

HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY JOURNAL ISSUE 7



MOTIVATION

- William Montgomery gives us 10 actions to motivate others
- Motivational theories
- Indecision turns to action
- Time to stop smoking

Hypnothermia - Hypnotherapy in a cold climate



THE AGM

I was hoping that I would be writing a piece here in the journal about the great time we had at the AGM in January, but as I write the snow still lies deep on the ground and we're not going anywhere.

As the southwest took the brunt of the bad weather, most of us were forced to abandon the idea of making it to Bristol on January 20th 2013, so the AGM has now to be moved. Because of legal reasons the association has to promote the AGM at least 21 days before it happens, so watch out for the newsletters, emails and all the other social media to see when it's going to happen ■

LETTER FROM THE EDITOR

Trying to get our clients motivated to change is one thing but there plenty of times therapists need to do this too. I suggested an issue on motivation after struggling to find enthusiasm in people to contribute to the journal.

Although stress and being overwhelmed can dampen our motivation, recently I found being in a stressful situation made me more motivated and determined to get things to work. This means every therapist will have their own issues that motivate and demotivate, hopefully some of the articles may help motivate you in your practice for 2013.

Note the new email address:-
journal@afsfh.com

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WHY THE RESEARCH IS IMPORTANT

It's been a while since Matthew Cahill set up the research projects and the results he's obtained will take 100s of hours to go through and analyse. Back in December David Newton sent out an email to all Clifton Practice graduates about the change in the way research is being done, from clinical trials to outcome ratings.

He tells us that the IAPT recommends PHQ-9 for depressive symptoms and GAD-7 for anxiety - both of which you can check out online. The outcome ratings developed by David and Matthew are similar and are more fit for purpose for what we do.

It is our aim as an association to be one of the contributors in the movement towards 'Real-World Research' and this is why the outcome ratings are so important.

As a therapist and a supervisor I use outcome ratings to help monitor clients progress. In one letter sent to me recently as Editor I was asked about how we can tell if our clients are making up their improvements. It's not uncommon and I have to admit years before I trained I lied to a hypnotherapist because I didn't feel it was working and I was just too polite to tell him, so I said on the 5th session I was now driving and it was all OK. It wasn't.

When I first went into practice I had a few clients who miraculously became well by week 3 and then didn't turn up again. Using scaling alongside the outcome ratings (OR) we can compare and contrast the clients' perceptions. I.e. if when asked to scale, the client says they're a 5 and it's been a bad week, at the end of the session they may have forgotten what prompted that score and on the OR score higher. Experience tells you those who want a quick fix but the scaling and OR will help you gauge how many sessions it may take ■



Penny
Penny Ling, Editor

Stuff:

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The Journal of the Association for Solution Focused Hypnotherapy established 2010 represents the practice of solution focused hypnotherapists as a distinct profession in its own right. Membership is open to those practitioners who have the appropriate qualifications and experience within the field.

THE ONLY WAY IS UP!

Penny Ling does not believe we're all motivated by the same things



Back in 2009 I was called by the BBC to talk about motivation on Radio Somerset. Being interviewed on radio at the best of times is daunting as often you don't quite know what the questions are going to be. The presenter had chosen the subject around why unemployed people were lazy. To her, not having a job was just because people couldn't be bothered.

I was asked how I motivate someone to do a task with the suggestion that hypnosis is just mind control and by using it you could persuade people to do anything, which of course we know to be totally wrong. I asked her a simple question, "Why do people go to work?" and her answer was to earn money – right? I disagreed.

Yes we all need money to live, but there are so many factors to take into consideration, like being around other people. When I left my job at the newspaper, the editor asked me what I had enjoyed the most, and I said working with that group of people. She then implied I only came to work to socialise and I agreed. My motivation for working there wasn't monetary, I enjoyed the work, I liked the location – only 5 minutes from the sea – and I loved my colleagues company. Why did I move jobs? Redundancy – I had no choice. When faced with no choice situations we are sometimes motivated to accept doing anything to get by or we can lose confidence and feel helpless, then we move into depression and lack motivation.

My argument to the presenter that Tuesday morning was that perhaps a small percentage were genuinely lazy – "it's not worth my effort to get to work, which I don't like or pays very little". Perhaps they have weighed up that travelling to the new job costs more than signing on, or perhaps they have lost confidence in themselves to actually do the job.

In the last 10 years recruitment has radically changed. You could step out of one job and into another with little effort. Times have changed and with the rise of the Internet, so has advertising jobs. When talking to a recruitment specialist recently, she said that CVs have to be rewritten for each specific job to highlight the skills or transferable skills – not surprising then that people don't bother, or get disheartened. With the government making it easier to hire and fire people, it's quite easy to see that lack of control over their situation will force even more people to feel hopeless and give up trying.

Then there is stress management, how often do we see people who have been off work, through either stress or something like maternity leave then the time comes they have to go back and all they want to do is run away from the situation. I don't see laziness there, just terror. Once you spend any length of time at home away from work situations you lose the confidence to go back and face people unless you have spent that time constructively and fulfilling your needs.

I once worked at a newspaper where the Sales

manager was convinced that the only reason we were all there was money, he couldn't understand it when our team of designers one month didn't hit the bonus targets. I pointed out to him that we weren't sales reps, we were designers and our motivation for work was satisfaction of the job. We weren't going to churn out advert after advert, we were making sure that we were giving our clients the best opportunity to catch the eye of their customers at any given time. We were thinking long term, as we wanted to be able to keep the clients coming back time and again, keeping us all in jobs.

Often as therapists our motivation is helping others. If we choose to use "getting out of one job to do something else" as the motivation, or think that charging £65x37 hours in the week is going to make you very rich, then you're in it for the wrong reason. One of the reasons many graduates of hypnotherapy end up not becoming full time therapists is because when they start they may have unrealistic expectations on building a client base, and as months go by they take it personally, their confidence plummets and they lose the motivation to continue. Yes you do have to take personal circumstances into the equation, we don't all have a crystal ball, but that goes for lots of things in life not just being a therapist.

