for as long as she could. Secondly was a mirror just as she entered her bedroom, so she was easily distracted. When scaling the problem after the MQ we established she was a 4 and the two things she was capable of changing and was confident she was able to achieve it by next session to get to a 5 was to swap her bathroom time around so her father was last and would throw her out giving her an extra 30 minutes in the morning, and removing the mirror in her room.

Session 2. It had worked, she had been on time for work, she hadn't picked as much, consequently her skin had been a bit better and her anxiety levels had dropped. Asking her to scale she was definitely a 5 and when asked what would bring her to a 6, she thought and suggested not to wash so often – it turned out she was showering 3 times a day, and not only was her father complaining about the time spent in the bathroom, but it really wasn't helping her skin. She was also thinking about going to Weight Watchers.

Session 3. She was feeling so much more in control, and she had noticed the times when it was worse had to do with when she was worrying about her last relationship. It wasn't something she had mentioned before but only a month before coming to see me her boyfriend of 4 months had dumped her unexpectedly and never gave a reason. She was convinced it was because of her weight, and despite being very attractive she wasn't confident about her looks, she referred to her ginger hair and very pale skin.

I assured her I chose to have flaming bright red hair on purpose and was a little jealous of her natural copper tones.

Session 4.
She turns up with redder hair! She'd been out for the first time in ages with a load of friends, she was going to Weight Watchers, and she was holding herself more confidently. She had managed to get showering down to first thing in the morning and after exercising and she was definitely a 6, and possibly a 7. She was still having the odd pick, though and we went through a bit of mindfulness and the Swish to help sidetrack herself when she thought of ex. She had been using the CBT sheets in the book and this had helped her with looking for evidence countering her thoughts about him and came to the conclusion that in fact he had many problems and she'd been so focused on her own issues she hadn't noticed him having his own.

We missed a week as she had a stomach bug

Session 5. She had lost 6lb during the bug and she was delighted, she was regularly practising the swish and mindfulness and the latter was helping. She also was going to an exercise class with her mum and that was exhausting but she felt determined to start losing weight with eating right and exercising. She was still around the 6/7 mark and to get her a more 7/8 mark she felt that she needed a bit more time doing the things she'd put in place. She had to leave another week out as she was training in her job.

Session 6 (now 8 weeks into therapy)
She announces she's moving into a flat with two friends, having decided she needed her own space. She was a little bit anxious that it may unravel some of the things she'd set up, I reminded her about the brain and negative thinking, but she reckoned she was a 5/6, I assured her moving of any kind was stressful and perhaps find more relaxing time or up the gym sessions. To get back to 6/7 she felt she needed just to move in and stop negative forecasting.

Session 7.
Her new flat mate was a little annoying but she was happy she was coping so much better. She had not put any mirrors in the flat except bathroom, so wasn't being distracted. She was also glad she was keeping the mirror watching at work under control by the tools she'd learned to use. Back to a 6. To be a 7 she'd be looking for another boyfriend and going away on holiday with friends.

Christmas week, and we were both away for fortnight.

Session 8.
She'd organised a holiday in April for the whole family to go away, she had been good with food over Christmas and had only put on a few pounds, and she felt progress was good and wanted to try leaving it a month.

Sessions 9-12 were carried out over another 6 months, she was doing well at a consistent 8, lost a stone, been away, was exercising more and was still on the outlook for a boyfriend – which would take her to a 9. She was back with her family as the renting hadn't worked out but she was saving up for a deposit on a flat. Her PCOS appeared to have lessened, she was working still on triggers to checking but she was only doing it occasionally, possibly less than most people do, but she realised not to let it take over her life again ■

A Weighty Issue

Judith Goldsmith developed her own solution focused approach

Over the past two years I have been developing an approach to weight issues, which has proven highly effective. Clients use the techniques I teach, the method of eating, and carry on reducing their weight long after they have stopped seeing me.

I offer a structured programme which ensures we cover every aspect of weight reduction, (exercise, emotional eating, self image), but which also enables us to be flexible and solution focused.

There are many erroneous beliefs about weight and dieting and I find the main focus of the sessions I have with clients is to challenge these beliefs as we come across them, within the context of a solution focused approach, of course.

GOING ON A DIET CREATES A DEPRIVATION MENTALITY. THIS MEANS THAT WE BEGIN TO WANT SOMETHING EVEN MORE THAN WE WOULD NORMALLY.

There are certain essentials, which are important to understand at the start, beginning with an understanding of why dieting is unlikely to result in long term weight loss. In fact only a very small percentage of people who go on diets manage to lose weight permanently.

- To start with, going on a diet creates a deprivation mentality. This means that we begin to want something even more than we would normally. Remembering, that we are all small children at heart and want what we see others getting, especially when we've been told we can't have it.
- Secondly, going on a diet places strict rules around eating. While we are on the diet and determined to follow it, we are very conscious of everything we eat. This brings the reticular activating system into play in order to monitor our goals and our progress. Unfortunately a lot of those goals are negative e.g. I won't eat chocolate.

What then happens is that we check out whether or not we are avoiding chocolate every five minutes, meaning that we actually think about the chocolate more often than usual.

- Finally, during the diet we become very stressed about food and eating. Of course any form of stress alerts the primitive mind to potential danger. It realises that the danger is in some way related to food, but we are clearly not choking or eating poison. Therefore, the primitive mind assumes we are starving. As soon as we relinquish control of the anterior cingulate, (hopefully when we finish the diet), the primitive mind steps in to rectify the period of starvation - by creating an overwhelming urge to eat. This is the reason that people gain more wait after a diet.

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The next important thing for clients to understand is that, unless someone has a medical condition, weight gain is always caused by overeating. For some this is obvious, but many people are completely unaware of how little food they actually need to stay physiologically healthy. We live, perhaps for the first time in history, during a period of food over abundance. Despite this, many of us still have beliefs around food and eating which are appropriate for a time of scarcity e.g. you must finish what is on your plate.

I offer clients a set of strategies for eating, a process, if you like, which helps them to gradually understand their body better and to respond to the natural signals which they have been ignoring, often since childhood. The basic premise is that we all know what is right for us. When we are dealing with clients who are, for instance, depressed, we assume they know the way to get out of their depression but we give them a hand in accessing that knowledge. In the same way, the strategies I suggest to clients, enable them to become more aware of what their body really wants.

Judith Goldsmith has her next weight training programme in May. Please contact her directly if you are interested.
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The strategies are as follows:

- Notice when you are hungry. Many overeaters ignore hunger. Doing so means that when they do eat they are so hungry that they lose control.
- Check to see if that hunger is really thirst, fatigue or upset. At this point I usually advise clients to have a drink and wait for it to go down.
- If you really are physically hungry, decide how hungry.
- Choose foods you really enjoy. If we are eating foods we enjoy our mind stays engaged with the process. Many people worry that if they are allowed to eat what they want they will pig out on cream cakes and chips. In fact, when we really pay attention to our body, it will crave a balance of healthy foods.
- Pay attention whilst eating, make the meal an occasion, even if it is only a packet of crisps. No distractions. This strategy is a temporary one, as we train our mind to become more aware.
- Finally, stop as soon as you are no longer hungry. It is really pointless to tell an overeater to stop when they are full, because full to them means bloated. Stopping when no longer hungry is an important skill to learn and at the heart of altering eating habits permanently.

Following this eating pattern is enormously enlightening for many people, who are often amazed at how little they need to eat. It gives back a feeling of control around eating and clients can begin to relax about food ■

LATEST RESEARCH

It was thought amongst the scientific communities that it was low blood sugar levels that drove the desire to eat whatever was to hand, without being mindful of what you're putting into your body.

However recent research published in the **Journal of Clinical Endocrinology & Metabolism Jan 18 2012** show a direct link between sleep deprivation and obesity.
The aim of the research was to examine brain activation after either sleep or total sleep deprivation in response to images of food.

12 men were examined:- Hunger ratings and glucose levels were taken before the scan, and hunger ratings in response to the food images, after the an fMRI scan.

The scans showed an increased activation in the right anterior cingulate cortex in response to food images, independent of calorie content and pre-scan hunger ratings in those who had been deprived of sleep. There was no change in glucose levels after the scan. The results show evidence that acute sleep loss increases the chances of making unhelpful decisions about which food to consume - independent of glucose levels.

This shows that sleep deprivation, whether it's sleep apnoea, or staying up working, studying or playing for just one night can disrupt the brain's ability to take the appropriate course of action.

SUSAN RITSON ON NUTRITION

I can't remember what sparked my conversation with Susan about the fact she'd completed a course on nutrition, (a recent article in the NCH journal beat me to it) so I thought up some typical questions that might be asked.

Q: When you are seeing potential clients at the initial consultation, what do you think is the most important point to emphasise?

A: This rather depends on how the client presents themselves. Some clients present with obvious stress symptoms and therefore adding addition 'homework' pressures, such as completing food diaries and following rules can be counterproductive in that initial consultation and to further therapy. So I tend to emphasise the importance of the brain/body connection ie when we are stressed the digestive system slows down; repeated patterns of behaviours etc. Really just sticking to the rules as we know them, but in addition reassuring the client that I will be asking them to complete a food diary and at a future date we will be examining that food diary in detail.

If the client presents purely to address weight issues then I go through the appropriate elements of the usual initial consultation, placing more emphasis on possible health issues such as diabetes, colitis, IBS etc and the food element, so handing out a food diary for completion at the first session, and setting the ground rules for the therapy.

The ground rules are as follows:

1. The client can eat anything they like, BUT;
   i. Anything that is eaten, and that includes snacks as well as meals is eaten at a table (a desk does not count as a table, nor does a car driving from one location to another count as a suitable location to eat lunch)
   ii. No distractions whilst eating ie no TV, radio, reading, PC, answering the telephone/mobile, texting etc
   iii. Always leave something on the plate (even if it is just 1 pea!)
   iv. Always put knife/fork/spoon down between mouthfuls
   v. If feeling hungry have a drink of water as thirst can be mistaken for hunger.

Then of course we navigate the 'excuses', the usual (in no particular order):

1. We don't have a dining room table, or indeed any table, meals are eaten on laps in front of the TV.
2. I can't leave my desk at lunchtime
3. I don't have time to sit down for breakfast I grab something on the way to work.
4. I use my lunchtime to drive between appointments so eat in the car
5. I am a chef/cook and have to taste food
6. I work shifts
7. I have to answer the phone if it rings in case it is an emergency
8. I don't have time

Q: How many of them (percentage) have tried standard weight loss programmes such as weight watchers etc and have failed?

A: This is an interesting question as around 98% of clients have tried some form of if not all forms of dietary / weight loss programmes. Most clients also inform me that for example: Weight Watchers or LighterLife or other 'diet' worked for them because they lost x stone, BUT, they put the weight back on again (usually more weight back on again). I always ask the client then how they define 'works' or 'success'. Does works or success mean that losing 2 stone and putting on 3 stone after x period of time? Or, does success mean changing their relationship with food and managing their weight. Do they want a quick fix or a longer term lifestyle change?

Continued over...

Q: How many of them (percentage) know what food is required and which food is to be avoided?

A: Without exception all clients tell me that they know what to do and what to eat. And, without exception I have never had a client presenting for weight management who has known how to eat correctly. If a client knew how to eat correctly and balance a daily diet then they would not have a weight problem.

I never tell clients to avoid foods this is diet speak and may cause anxiety, ie it's depravation. Balance is the key. Clients can eat anything they like – as long as they stick to the rules and they follow the nutritional guidelines, which I give them in the nutritional session. (See my answer to Qe)

Q: What made you do a dietician course?

A: This question is important because it highlights the confusion between a dietician and a nutritionist. I studied nutrition. A nutritionist is concerned with the study of nutrients in food, how nutrients are used in the body, and the relationship between diet, health and disease. A dietician is a health professional and generally works within the medical profession helping people find the correct diets for particular diseases. I do get calls from clients having watched the C4 series The Food Hospital where they mistake the dietician working on the programme for a nutritionist and expect me to perform the same role. I am very clear about the difference.