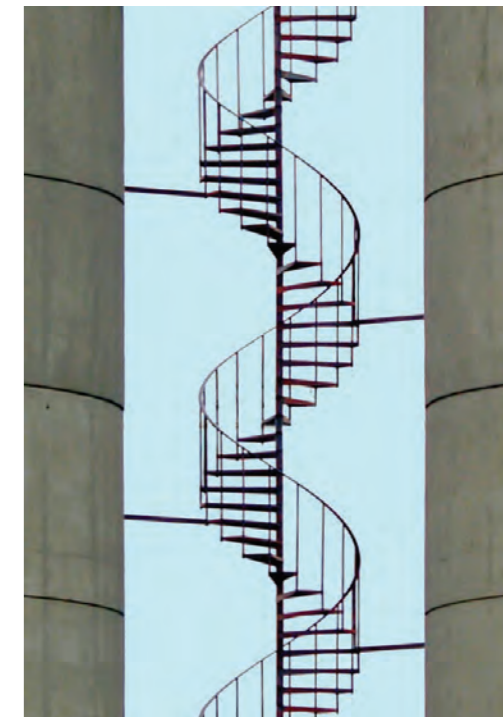
William Montgomery leadership expert from AskTen in Bristol emphasises the importance of goals and not getting frustrated - The reason that it's so important to not get frustrated is because when we get frustrated, we lose the motivation, and the energy to press on. Without the motivation and a certain level of enthusiasm, we can never achieve those hard but worthwhile goals. Just like Winston Churchill said: "Success is going from failure to failure without loss of enthusiasm." When you work on your own goals, learn to acknowledge partial success and don't get discouraged easily.

Recently in Scientific American Mind magazine, they discussed three attributes that make up motivation:

- ◆ **Autonomy** - Whether you pursue an activity for its own sake or because external forces compel you, you gain motivation when you feel in charge. In evaluations of students, athletes and employees, the researchers have found that the perception of autonomy predicts the energy with which individuals pursue a goal.(1)
- ◆ **Value** - Motivation also blossoms when you stay true to your beliefs and values. Assigning value to an activity can restore one's sense of autonomy - several studies have found a positive correlation between valuing a subject in school and a student's willingness to investigate a question independently.(2)
- ◆ **Competence** - As you devote more time to an activity, you notice your skills improve, and you gain a sense of competence. A study on students and their attitudes and engagement with athletics during a two-year period found a strong link between a student's sense of prowess and his or her desire to pursue sports. (3)

When it comes then to New Year's Resolutions the reasons they fail are often that the wrong steps are taken at the wrong time even though we may think we are motivated to make those changes. Some people don't stick to diets and continue to smoke because they cannot see the long term goal. We will also see in this edition that health or money are not the only motivators for giving up smoking, and that links into values. It is beliefs and

...Continued over



10 ACTIONS TO HELP YOU MOTIVATE OTHERS

values that keep the executive members of the association committed to promoting and supporting its members.

One of the reasons the AfSFH promotes supervision even when you're not seeing clients is to keep those levels of competence/confidence up and keep motivation going. Other organisations don't see it that way, but the association is about trying to make it a full time, reputable therapy, and the more help we get from our members in raising awareness, coming up with ideas, writing articles, researching and publicising what we do across the board the better. We need the tiny steps and the drip feeding of the benefits to the public just in the same way we do with clients, so they don't get overwhelmed by the big picture.

Just ask yourself this question – If a miracle happens tonight when you're asleep and the problem (of reaching out to the public) goes away – what would the first signs be that a miracle has happened? And think that question not as an individual, but as part of a larger organisation. As an individual we are but one voice, as a larger organisation we have the power to change. What needs to happen to motivate you, to promote the association, and for it to be widely recognised? What needs to happen for SFH to be widely accepted across the board? ■



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Greater things can happen when people are motivated. Think of three accomplishments you're proud of, then ask yourself how motivated you were to accomplish them.

Similarly, if you can figure out what motivates others, their accomplishments and yours will be greater. Some managers believe others should be automatically motivated, thinking motivation comes as standard with the person. Some managers believe everyone should be as motivated as they are about the job and the organisation. That's seldom the case. Fact is, people are different. Each person is different in the way he/she becomes and sustains being motivated. Being good in this area includes believing it's a manager's job to motivate – that all people are different, and that motivating each of them takes a different approach. Here are ten actions to help you motivate others.

1. Follow the basic rules of inspiring others.

Communicate to people that what they do is important. Say thanks. Offer help and ask for it. Provide autonomy in how people do their work. Provide a variety of tasks. Surprise people by enriching, challenging assignments. Show an interest in their careers. Adopt a learning attitude toward mistakes. Celebrate successes, have visible accepted measures of achievement and so on.

2. Know and play the motivation odds.

Research by the company 'TEN' has revealed the top motivators at work to be: (1) job challenge; (2) accomplishing something worthwhile; (3) learning something new; (4) personal development; (5) autonomy. Pay (12th), friendliness (14th), praise (15th) or chance of promotion (17th) are not insignificant but are superficial compared with the more powerful motivators.

3. Use goals to motivate.

Most people are turned on by reasonable goals. They like to measure themselves against a standard. They like to see who can run the fastest, score the most, and work the best. They like goals to be realistic but

stretching. People try hardest when they have some chance of success and some control over how they go about it.

4. Figure out what drives people.

What do they do first? What do they emphasise in their speech? What do they display emotion around? What values play out for them?

5. Turn off your judgment program.

In trying to reach someone, work on not judging him/her. You don't have to agree, you just have to understand in order to motivate. The fact that you wouldn't be motivated that way isn't relevant.

6. Be able to speak their language at their level.

It shows respect for their way of thinking. Speaking their language makes it easier for them to talk with you and give you the information you need to motivate.

7. Bring him/her into your world.

Tell them your conceptual categories. To deal with you he/she needs to know how you think and why. Tell him/her your perspective – the questions you ask, the factors you're interested in. If you can't explain your thinking, he/she won't know how to deal with you effectively. It's easier to follow someone and something you understand.

8. Motivating is personal.

Know three non-work things about everybody – their interests and hobbies or their children or something you can chat about. Life is a small world. If you ask people a few personal questions, you'll find you have something in common with virtually anyone. Having something in common will help bond the relationship and allow you individualise how you motivate.