I studied nutrition when I was allocated an allotment, simply to have a better understanding about the nutrients in food particularly in vegetables (I am a vegetarian) in order to grow the right foods. At the time I had no intention of using this with hypnotherapy.

Q: What kind of details in their diet do you go through? Is this at the consultation or as you progress?

A): I go through every nuance of their diet, each meal, snack, what they eat, drink and at what times of the day and when and how much exercise they do.

My programme is usually (unless anxiety/stress issues) as follows:

Initial Consultation – hand out food diary for completion for Session 1 and set the goal (or stage 1 of the goal if they are very overweight). I reassure

the client at this stage that I am here to help and not to judge. I want them to be honest.

Session 1 – Quick review of food diary, make immediate suggestions (if anything obvious) in order that the client can start to make small changes before the next session). I also establish any foods they dislike. I will then continue the session with the Happiness Scale/Miracle Questions, trancework.

Session 2 – Nutrition Session – complete and detailed review of the food diary.

In between therapy sessions 1 and 2 I work on the food diary. This can take 2-3 hours per food diary. I work out the clients, BMI (Body Mass Index), BMR (Basal Metabolic Rate) and the calories they are eating now to maintain their current weight. To provide some further understanding for the client I calculate the calorific ratio for their goal weight.

The nutrition session begins with a reassurance that the statistics and plans I have drawn up for them are to help them and are without judgement. This is highlighted in the Nutritional Plan that I give the client.

We then review the plan ie each meal/day in detail, and I go through my suggestions and explain why I have suggested the changes to a more balanced eating plan. Why it is important to balance breakfast with lunch with dinner and even snacks where appropriate. The client can then ask questions and challenge the suggestions where they may be less practical, and we together find something that works to achieve the same result.

I then generally see the client for a follow up 1 hour session in a couple of weeks, the client is expected to complete a food diary the week before the session. Either the penny has dropped and the client is happy to 'go it alone' or we meet again in a month's time. Clients vary depending on their confidence levels, I let them decide.

Q: Are there any techniques you have found consistently help, or is each person different? (ie eating from smaller plates etc)?

A) Without exception, all my clients have to stick to the rules I mentioned in Q1. I guide and suggest, but never tell them what to eat, if they want to eat chocolate then they can eat chocolate, BUT they have to stick to the rules, even with chocolate, on a plate, at a table, with no distractions.

There is a very useful Food Pyramid available on the internet, which is visual (helpful for clients who are dyslexic) and provides good all round advice (www.drweil.com).

I've never quite understood the logic in eating from a smaller plate. If the client isn't balancing their food intake the size of the plate is irrelevant. Plus, when the client is eating from a plate they are usually, (although not every time granted), eating consciously. It is the subconscious eating we have to manage and that doesn't usually involve a plate!

Q: Do you talk about top ten foods which can help weight loss (ie soup lasts longer than solids so you don't take so long to get hungry so quickly) etc?

A: Top ten lists are for the quick fix dieters and this isn't what nutrition is about. If you eat too much of any food it will make you fat! It is worth remembering that the human body has not changed since the Stone Age.To enable Stone Age humans to survive periods of food scarcity, the body was designed to store energy, which could be drawn on in times of famine. In 21st century Britain we do not have times of famine. However, the body hasn't changed and stores surplus food as fat tissue. More important is how each individual processes food and that has to be examined with each person taking into account their lifestyle and likes and dislikes and general nutritional guidelines and health issues such as high blood pressure, diabetes, colitis, IBS etc.

So to change your question to 'guidelines for body fat loss and healthy weight management' - the following guidelines should be applied:

- Carbohydrates should make up 55-60% of our daily calorie intake.
- Fats 20-25% (of which only 10% saturated fats)
- Protein 18%
- Fibre 18%
- Fluids – general rule 1 litre per 1000 calories

In general the body has to work harder to break down the fibre and complex carbohydrates (see table below) in whole grains and vegetables than it does in breaking down fibre-free refined flours or simple carbohydrates such as white pasta, breads, sugars, honey, maple syrup. So by ensuring wholemeal breads, pastas, oatmeal, brown rice etc are eaten and avoiding refined foods, sugar (including milk chocolate), pasta, breads, pastries, biscuits etc. will help the body to stay fuller for longer.

We also have to take into account that the

Continued over...

Examples of complex carbohydrates (this list is not exhaustive):

Vegetables:
- Spinach
- Greens
- Lettuce
- Water Cress
- Courgettes
- Asparagus
- Artichokes
- Okra
- Cabbage
- Celery
- Cucumbers
- Dill Pickles
- Radishes
- Broccoli
- Brussels Sprouts
- Eggplant
- Onions
- Carrots
- Potatoes
- Cauliflower

Grains:
- Whole Barley
- Buckwheat
- Buckwheat bread
- Oat bran bread
- Oatmeal
- Oat bran cereal
- Museli (oats, bran, dried fruits)
- Wild rice
- Brown rice
- Multi-grain bread
- Whole meal spelt bread

Dairy:
- Soy milk
- Yogurt, low fat
- Skimmed milk

Fruits and Legumes:
- Grapefruit
- Apples
- Prunes
- Apricots, Dried
- Pears
- Plums
- Strawberries
- Oranges
- Yams

- Pinto beans
- Soy beans
- Lentils
- Garbanzo beans
- Kidney beans
- Lentils
- Split peas
- Navy beans

metabolism naturally slows down during the afternoon and evening, which means that food has less of a thermogenic effect when eaten later in the day. Therefore, if clients work shifts or have to eat late for whatever reason then a late meal should consist of lean protein and vegetables because pure protein has the most thermogenic effect of all foods (30% of its calories are used during the digestive process) and the fibre and complex carbohydrates in vegetables will helps to boost the metabolism (although not as much as it would if eaten earlier in the day).

Improving your life should be fun

- Nicola Griffiths gets her gloves on

I recall some interesting research which highlighted that 'exercise you enjoy is more beneficial'. For someone who historically has shied away from exercise, I could relate to that i.e. a little of what you enjoy does you a whole lot of good compared to doing nothing at all. At the end of last year this was certainly rammed home when I had a few free 1-1 sessions with a very good personal trainer in return for me helping him with some hypnotherapy. Unfortunately (and I will never learn) I fixed him far too quickly and now I'm having to pay for my sessions!

Apart from my body learning that it could do things I thought totally impossible, there were a few other learning points. Number 1, I didn't realise you could laugh as much as I did whilst exercising - which does hamper the breathing it has to be said. Number 2, I enjoyed exercise whereas the old gym method and treadmill had conditioned my brain into thinking I hated it. Number 3, we're all different, what I like my sister doesn't. Number 4, when doing something for myself it adds value for my clients (more on this further on!). The end result of this activity was I found myself actually doing the homework voluntarily and enjoying it, plus with each return session Ben would introduce new exercises to keep it completely fresh - something my mind needs in order to stay motivated

You'll see the obvious connection with weight loss and self-esteem etc. Within individual client sessions I explain that improving your life should be fun. If it's not fun how on earth can we expect that 7-year old subconscious to play ball for any length of time? What wasn't so obvious was the marketing benefit all this had. Because I was motivated I actively promoted Ben and his individual style and in return, guess what, he's now introduced a client to me. Marketing, as our own Debbie Pearce will confirm, is not just about newspapers or Google, it's about talking. Talking not only to our clients but colleagues AND being interested in what they actually do rather than simply wanting to explain what we do.

But sometimes it's the actual taking part that counts. If I hadn't bitten the bullet and signed up for my individual lessons I wouldn't be fuelling my clients' with motivation for exercise to the extend I now do. Now that my 7-year old mind is on board I suspect my clients sense my enthusiasm and that's very catching.

Noticing the difference as my clients arrive for their sessions is great, they're more motivated as a result of the exercise and the weight loss clients are truly flying. So, whilst I take care of their minds, Ben takes care of their bodies and each in turn fuels the other. So it's true, marketing is about doing more than one thing and sometimes that 'thing' can be totally unexpected in how it comes about!

When Ben handed me the boxing gloves the other day though..........I wonder where that will end up?

Letters

To continue the discussion raised in past journals, where letters and articles have warned of the dangers of placing advertising with cold calling organisations and not receiving the service and / or being overcharged, I would like to admit that I too was caught but managed to get my money back.

I received a call from a company, purporting to represent Google and as I was too lazy to use the advice in the Hypnotherapy Journal on how to get my website on the front page, I decided to invest in their offer to do it for me for the sum of £99 for one month to get at least 15 more clients. Once trapped, the cost moved to £142 for the administration and I handed over my credit cards details.

Subsequently, I realised I may just have been caught in a scam, so monitored my listing (their promised service) with the help of friends. I never appeared on the front page as contracted, but I did receive numerous calls from them offering to upgrade my contract, covering other specialised areas, which I politely declined.

At this stage I cancelled my credit card and wrote them an email asking for the contract to be terminated and my money returned as they had not delivered the promised service. After three emails I never got even one courtesy reply. I now started to be gracefully assertive when they phoned me, telling them I was about to take legal action, so please stop the unsolicited calls. The calls did not stop.

Luckily, in a previous life I was a chartered accountant (don't stop reading now, it is getting exciting) and so I was aware of my rights and quick and cheap legal processes. There is a truly great government website (not a contradiction I promise) www.moneyclaim.gov.uk . If you register, you can use it as a small claims system for the princely sum of £25, which is fully reclaimed from the person or body you are claiming from.

I registered my claim for the full amount and pressed submit. Two days later I received a call from a very irate young man, asking who I thought I was taking this action. Remaining relaxed and calm, I explained my case, despite his constant indignation. He requested I withdraw the claim, which made me even more happy and relaxed, so much so I almost fell off my chair laughing.

We ended the call with him left with no option but to comply with the letter of the law. Two days later, the money was in my account and the company followed it up gracefully to enquire if I was now a happy customer, I explained I was a happy ex customer. Being curious, I asked him the miracle question – "Could they improve their happiness by providing a better service?" The clerk on the other side replied that they had lots of complaints and was in complete awe of my accomplishment, informing me that they had never repaid any customer, I was the first.

In the event of the defendant disagreeing with the claim, I was happy to spend a morning in court representing myself at no cost and had no real worry about having to win the case, my claim was based on morals and principles rather than financially orientated.

So, remain solution focused and brief. Good luck.

Trevor Bedford HPD,
Clinical Hypnotherapist
Heale, Somerset

About.me

If you haven't got a Web site yet, but you want some sort of web presence to tell people about you and what you can do with hypnotherapy, you can sign up for a free page at **https://about.me/**. You end up with a page address such as **http://about.me/t_eddolls.** You just need a large photo (1680 by 1050) or a logo, or whatever your creative instincts tell you. You will need some text but it can be updated whenever you want.

Food glorious food

We've all had people come to see us for help with weight loss – although we don't call it 'loss' because no-one likes losing anything and they immediately set about finding it or replacing it! For most clients, it's probably best to focus on getting them into their control brain and giving them the ability to chose what they eat, and when, and how much. And it also gives them the ability choose when to do exercise and how much.

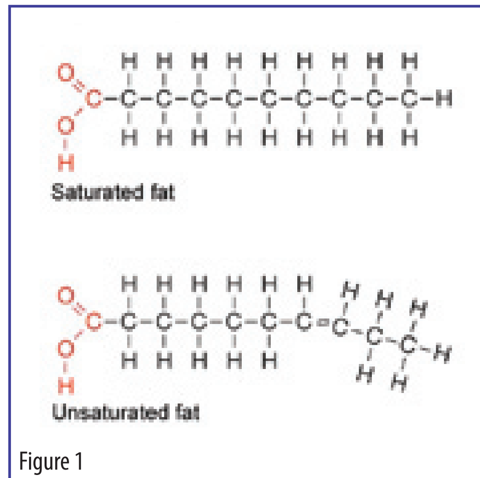

Figure 1

But it's also useful to understand the biology of diets and slimming and to manage our clients' expectations realistically.

So let's look at an introduction to fats – starting with some physical chemistry!