9. Turn a negative into a motivator.

If a person is touchy about something, he/she will respond to targeted help. If the person responds by being clannish, he/she may need your support to get more in the mainstream. If he/she is demotivated,



look for both personal and work causes. This person may respond to a job challenge. If the person is naïve, help him/her see how things work.

10. The easiest way to motivate someone is to get him/her involved deeply in the work he/she is doing.

Delegate and empower as much as you can. Get him/her involved in setting goals and determining the work process to get there. Ask his/her opinion about decisions that have to be made. Have him/her help appraise the work ■



William Montgomery is a leadership consultant with first class credentials. The former navigating officer of HMS Ark Royal and Head of Strategic Change at Lloyds TSB now heads up TEN where he has earned an enviable reputation as a powerful catalyst for performance, helping release potential to maximise profit through the creation of a success culture for start-up entrepreneurs to FTSE 100 companies.

<http://askten.co.uk/>

MOTIVATION THEORIES

Trevor Eddolls looks at why we do things

For most people, we only do things that we want to do, or that we feel we ought to do, or because we'd rather do that than any of the alternatives.

Certainly, as Solution Focused Hypnotherapists, we're helping people to be in control and make the best decisions possible for them about what they do. But what psychological theories are there? What have psychologists come up with about motivation? And how can we use those theories to encourage our clients to do what's best for them?

Let's start with a definition of what we mean by motivation. Motivation is what starts, steers, and sustains (initiates, directs, and maintains) a particular behaviour. Motivation has at least three components – activation, persistence, and intensity.

So let's take a look at some of those theories...

The first theory is called the 'incentive theory', and that basically assumes that we do anything because we get rewarded (ie the incentive) for doing anything. So a positive meaning is associated with a behaviour. This is mummy telling a child they are a 'good boy/girl' for performing a particular action. It's your friends saying well done for doing something, your country giving you a medal or your own TV show, or your organization giving you a pay rise. And you continue performing the behaviour while

you're rewarded. A bit like smokers getting rewarded by their smoking friends by going outside together, or people who can't sleep getting up and opening the whisky. Reinforcement encourages the behaviour, lack of reinforcement extinguishes the behaviour. In incentive theory, stimuli 'attract' a person towards them and positive reinforcement keeps them doing it. With a client, you can use intrinsic rewards – the feeling that they are doing the right thing - or extrinsic rewards – give them £5 for every day they don't have a cigarette!

Drive Reduction theory comes from the idea that there are specific biological drives, e.g. hunger. If a drive isn't satisfied, its strength increases – so if you don't eat for a long time, all you can think about are your favourite menus! But once you have a meal, the drive is reduced. Observable behaviour is more complex than this, but that might be ascribed to the primitive brain working in this way, and the intellectual brain over-ruling which behaviours occur.

Freud's psychoanalytic theories of motivation suggested that all action or behaviour resulted from internal biological instincts that are either to do with life (sexual) or death (aggression). Sullivan and Erikson (1993) thought that interpersonal and social relationships were fundamental. Adler thought people were driven by power. Jung was more focused on temperament and a search for the soul or personal meaningfulness as a motivator.

Leon Festinger's cognitive dissonance theory suggests that cognitive dissonance occurs when a person feels a degree of discomfort because there's an inconsistency between two cognitions. What that means is that they have a model of the



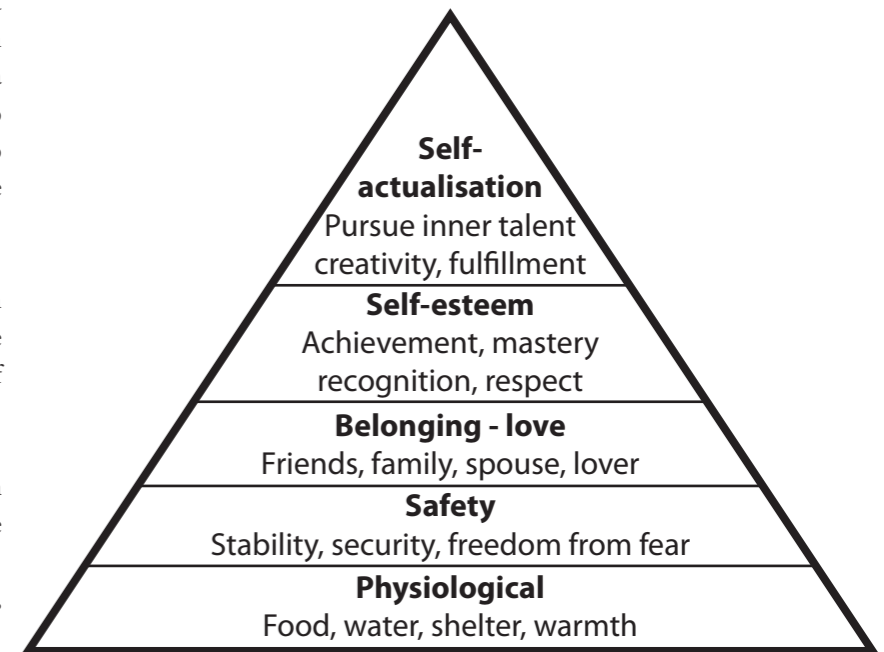
world (one cognition) and then there's their senses' view of the world (a second and perhaps different cognition). So a person may like a tidy house, but there are children's toys left everywhere, so cognitive dissonance motivates them to tidy up! This theory explains why groups of people trying to lose weight together works. A client agrees to try to lose weight by next week. Cognitive dissonance stops them eating a large slab of cake (etc) the night before a weigh-in day! Simply put, people are motivated to reduce dissonance. Therapists can help people to change their views about things so that cognitive dissonance brings about desired behaviours.

Pritchard and Ashwood suggested that motivation is the process used to allocate energy to maximize the satisfaction of needs. And there are plenty of 'need' theories of motivation.

Maslow came up with a hierarchy of needs – from the simplest needed to survive to the highest – see right.

According to Maslow's hierarchy of needs,

people are motivated by unsatisfied needs. Lower level needs need to be satisfied before higher level needs can be satisfied. So, there's no point trying to encourage a client to write a reframe (which might be the self-actualization level) if they're hungry (the physiological level). Or maybe a client simply needs



Let's think about our very basic needs. Let's assume that we're on a spaceship right now and the alarms are flashing and sounding very loud in the cold and ever thinning air.