A fat molecule is made up of chains of carbon atoms with hydrogen atoms attached to them. When each of these carbon atoms is joined to two hydrogen atoms, the fat molecule is said to be 'saturated' – and it can't combine with any more hydrogens.

If one of the carbon atoms joins to only one hydrogen atom and has a double bond to another carbon atom, the fat molecule is called 'unsaturated'. It is able to combine with more hydrogens. If there are lots of these double bonds, the molecule is called 'polyunsaturated'. *(This is illustrated in Figure 1.)*

Typically, saturated fats are solid at room temperature (butter), and unsaturated fats are liquid (olive oil). And both are examples of, what are called, lipids.

In industrial processes, hydrogen can be added to fats. So-called 'cis' fat molecules have hydrogen atoms along one side of the molecule. 'Trans' fat molecules have hydrogen atoms added to either side. Cis fats exist naturally and, because the hydrogen atoms are crowded on one side of the molecule, it can bend, allowing other chemicals and enzymes to bind to the molecule *(illustrated in Figure 2).*

Trans fats do not exist naturally (with a very few exceptions).Trans fats are difficult to metabolise by the body and are linked to a number of diseases, particularly heart disease.

Essential fatty acids, or EFAs, are fatty acids that humans must ingest for good health because the body requires them but can't make them from other food components. The term only refers to fatty acids required for biological processes, and not to those that are only used for fuel.

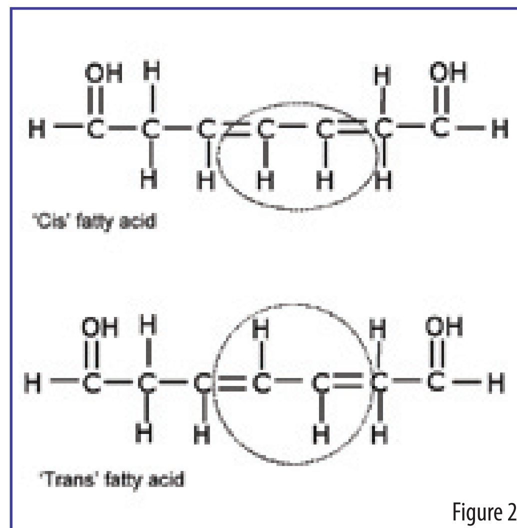

Figure 2

A handy summary of good and bad fats is shown in Table 1.

Now let's have a look at what happens in your body.

The food you eat (the main food groups are shown in Figure 3) has many uses in the body. Fats, carbohydrates, and protein can be turned into energy and used (in exercise) or stored for later use. Sugars can be stored as glycogen in the liver, and fat can be stored around the body. Storing fat has an evolutionary benefit in terms of survival in times of famine. However, if a body doesn't use its stored fat later, then the amount of fat in storage increases!

GOOD FATS	BAD FATS
Monounsaturated fats	Saturated fats
Monounsaturated fats (MUFAs) lower total cholesterol and LDL (Low-Density Lipid) cholesterol (the bad cholesterol) while increasing HDL (High-Density Lipid) cholesterol (the good cholesterol). Nuts (including peanuts, walnuts, almonds, and pistachios), avocado, canola, and olive oil are high in MUFAs. MUFAs have also been found to help in weight loss, particularly body fat.	Saturated fats raise total blood cholesterol as well as LDL cholesterol (the bad cholesterol). Saturated fats are mainly found in animal products such as meat, dairy, eggs, and seafood. Some plant foods are also high in saturated fats such as coconut oil, palm oil, and palm kernel oil.
POLYUNSATURATED FATS	**TRANS FATS**
Polyunsaturated fats also lower total cholesterol and LDL cholesterol. Seafood, like salmon and fish oil, as well as maize, soy, and sunflower oils are high in polyunsaturated fats. Omega 3 and Omega 6 fatty acids belong to this group.	Trans fats were invented when scientists began to 'hydrogenate' liquid oils so they could withstand the food production process and provide a better shelf life. Trans fatty acids are found in many commercially-packaged foods, commercially-fried food, and other packaged snacks.

Table 1: Good and bad fats

In terms of weight: for an average man, fat comprises 15 percent; and for an average woman, the figure is 27 percent. Why is the figure higher in women? Because fat is essential for reproduction and ovulation – girls need at least 17 percent fat before they begin to menstruate. Fat cells can also make oestrogen – a hormone that carries health risks of breast cancer in high doses

Surprisingly, during a period of famine, the body will hold on to fat while at the same time breaking down muscle and losing water. Therefore, so the body doesn't respond as if it's experiencing a famine, the sensible weight-loss strategy seems to be to eat little and often. The body interprets this as a plentiful supply of food and keeps its metabolism at a good level.

Carbohydrates – broken down to simple sugars (glucose)

Proteins – broken down to amino acids

Fats (lipids) – broken down to fatty acids and glycerol

Vitamins

Mineral salts

Water

Figure 3: Food groups

There are two kinds of fat cells in the body – white (sometimes called yellow) and brown. White fat cells simply store fat. Brown fat cells contains more mitochondria (organelles that convert oxygen and glucose to energy in a cell) and generate more energy and, as a consequence, heat. Heat production is called thermogenesis. The more active brown cells there are in the body, the less likely white fat cells are to store fat. Thermogenesis can be stimulated by thyroxine (see later).

Let's look at what's going on in more detail and what makes us feel hungry or full.

The hypothalamus masterminds the appetite, and it stimulates the thyroid gland. The hypothalamus, pituitary, and thyroid glands control the body's metabolism. The pituitary produces TSH (Thyroid-Stimulating Hormone) and Thyrotrophin Releasing Hormone (TRH). The thyroid produces thyroxine and triiodothyronin, which regulate metabolic rate.

An underactive thyroid can cause continued weight gain, even if the right things are eaten and proper exercise is taken.

continued over...

Satiety Index

A quasi-scientific study by Australian researcher Dr Susanne Holt scored 38 different foods by how filling a group of students found them after eating a 240-calorie portion. Foods scoring higher than 100 were judged to be more satisfying than white bread, while those under 100 were less satisfying. Foods that have a higher satiety index keep hunger down longer, and would be better choices for people wanting to reduce their weight.