What do we need to survive?

There's a saying that a person can survive without oxygen for three minutes, without water for three days, and without food for three weeks. That gives us a starting point. We need oxygen, water, and food. But oxygen needs to be around the 21% mark and the inert nitrogen needs to make up the other 78% of the air we breathe. Although you can replace the nitrogen with other inert gasses, and that's why very deep sea divers use helium in the mix. And, in a way, that gives us another need – we need the air around us to be within

certain range of pressures. We also learn from manned space flights that gravity is needed, otherwise minerals leak out of bones making them brittle.

If we look at arctic explorers, we see that warmth is important. But people living around the Sahara desert know that too much heat is bad for you – so again we're finding a middle ground that we need for health.

Looking at what happens to some prisoners in extreme regimes, we can see other human needs clearly illustrated because these are the first to be removed. Prisoners are kept awake for long periods, they are beaten, they can be tied up to prevent movement (as well as escape), they are given little food that's of poor quality, and they are kept isolated from others. So clearly, a good night's sleep, being pain free, being able to exercise, eating and

drinking healthily, and interaction with others are basic human needs.

We all know the feeling sitting in a meeting or stuck in a car and wanting to go to the toilet, but having to wait. That's another need we like to satisfy.

For many of these basic needs there's what's called the Goldilocks principle – not too much and not too little. It has to be just right. Just the right amount of gravity and air pressure, just the right amount of oxygen in the air, just the right temperature, etc, etc.

But once we humans have met our basic needs (we've just been to the toilet, had a drink, and are now sitting snugly by the fire), what happens next?

to go to the toilet before the trance work starts, otherwise they will be more concerned about that than relaxing. Only unsatisfied needs influence behaviour, satisfied needs don't.

Herzberg proposed the motivator-hygiene theory. With this workplace theory, certain factors result in job satisfaction. He suggested that there were motivators such as challenging work, recognition, responsibility that led to job satisfaction, and hygiene factors such as status, job security, salary and fringe benefits that when absent led to demotivation.

Alderfer proposed the ERG theory, which derived from Maslow's work. This theory suggests that there are three groups of core needs — existence, relatedness, and growth. The existence group is basic material existence requirements. The relatedness needs are to do with maintaining important personal relationships. Growth needs are a desire for personal development.

David McClelland's need theory assumes that our basic needs are for achievement, affiliation, and power. It might be worth noting at this stage that any TV copperama assumes the motives for murder are money, sex, or power! Achievement-motivated people like to master a task or situation. You can set them tasks of moderate difficulty and give them feedback on their work. Affiliation-motivated people like creating and maintaining social relationships, being a part of a group, and feeling loved and accepted. Peer pressure is a good way to get them to do anything (stop smoking, lose weight, etc). And power-motivated people need to influence, teach, or encourage others (sounds like a therapist to me!). Get them to encourage others to stop smoking, etc. Let them show their control of their lives in front of a group.

Manfred Max-Neef and others at the school of Human Scale Development produced a list of fundamental human needs, which are constant

through all human cultures and across different time periods.

The list is:

- ◆ **Subsistence** – physical and mental health
- ◆ **Protection** – care, adaptability, autonomy
- ◆ **Affection** – respect, sense of humour, generosity, sensuality
- ◆ **Understanding** – critical capacity, curiosity, intuition
- ◆ **Participation** – receptiveness, dedication, sense of humour
- ◆ **Leisure** – imagination, tranquillity, spontaneity
- ◆ **Creation** – imagination, boldness, inventiveness, curiosity
- ◆ **Identity** – sense of belonging, self-esteem, consistency
- ◆ **Freedom** – autonomy, passion, self-esteem, open-mindedness.

Deci and Ryan's self-determination theory (SDT) assumes intrinsic motivation for growth and development is what drives people. And they need active encouragement from the environment to continue. So with a client you need to give them feedback and explain how competent they are and able to look after themselves

When it comes to intrinsic motivation, Reiss found 16 basic desires that affect behaviour.

They are:

- ◆ **Acceptance** – the need for approval
- ◆ **Curiosity** – the need to learn
- ◆ **Eating** – the need for food
- ◆ **Family** – the need to raise children
- ◆ **Honour** – the need to be loyal to the traditional values of one's clan/ethnic group

DEMOTIVATORS – THINGS THAT MAKE YOU LESS ENTHUSIASTIC ABOUT PERFORMING A BEHAVIOUR.

- ◆ **Idealism** – the need for social justice
- ◆ **Independence** – the need for individuality
- ◆ **Order** – the need for organised, stable predictable environments
- ◆ **Physical activity** – the need for exercise
- ◆ **Power** – the need for influence of will
- ◆ **Romance** – the need for sex
- ◆ **Saving** – the need to collect
- ◆ **Social contact** – the need for friends (peer relationships)
 - ◆ **Social status** – the need for social standing/importance
 - ◆ **Tranquility** – the need to be safe
 - ◆ **Vengeance** – the need to strike back.

You may look at the list and wonder how many apply to your clients, or how many apply to you. You might also wonder how much is culturally dependent. And where's being happy on the list? What it does illustrate is that at any time, competing behaviours are trying to 'get out' and your 'control brain' can decide which one to allow.

Goal setting theory seems to fit most closely with what we do (and NLP). The theory suggests that people may have a drive to reach a clearly defined 'end state'. The effectiveness of the goal as a way of changing behaviour depends on how close it is (proximity), how hard it is to achieve (difficulty), and how clearly it is defined (specificity). SMART (Specific, Measurable, Attainable, Relevant and Timely) criteria can be used to define the goal. It may make sense to break up a distant goal into steps so that success is never too far away and the client can see progress and celebrate success.

So, how do we, as hypnotherapists, motivate clients to achieve their goals? Certainly getting them in their control brain stops them 'shooting themselves in the foot' whenever they attempt to make changes in their lives. But the reality is that where there are lots of theories, there is going to be a lot of confusion. It's down to the therapist to find what works best with each client individually. Certainly, an understanding of the different theories can help with this ■

“WHETHER YOU THINK YOU CAN OR YOU CAN'T, YOU ARE RIGHT.” – HENRY FORD

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FROM INDECISION TO

Harriet (not her real name) was in a bad way when she first came to see me. At 71, she had been widowed 2½ years previously and had moved to the area to be closer to her 97 year old mother who was in a nursing home.

Harriet described herself as extremely stressed and totally unable to make a decision. Her only pleasure in life was throwing things away, to the alarm of her friends and family who felt she was being reckless.

As with so many clients I see in similar situations, she was renting a property as a stop-gap whilst searching for a suitable place to buy. She had looked at dozens of properties, none of which were suitable, but then she didn't actually know what she wanted, which again is a story I often hear. In truth she wanted to live near her son 100 miles away, but felt duty bound to be near her mother. She was confused, indecisive and totally demotivated.

We completed the initial consultation with an explanation of how the brain works and I gave her my relaxation CD. Harriet left saying she felt much better than when she arrived and was optimistic about the likelihood of success with the therapy.

Session 1:

Harriett reported having some really good days. She had made the effort to go to a Golden Wedding celebration in the village. She didn't know anyone well but made the effort to socialise.

Scale: 5/6

Miracle Question: I'd be making some phone calls. I'd make the effort to ring some friends, in fact I'd ring Sue. I'd go to the nearest town for an afternoon, so I can enjoy having people around me.

Session 2:

True to her word, Harriett had made the effort to ring several friends and she had spent a nice day in town 'in amongst the crowds'.

Scale: 6/7

Miracle Question: I'd be getting on top of the

paperwork.

Session 3:

Harriett had been busy – she'd started reorganising things at home, had begun shredding old paperwork and was working through boxes of photographs. She'd booked a reflexology appointment (she adores being pampered) and also a health appointment with her GP. She had also started to sort her mother's tax affairs – 'It's been on my mind for weeks' she said. Harriett reported feeling quite happy with all the things she was doing.

Scale: 7½/8

Miracle Question: I'd be starting to look at houses again

Session 4:

Harriet had been even busier. She'd put some of the photos into albums, sent some Persian carpets to be cleaned and made another health appointment. She had cut out emotional eating in the evening (this is the first time weight or eating had been mentioned). She'd done more work on her mother's tax return and was feeling a lot better.

Scale: 8½

Miracle Question: 'I'll complete the tax return. I'll put more photos into albums'

Session 5:

This was a very important week in Harriett's progress. She reported having a really good week. She'd seen a couple of houses that she liked. Significantly she'd had a heart-to-heart with her mother, who said that she wished Harriett hadn't moved to be near her.



A NEW LIFE IN 3 MONTHS

Debbie Pearce shares a truly motivating story

Harriett's mother confided that she felt guilty because she hadn't done the same for her own mother. She encouraged Harriett to move away from the area to be near

her son. Harriett and her mother had an enjoyable day out together (prior to that her mother had been reluctant to be taken out due to the guilt she felt).

Scale: 7½ (Harriett hadn't slept well the night before and was tired)

Miracle Question: I'd make a decision on which house to go for.

Session 6:

Harriett was very animated. She had made a decision on which house to buy – a different house near her son. She had been doing lots of good things for her health. She said 'I'm quite excited about myself'. She had handled a potentially difficult situation very well – her landlord announced he wanted to terminate the tenancy in 8 weeks so he could live in the house – Harriett took it in her stride and didn't panic.

Scale: 9

Miracle Question: I could almost contemplate starting a relationship! I'd like to get a new car, because my current car reminds me of my husband. When I move near my son I will volunteer for a charity.

Session 7:

Harriett reported 'It's all good, it's all coming together'. She'd been writing letters,

making phone calls and had been to the tip several times, which she actually enjoyed. She'd begun losing weight and had cut down on tea & coffee.

Scale: 9

Miracle Question: I want to be 9½ stone so I'd be eating less, not nibbling and cutting down on wine. I need to revise my will.

Session 8:

Harriett breezed into the therapy room. She'd bought a house near her son, 'it's an ideal property, and there are volunteering opportunities in the village'. Even her mother was pleased.

Scale: Beyond 10 – you'll have to bring me back to earth!

Miracle Question: I'd be moved in and settling into life in the village.

Session 9:

Harriett was highly excited, reporting being 100+ on the scale. She repeatedly asked me to tether her back to earth. The house purchase was progressing and she'd seen just the right car. She confided that a man had come into her life. She was just 4lbs away from her ideal weight.

Scale: 100+

Miracle Question: Can't imagine things being any better.

I thoroughly enjoyed working with Harriett. She was clearly a resourceful person and reaped the benefits of taking action. There were a few surprises along the way – we hadn't discussed having a heart-to-heart with her mother, weight hadn't been mentioned at the initial consultation and certainly there was no talk of finding a new man in her life.

Harriett's development from confusion, indecisiveness and lacking any spark to being totally motivated and looking forward to starting her new life near her son took just 3 months. It started with finding the motivation to ring a few friends and get out of the house, and resulted in resolving a major issue with her mother, taking better care of herself, sorting out tax returns and wills, buying a house, losing weight and finding a new man. Amazing! ■



MOTIVATING THOSE QUIT SMOKING CLIENTS

Penny Ling, Isma Kumar & Nicola Griffiths share their knowledge

Of all the areas of problems we cover, motivation to quit smoking is one of the

most diverse I've encountered.

Most would think that health was the priority, but in all the years I have been practising the stop smoking sessions, some of the answers to the question "Why exactly do you want to stop?" can bring some interesting responses. Recently one client who knew perfectly well he had to stop because of his health admitted at one point he hated bureaucracy and fat cats that take advantage of people – so during the trance I had him imagine every time he went into a shop to purchase his cigars he consider the chain of events, from the poor worker picking the tobacco through the making of them, the shipping of them, right to the point he could see the fat cat owner receiving his payment and driving off in his nice shiny Rolls or whatever tobacco barons drive!

Another client was a Buddhist who wanted to give up because his spiritual leader would be disappointed in him, and he was working hard on trying to be an all round better person, and there's Isma Kumar – I'll let her tell you her own story...