Boiled potatoes – 323
Fish – 225
Porridge – 209
Apples – 197.
Whole meal pasta – 188.
Beef – 176
Beans – 168.
Grapes – 162
Whole meal bread – 157
Whole grain bread – 154
Popcorn – 154.
Eggs – 150.
Cheese – 146
White rice – 138
Lentils – 133
Brown rice – 132
All-Bran cereal – 151
Crackers – 127
Biscuits – 120
White pasta – 119
Bananas – 118
Cornflakes – 118
Chips – 116
White bread 100

Rules of thumb for eating

Complex carbohydrates in meals make you feel happier and able to control your appetite for your next meal.

Eating little and often keeps your blood sugar balanced – avoiding mood swings.

Eating infrequently, decreases the brain's serotonin levels.

In the body, hunger stimulants include the hormones leptin, ghrelin, PYY 3-36, orexin, and cholecystokinin (listed here for the sake of completeness – there won't be a test at the end!). These are produced by the digestive tract (except leptin). The body's biological clock (itself regulated by the hypothalamus) modifies hunger. Plus emotions can affect how much we eat – such as when we're bored, stressed, or unhappy.

Leptin (from that list above) is manufactured primarily by white adipose tissue, and the level of circulating leptin is directly proportional to the total amount of fat in the body. Leptin acts on the hypothalamus and inhibits appetite. Its absence leads to uncontrolled food intake!

Ghrelin (also from that list – sorry!) is a hormone produced by the stomach and stimulates hunger. Ghrelin levels increase before meals and decrease after meals.

Carbohydrates and proteins are good at sending messages to the brain saying that you feel full – and thereby suppressing your appetite. Fats are not so good at this – hence it's harder to feel full when eating high-fat foodstuffs encouraging you to eat more!

When the body digests carbohydrates, the simple sugars produced are absorbed. The sugars needed are used by the cells, and the excess is converted to glycogen by insulin (from the pancreas) and stored in the liver. When sugar levels in the blood drop too low, glycogen is converted back in to glucose and transported round the body in the blood. Glucagon, which is also produced by the pancreas, is responsible for this. Raised insulin levels encourage fat to be deposited.

A prolonged low blood sugar can leave people irritable, aggressive, unable to concentrate, and suffering headaches.

Fluctuations in blood sugar levels cause an increase in sodium retention leading to a bloated feeling. A natural consequence of this is that the food stays in the gut longer and more calories are absorbed from it.

Glycaemic index (GI) refers to how quickly carbohydrates break down during digestion to release glucose into the bloodstream. Carbohydrates that break down rapidly have a high GI, those that break down more slowly, releasing glucose more gradually, have a low GI. A lower GI means less insulin is needed to deal with the food. Low GI foods are recommended.

But we hypnotherapists are more interested in the brain. What's going on in terms of brain chemistry? Endorphins, noradrenalin, and neuropeptide Y increase our food intake. Whereas serotonin , cholecystokinin, and Corticotropin Releasing Factor (CRF) reduce our food intake.

Complex carbohydrates (in rice and oats) increase serotonin levels, making people feel good and in control of their appetite. This is because a high-carbohydrate meal causes a larger proportion of tryptophan (an amino acid) to get to the brain and stimulate the production of serotonin. Carbohydrates help the body to release insulin, which, in turn, increases the uptake of amino acids other than tryptophan, resulting in a higher percentage of tryptophan available to be absorbed by the brain. On the other hand, high protein meals provide lots of amino acids and so tryptophan doesn't dominate – so less serotonin is made.

Slimming tips from 59 seconds

Start eating your meal at normal speed and then slow right down.

Use tall thin glasses.

Put food away – out of site – when not eating.

Concentrate on eating – don't get distracted.

Use small plates and spoons.

Keep a food diary.

Think about how much you'll REGRET not going to the gym

Use more energy during the day – don't use the lift etc.

Put a mirror in the kitchen.

Avoid multipacks.

The amino acid tyrosine manufactures the neurotransmitters noradrenalin and dopamine, whose positive effects we know about.

Exercise releases endorphins, which help to make us feel happier, calmer, and more alert. Exercise stimulates Corticotropin Releasing Factor (CRF), which suppresses appetite. Neuropeptide then 'tells' the body to eat 'good' food – so it can perform more exercise.

Even armed with this cognitive restructuring, clients (and us) may still suffer from cravings and, perhaps, bingeing.

Cravings are thought to be the body's way of demanding a certain type of food that it needs. Cravings are often linked to mood swings. They can be eliminated by eating a healthy diet.

Bingeing is not just giving in to a craving, it's eating for eating's sake. Bingeing often results from an emotional upset. So, it's clear which part of the brain people are in when they binge!

Cravings can be avoided by:

- Knowing the triggers and avoiding them
- Avoiding emotional triggers – find a new hobby.
- Recognising eating habits – ask yourself, "Do I need to eat that now?"
- Taking plenty of exercise to burn off the calories
- Using distractions – and forget about food.
- Not denying yourself food – eat plenty of 'good' food. That's a balanced diet with vitamins and mineral salts.

So, what's wrong with the common diets people try – let's summarise:

- **Low-calorie diets** – boring, causes muscle loss (including heart muscle), doesn't change eating patterns once the diet is over.
- **F-plan diet** – boring, reduces absorption of nutrients.
- **Food combining** (eating protein and carbohydrates at separate meals) – no scientific evidence for any benefits.
- **High protein/no carbs** – can cause fat cells to accumulate more fat when the person concludes the diet.
- **Hip and thigh-type diets (low or no fat)** – the body needs Essential Fatty Acids (EFAs) for health (insulate nerve cells, keep skin and arteries supple, balance hormones, warmth). Prevents absorption of Vitamins A, D, E, and K, and carotenoids.
- **Heart (skinny) diet** – boring, no change to eating patterns once diet over.
- Atkins (high fat/low carb) – heart risk, problems with muscles, bad breath (ketosis).

So what we learn is that a high carb/low protein diet raises the brain's serotonin levels, which improves a person's mood and overall control of their diet. Eating little and often and regular exercise prevent mood swings. It seems like a lot of our work can be done for us! ■

Free radical v antioxidants

Free radicals are atoms or groups of atoms with an odd (unpaired) number of electrons in the outer shell that tend to be highly reactive and seem to cause ageing (senescence), degenerative diseases, and cancer. They are often formed when oxygen interacts with certain molecules.

Antioxidants are molecules that can safely interact with free radicals and terminate the chain reaction before other molecules are damaged. You get antioxidants from your diet – vitamin E, beta-carotene, and vitamin C.

Vitamin E – a fat soluble vitamin present in nuts, seeds, vegetable and fish oils, whole grains, fortified cereals, and apricots.

Vitamin C – a water soluble vitamin present in citrus fruits and juices, green peppers, cabbage, spinach, broccoli, kale, cantaloupe, kiwi, and strawberries.

Beta-carotene – a precursor to vitamin A (retinol) and is present in liver, egg yolk, milk, butter, spinach, carrots, squash, broccoli, yams, tomato, cantaloupe, peaches, and grains.

Other super foods rich in antioxidants include:
Prunes
Apples
Raisins
All berries
Plums
Red grapes
Alfalfa sprouts
Onions
Aubergine
Beans.

Other antioxidants that may help boost immunity include:

Zinc – found in oysters, red meat, poultry, beans, nuts, seafood, whole grains, fortified cereals, and dairy products.

Selenium – found in Brazil nuts, tuna, beef, poultry and fortified breads, and other grain products.

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Is failing to plan, planning to fail?

Experience in the media helped Penny Ling plan her marketing

When we first qualify, most Solution Focused Hypnotherapists are only too keen to throw money at advertising but we then find ourselves in a dilemma – how much? Where? What to advertise? Many just advertise and hope it works.

I was lucky when I was training because I worked for a newspaper and managed to get a variety of adverts in to the paper. What I learnt from that experience was a) Newspaper adverts don't have the shelf life, you're better off with PR . b) Strangely adverts showing happy people with positive messages faired much worse than focusing on the problem. This was completely counter intuitive to me and went against my training of "selling the dream". It may work with holidays, clothes and cars, but mental health? The reason I know these adverts or PR worked is because I asked the client at the initial consultation.

Often we may write it down but I'm a bit more anal, I put the results in a spreadsheet. Over the years I have measured where my clients are coming from.

The table below is an example that could be drawn up. So in Year X a therapist has 80 new clients.

Leafleting in March and April resulted in a rise in clients in May. A big advertising campaign in a number of publications increases visibility in June – although I would be disappointed at the amount spent on advertising having such a small response – we'll come to that later. At the same time there is an increase in referrals from the clinic. If we work from a clinic we can be at an advantage to other therapists – I have found Physiotherapists, Osteopaths, Reiki Healers and Acupuncturists are often the best ones for referrals. Though working in a Doctors or dentist has a large footfall of the public to see potential leaflets.

August sees a drop; this may be because of the school holidays and most people with children would more likely be concentrating on them, rather than thinking about therapy. The dip in August may also prompt more leaflets being printed and a leaflet drop planned for the end of the month so that once the kids are packed off to school a de-stressing session wouldn't go amiss.

Date	new clients	leaflets	adverts	web	referral	advertising	google	leaflets	cost
Apr	2				2	£89	£4.95		
May	6	4		1	1	£62.69	£5.73		
June	9		4		5	£161.69	£2.97		
July	9			4	5	£53.45	£18.90		
Aug	4	1	1		2	£62.69	£28.29	£198.00	
Sept	8	1	1	3	3	£336.34	£37.59		
Oct	6		2	3	1	£313.95	£38.64		
Nov	10	1	1	4	4	£203.78	£41.67		
Dec	2	1			1	£247.98	£42.90		
Jan	7	1	1	3	2	£116.97	£36.35		
Feb	2			1	1	£93.61	£33.97		
Mar	15	2	3	5	5	£229.16	£52.76		

A run up to Christmas may also reflect general stress around the holiday period and a drop in December itself may be because people often think about leaving problems until after Christmas.

So looking at the overall for the year, the amount of money spent on advertising is nearly £2000, so the cost per person that came to us via the **adverts** - 2000/13= £154 per person. So that means to break even, if you charge £50 per session and take out the room charges you would have to see the person 4 times before you broke even.

Leaflets - £198, the number of clients = 11 therefore cost per person = £18 – you would make that back by session 2.

Web – pay per click and website fees per month = £344. The number of clients = 24. So cost per person = £14.33.

Referrals – remember there is a cost to referrals – the cost of the clinic room.
So taking a month @ £150, a year = £1800. Number of clients = 32. So cost per person = £1800/32= £56.25. As you need clinic space you can say that 1 session will be enough to break even.

So coming back to advertising you can break it down even more:

Small advertising booklets tend to work in some areas. Leave newspapers for PR. Having an advertising feature in a magazine can be good, and if you can build a relationship with sales people, they need to fill space and can often offer adverts at a knocked down price. Advertising features can utilise "National days". If you are finding PR for national days – such as National Stop Smoking day March 14th 2012 – is not being accepted by a local paper, you could try an advertising feature on the benefits of giving up smoking using Hypnotherapy and use a personal story or a case study to illustrate it. £154 per person is way too much money for advertising, my accountant would have a fit with those figures! His suggestion would be to break down the figures and find which advert has brought in the most clients and from which publication.

My own personal experience is that you can leave "local directories" in Somerset, as no one seems to use them, and if you advertise in 3 or 4 areas it soon mounts up. A small advert in an A5 publication can start as low as £16 per month. Often you need to be seen consistently for a period of time in several different places, and it may be you could keep the costs down by advertising every other month in a number of places so you keep the bills down. Also look at the publication circulation area – how many households does it cover? What are the demographics for the circulation area*? Some will include leaflet delivery for a low cost too.

I always start my year in April as it makes the tax details easier to work out, so in March it would be ideal to look at the National Days coming up to start planning the marketing for the year. Thankfully we at the Association benefit from the PR releases, but just in case you want to use them for blogs, twitter or web pages as well as the PR for the National days we can take advantage of that too.