Hypnotherapy for therapeutic (not stage hypnosis) benefit has always been something that interested me. For many years Hypnotherapy was always in the back of my mind until I was seriously thinking of stopping smoking. I did not get the idea to stop smoking for health and money reasons, it was a different incident that made me aware of the original purpose of the plant. At that time I had a

Native American pen friend that was incarcerated in a maximum-security prison. An online friend asked me if I would like to write to a Native American prisoner every now and then, and so I came across my pen friend. We had a wonderful pen friendship where he was teaching me about his tribe and I was writing about Druidism. One day he wrote to me about a sacred pipe and an old man that comes regularly to smoke the pipe with him. It was this letter made me aware of the purpose of the plant and I tried to stop smoking, but not very successfully as I felt absolutely terrible. It is hard to describe, but this feeling made me smoke again.

I remembered seeing adverts to stop smoking with Hypnotherapy and so I had a look online and found Penny Ling. I quickly booked an appointment in the Oakspring Health Clinic in Clevedon. In the first session (Penny was dividing it into two) she talked about the brain. I was thrilled and a little thought, almost unnoticeable thought in came into my mind "I have to study this!" The next day when Penny gave me the hypnosis session I was thrilled again as it felt for me like a shaman journey. I had the sensation of being in trance, I recognised it from previous training that I have had and it felt completely the same. We had a small chat afterwards and then I left happily without any doubt or cravings.

About two years later I decided to learn Hypnotherapy and researched which school would be the best for me and found the Clifton Practice. The course was amazing and one of the best choices I have made in my life. After the graduation I was looking for a therapy room. One day I remembered the Oakspring Health Clinic in Clevedon and simply went there to ask if they would have a room. Now I work in there as a Solution Focused Hypnotherapist; the place where I met Penny and stopped smoking ■

Isma Kumar

We have to acknowledge that when a quit-smoking client arrives, they are already motivated – they wouldn't have made the appointment if they weren't. I do encourage that motivation, when they initially phone up, I ask a scaling question "On a scale of 1-10, where are you in wanting to give up?" Whatever their answer, unless a 10, I'll reply "And what would be different if you were a [next figure up]?" It's a good way of getting them to think more positively rather than wondering if they can do it.

How else do I motivate them?

1. Persistence. I ask clients to think about the real reasons they want to give up, no matter how small it seems. As they answer, I nod knowingly and then drill down. If they answer with "health" for example, I ask for details of "what in particular about health is so important for you"? They will quickly come back with an answer and that's when my "and what else regarding health" comes in, not allowing them to move onto the next main answer until we've fully exhausted that first one.

2. Confirmation. For me, it's all about confirming to the client that they're doing the right thing. There will be a smattering of "ah, excellent" or "oh that's good" to my clients' answers. As they leave, I'll be saying "Well done, enjoy that good health" or something along those lines.

3. Motivational support. Here's where that CD comes into play. Frequently I can be heard saying: "You are not alone, you've got me wittering away on this CD which is like gold-dust" or "Listening to this re-inforces this session and keeps the momentum going".

4. Energy. Whether or not you like working

with quit-smokers, before they walk in the door think about the most successful client you've had this week/month/year. Get yourself in the right frame of mind and that'll transfer itself to your client.

5. You are not alone! Research has shown that smokers stand more chance of success if they feel supported. "Give me a buzz if you have any questions" is one way of conveying there's back-up. Some may offer a free top-up if the client hits problems, if ever I offer this it's with the caveat "I doubt you'll need it as you were excellent" thereby reinforcing my belief in them.

There are many ways to motivate, these are just some. If you struggle to motivate yourself with quit smokers then I know a certain Association where you can find a good hypnotherapist to go to – they can seriously help! ■



HYPNOTHERMIA - HYPNOTHERAPY IN A COLD CLIMATE



Many people have asked me whether I have noticed huge differences working as a solution focused hypnotherapist in Iceland and I have to say that there have been a few.

The biggest and most pleasant changes I have enjoyed adapting to have been the thinking processes and attitude of the people. If I had to describe the most common traits I have found within Icelanders I would describe these as follows:

Attitude and approach to life:

More resilient, solution focused and able to see themselves as having a role to play in creating good outcomes even when they are in the midst of a horrid situation. They very rarely say "I can't", there are plenty of ways to say "I can't" in the Icelandic language but the assertion is rarely made. If someone is grieving or upset there is respect and sympathy for this but also a general expectation that each person will find their own way through in time. When Halldor Laxness wrote his classic "An Independent People" he wrote the truth. Interestingly he is the only anti-American to ever win a Nobel Peace Prize.

These are a people who were told their own country was bankrupt and they were finished and yet the people have worked together to move forwards after the economic crash. Although justifiably many were very angry they quickly galvanised their resources and organised themselves in a peaceful protest known globally at the "Pots and Pans Protest". I have spoken to people who were involved in this and there was never any doubt in their minds that their protest would bring change and it was their faith in their capacity to make a difference which maintained the momentum. There is still a great distance to travel forwards before the Icelandic people would say they are in a solution state. However, the people of Iceland know that it is up to them to collectively create the phoenix of the future out of the ashes of the past, and they take this responsibility very seriously indeed. They also have a sense of humour about the actions of their bankers which has expressed itself in a very public manner. There is the "blockhead" statue very close to the Althing (Parliament) of a man in a suit, carrying a briefcase with his head encapsulated in a large block of stone. The message is powerful, witty and very obvious! I wonder whether many countries would allow their citizens to place their critique of the system on view in such a public way!

For generations these have been people who have coexisted with earth quakes, food and materials shortages, frequent drowning of their fisherman and volcanoes. They still remember when their ancestors took these upheavals within the stride of their daily lives so they know this strength is possible and necessary when life presents minor or major challenge. The attitude is usually "it has happened and so we must deal with it and be as creative as we can". When Icelandic people look back at the cause of something wrong they focus even more attention on whatever needs to happen to make the future better than the past. The humour of the Icelandic people is exactly the same as the kind of humour exhibited by many English people both in happy and more adverse times.

The newspapers here report both good and bad news from Iceland and around the globe. However, as my understanding of the Icelandic language has grown I have realised that they do not sensationalise the bad news in the way many other countries do. Good news is celebrated, and the Icelandic people know how to enjoy life but seem to do so in a slightly quieter way.