You get the picture. Magazines often run several months in advance of a campaign, as do newspapers. I've created Christmas adverts in August before now - always take this into consideration so you don't miss the boat. ■

April
01/04/2012 - 30/04/2012
International IBS (Irritable Bowel Syndrome) Awareness Month
22/04/2012 - 28/04/2012
Depression Awareness Week

May
01/05/2012 - 31/05/2012
International ME Awareness Month
05/05/2012 - 05/05/2012
International Day of the Midwife
06/05/2012 - 12/05/2012
M.E. Awareness Week
08/05/2012 - 08/05/2012
Stroke Awareness Day
12/05/2012 - 12/05/2012
International Fibromyalgia Awareness Day
17/05/2012 - 17/05/2012
World Hypertension Day
21/05/2012 - 28/05/2012
Mental Health Awareness Week
21/05/2012 - 27/05/2012
World No Tobacco Day

July
05/07/2012 - 11/07/2012
National Childhood Obesity Week

September
10/09/2012 - 10/09/2012
World Suicide Prevention Day
29/09/2012 - 29/09/2012
World Heart Day

October
10/10/2012 - 10/10/2012
World Mental Health Day
29/10/2012 - 29/10/2012
World Psoriasis Day

November
07/11/2012
National Stress Awareness Day

Planning for a year ahead - An example

Date	Event	PR	Advert	Pay-per-click	Leaflet	Social media
APRIL	IBS Day	from AfSFH	Local publication	Set up IBS PPC £1.50 per day	1000	Blog/tweet/FB Event
	Depression Awareness Exams coming up in June			 contact local	500 FB school	
MAY	ME awareness Fibromyalgia awareness Get slim for Summer	Talk at local group Talk at local group	 Local paper	 Month PPC campaign £1.50 per day	50 specialist leaflets 20 handed Specialist leaflets 1000	Feature on website blog Feature online news Feature on website
JUNE					100 general	
JULY	Childhood obesity week	create own PR send local				
AUGUST					1000 general	
SEPT					1000 general	
OCT	World mental health day Get ready for Christmas	 Create own PR send to health mags	Local paper	 month long ppc campaign	 Specialised leaflet 1000	 Blog/Twitter/FB
NOV	National Stress Awareness day New Years resolutions	AfSFH PR Send articles to Mags	Local paper		Target local companies	Feature on website
DEC	New Years Resolutions	Local shops hairdressers Campaign with local gym	Local paper			Feature on website

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Submission deadlines

First day of February, May, August, & November.

Issue Dates

January, April, July & October

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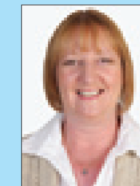

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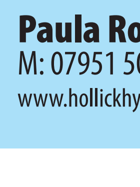

Paula Rose Location: Newport
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Don't Forget!

If you are a member of the NCH, then you can register your details of your supervisor (If they have been accredited by the NCH) with them - online. www.hypnotherapists.org

Committee Members

AfSFH.com

Association for SOLUTION FOCUSED HYPNOTHERAPY

Chairman and Trustee: David Newton

David Newton founded the AfSFH and is an avid supporter of getting the word out to the public of what Solution Focused Hypnotherapy is all about. His inspiration brought the Association to life and has allowed us to flourish rapidly in our early days. His support of all that we do is greatly appreciated.

Company Secretary and Trustee: Nicola Griffiths

Nicola chairs and tries to keep control of our Executive meetings! She works closely with the Executive in order to push the Association forward. The bee in her bonnet is to support both newly qualified and experienced Hypnotherapists in their careers, so she comes up with many of the initiatives that help our members improve their businesses.

Trustee: Susan Rodrigues

Susan is our mainstay who oversees our Executive meetings to ensure we're on the right track! Her knowledge ensures that our brainwaves keep to the ideals (and regulations) of the solution focused world.

Assistant Company Secretary: Sharon Dyke

Not content to be Nicola's Deputy, Sharon has taken on the role of Risk Assessor AND taken charge of long term planning for the Association. So we now have a vision for the future – all she needs to do now is keep us focused towards our goal!!

Journal Editor: Penny Ling

Luckily for us, Penny was in publishing before she became a full-time Hypnotherapist. Working with a team of volunteers who submit articles, Penny (amidst occasional tearing out of hair) writes, designs and produces our amazing Journal which has received unprompted and excellent feedback.

Marketing: Debbie Pearce

Having decades of experience in PR, Debbie is in charge of the press releases and marketing ideas. She also works hard behind the scenes establishing relations with publications and organisations that will benefit the AfSFH as we move forward. She also brings a large dose of energy to the Executive which keeps us motivated!

Member Benefits Officer: Andrew Workman

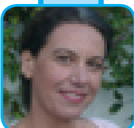
Andy is responsible for obtaining discounts on products and services that you find on the Member Benefits page of our website. He approaches many many companies using his persuasive powers to encourage them to offer these discounts! We don't like to ask how he does it, we just leave him to it…..

Research: Claire Briggs

Claire Brigg is our Research Officer. She's newly appointed and is now busy acquainting herself with our needs for research so we can get good solid information out to the public and make them aware of how good solution focused hypnotherapy is.

Social Secretary: Julie Gibbons

Events Manager. Julie's job is to make us all happy, a job she does very well. She's in charge of organising our events such as the AGM and any parties and Conferences we hold, so whilst all serene above the water those feet are paddling away underneath!



Treasurer: Stephanie Betschart

The serious stuff, Stephanie looks after our money! She talks to our bank manager (scary) and has control of our cheque book – a very important role given we're a not-for-profit organisation so every penny is important!

Website Officer: Trevor Eddolls

Trevor, for his sins, is charged with updating the website and inspiring us with ideas to further progress the site. A challenging and key role as we grow bigger!

Administrative Secretary: Claire Rodrigues

Claire Rodrigues is out lovely Administrator who deals with all your queries and those of the public. She's amazing as she has to put up with us lot too, so she has her work cut out and we think she's great!