Therapy and support in Iceland

Cognitive behavioural therapy is far more prevalent than counselling. The University of Iceland offers the Tony Buzan method of Mind Mapping to its students as an online support system to help them to

understand how their own minds work and make the most of that. In that system it is recognised that thinking works by association and so the non-linear and creative movement forward which we see in solution focused therapy is also present.

There is also a system available called "First Things First" which was developed out of the work of Viktor Frankl and again this is solution focused as well.

Icelandic attitude and solution focused hypnotherapy:

In England it was my experience that it took people a little while to get the hang of the solution focused aspect of therapy and I would have to remind clients sometimes, and this is something which has not happened here at all. So I would say people get into the solution focused aspect of our work more quickly because they are familiar with it in a general life and a therapy context.

Spiritual therapies including spiritual approaches to hypnotherapy, The Secret and sometimes past lives therapy are also popular here. In England I found that usually spiritually motivated people would

...Continued over

attend an initial interview but would not often go ahead. However, in Iceland these people usually go ahead even though my way of dealing with this is the same as in England.

I simply explain how our thoughts, words and actions not only influence the direct response of other people towards them but also on a quantum physical influence the collapse of waves of potential into particles of reality. I believe this is a small but significant field of influence. It has indeed been scientifically proven that at quantum level the thoughts and attitudes of the observer will alter the outcome. If you change your thoughts, feelings and actions you change far more than the responses of other people towards you and also influence the complex interplay of life in a small way.

Optimists experience more because they notice opportunity and people respond to them more positively but I also believe the quantum physicists are right when they say more luck will also flow towards them. However, our consciousness flows through the brain so getting the brain to work for rather than against us is vital. There is no duality just a system which works together.

Hypnotherapy Training in Iceland

Interestingly the hypnotherapy training available in the country via a school based in Glasgow with John Sellers working in union with Roy Hunter does not teach a solution focused approach, it is analytical but sometimes spiritual too. I met and made friends with the only solution focused hypnotherapist here who trained in the solution focused approach in America and who has also trained with Roy Hunter (parts and regression approach). A range of hypnotherapeutic models are not taught here.

Insurance:

When I first arrived it took me a long time to get started because it was difficult to find an insurance company who would cover me unless I also had

an address in the UK. Enquiries to local insurers drew a blank with them telling me they knew of no company in Iceland who offered insurance for complimentary therapists. A couple of therapists I spoke to said no one here had insurance although the establishments in which massage therapists worked seemed to cover them too. I eventually obtained cover via Sinclair Insurance. I was free at last to start work!

Issues presented:

I was surprised at how many people here still smoke, it is like being in the UK ten to fifteen years ago so this market is bigger here than it is now in the UK, people do want to stop and want to feel more comfortable stopping and I have helped more people to stop smoking in a few months than I ever did in a year in the UK. Stress related issues would be next on the list, although I have helped a customer with Icelandic language speaking confidence. I have also used solution focused coaching to help a Spanish woman and her Icelandic husband understand one another better with no hypnotherapy taking place. I said I was happy to work with them together in the first session as requested provided they both observed the golden rule that they were not allowed to criticise one another. It was my intention to use hypnotherapy in separate sessions thereafter but this was not required. I used scaling and the miracle question to explore the interpretation which each made about the responses and expectations. This was so helpful they both wanted to do more of this in their second and it turned out final session.

Cultural Awareness for therapists working in a new land:

In my view it was good that I lived here for nearly four months before I saw my first client. I think it is essential to get to know the people and to learn the language and culture of the people you are working with. I use English in all of my sessions but learning some Icelandic has been essential in my view because this provides a tremendous insight

into the way people think and express themselves. Most Icelanders speak English extremely well but their culture and history influence the way they use this, Icelandic as well as being an ancient language with little change over one thousand years, is also a poetic language.

When working with Icelandic people I incorporate phrases in Icelandic, layering these with the English phrases. In the Miracle Question I ask people to respond in their own language (even if that is Spanish which I do not understand) and then to translate it for me. The reason I do this is that I feel the pattern of the words may be held within the neural pathways slightly differently. I did a stop smoking session with a gentleman who also works in London, Denmark and Germany and it was important to reframe the words he would say if he was offered a cigarette in Icelandic, German and Danish as well as English.

Advertising:

The hypnotherapy society positively encourages some ways of endorsing the services of therapists which would be considered wrong by the UK

Associations of which I am a member.

Having become a member (which took over three months thanks to the shambolic process insisted upon by their British advisors) I was surprised to have my attention drawn to their Facebook page.

The hypnotherapist reported successfully helping a woman to overcome a travel phobia in one session. This lady had been unable to travel on any form of transport, it was not stated whether she could go out on foot. The hypnotherapist was interviewing her on You Tube about her successful treatment and of course prompting her with his questions about how she was before, how she is now and what a difference it has made to her life. It is not for me to say whether this is right, wrong or indifferent but I think we can all imagine the implications of this kind of advertising and how it would be received by UK Societies. Although the language spoken was Icelandic it was clear to me the therapist did clarify that she had given permission for the video to be posted in this way. So this is quite an interesting difference. It does, however, have to be said that Icelanders like to go by personal recommendation far more than is the case in the UK ■



WHY WE DO WHAT WE DO

- not how we do it! By Penny Ling

At most supervision days that I have attended, there has always been an emphasis for doing things in a certain way, to allow repetition. However, we may often quote “Insanity is doing the same thing over and over again but expecting different results” some may wonder why we as therapists are expected to do the same each week?

The simple answer is that repetition sparks contemplation about personal growth.

David Newton often cites his experiences with his granddaughter Katy wanting the same story every night, I demanded my mother sing “Grand fathers clock” over and over again and even now in the depths of winter I come back to read Dickens, though I can’t do it in the summer.

This notion wasn’t discovered by professors studying behaviour or how the brain works but they were marketing experts who wanted to know why we buy DVDs of certain TV shows and watch them time and again despite knowing what the ending will be.

Cristel Russell and Sidney Levy of the University of Arizona interviewed 23 subjects in-depth on their viewing habits and uncovered the notion that when we repeatedly watch the same thing over and over again we know that we’re going to be rewarded. I don’t know how many times I have watched Father Ted and still laugh with delight and even speak out the dialogue at the moments I find the funniest, the anticipation of that even makes me feel excited – I get rewarded with serotonin before the event has even happened.

Even for sad films, we know the story and can anticipate the sad part coming up, however it’s how we relate to the story the first time that will act as a measure the subsequent times that it’s watched. Through self-awareness of our emotional state we can gauge how we are coping with a situation. So the repetition in the clinic room reflects this kind of behaviour – that doesn’t mean to say we ask the exact same question week after week, but the pattern we develop promotes relaxation and getting into the trance state before they hit the couch.

By starting with “What’s been good?” we set them off on that journey, adding in the Miracle Question, perhaps worded each week a slightly different way, but still asking the person to project their imagination forwards, then scaling and looking for steps forward, we’re already creating a rhythm, we are creating expectation, we’re allowing them to contemplate their own personal growth.

The confidence to keep doing this week after week is what makes a successful therapist. If you chop and change because you feel stuck, you may try out different techniques – throw a bit of CBT or NLP in instead. That’s fine if you can incorporate it into the key questions without it appearing that you are clutching at straws, then the client starts having doubts that you know what you’re doing. If you are stuck, then that’s the time to call your supervisor.

What Cristel Russell was expecting when she started her research was that people would get bored and perhaps they were doing it for nostalgia, but her findings supported the idea that every time a client comes to see us, they are not the same client, that’s why when we repeat what we do we do get different results ■

THE REMOVER OF OBSTACLES – THE INDIAN BOY AND ELEPHANT METAPHOR

Devised and written by Michael Hughes

This metaphor story incorporates NLP type manipulation to help empower your client. It works on a powerful transformative basis and objectifying any problem (s) via storytelling. Once the mind realises that things can be changed (and with relative ease) and this is within the power of the client’s own imagination. It allows the client to reframe and take actionable steps to reduce, rationalise and help them to overcome problems. The technique is often much later remembered as client often states this is one of their favourite therapeutic metaphors. In therapy it is often the simplest techniques that work the best and this is one of those that work.



The people of India have a custom; they believe that the elephant is the remover of all obstacles.

...and I wonder as you ponder this belief that you can let your mind wander allow yourself to imagine a picture and...as you allow this picture to come to mind...within this picture to notice a path (Pause 30 seconds)...and this path leads you to a village...(Pause 30 seconds)and in this village you notice a small Indian boy who wished he could harness the power of the elephant and overcome obstacles...as he laid back as he pondered on these thoughts and he drifted off to sleep...and as he drifted off to sleep...he had a dream...(Pause for 30 seconds) and the young boy dreamt he was in a room and there was a large elephant with him in this room...but the elephant was way too large for the room and it was crushing the small boy...the elephant was one big problem that was taking up all the space inside this room... The boy worried that he did not have enough strength... he could not move...

How could he possibly move an elephant that was too big for the room?...and he suddenly remembered all the times he had been trapped before...

How an earth could he free himself?...and he began to worry and think what if I am not able to make it out of here...what if I don’t make it through this?

So...the little boy closed his eyes and took a deep breath and you could visibly see his expression change...as he shut out thoughts about his past and stopped worrying about his future and concentrated his focus on the here and now...and he imagined that big elephant shrink...and as he did so he imagined that once huge elephant become smaller and smaller...and he imagined it getting further and further away from him...and he thought and imagined how much easier it would be to be free and...to...be...able...to move around...and do...things...and see people...and talk to others again...so he practiced this over and over in his mind...suddenly he realised he could feel that he could move his arm and his leg and slooowly... as he opened his eyes... there... in the very centre of the room was a small but perfectly formed pigmy elephant...a tiny little elephant standing in the middle of the room...(Pause)

...the boy smiled and said “there you are”...as he walked over to the elephant...proceeded to pick the little elephant up under his arm, patted it gently on the head...they both walked out of the room...and outside into the sunshine.

That was indeed a very special day...it was the day the boy realised he had found his power...the power to resolve his problems...and... to overcome obstacles ■



GETTING YOURSELF NOTICED

How to be found on the Internet and get more clients

If you're just starting out as a hypnotherapist, you probably can't afford to pay a fortune for a domain name and a brilliant Web site. So here are some suggestions about how to be found by clients on the Internet – starting small and building on that.

Your first foot in the door to tell people about you and what you can do with hypnotherapy is to 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 pixels) or a logo, or whatever your creative instincts tell you. You will need some text but you can update it whenever you want. And you can be found on Google – so you could get more clients.

Getting British Business Online has an arrangement with Google to offer free Web sites and domain names for two years. You create your site using Google templates – dead easy. Go to <http://www.gbbo.co.uk/getstarted> and sign up. Clients really expect a 'real' business to have a Web site.

If you think you know a bit about writing Web pages – HTML (HyperText Mark-up Language) and CSS (Cascading Style Sheets), go to <https://thimble.webmaker.org>. Mozilla (the Firefox people). Thimble makes it very easy to create your own Web pages. Write and edit HTML and CSS in your browser and preview your work. You can then host and share your finished pages.

Get a Twitter account by going to <http://twitter.com> and signing up. Call yourself by your business name or 'you'hypno – there is a limit on the number of characters and you can link the account to your Facebook page. Use hashtags (putting a '#' in front of a noun) to link to things.

Comment on hypnotherapy news, neuroscience news, book news, or even personal news – you can build relationships with local organizations. Tweet positive messages – whatever feels right for you. And happy clients or local businesses can tweet about you and hashtag your business name – helping you to get more clients.

In addition to your usual Facebook account, you need to set up a 'page' for your business. I'd use the same name you did for your Twitter account. Facebook pages can be found on Google – which means that your business can be found and you'll get more clients. You can put photos of your consulting room, your certificates, brain parts, nerves, whatever. You can put links to interesting news stories. Tell people about interesting or relevant books you've read or you can refer to positive outcomes in your treatment room. You can post similar information to Twitter – or you can link the two and post only once. You can find details of how to create a page by searching on Google. One useful page is at <http://www.squidoo.com/facebookpage>.

Join LinkedIn (<http://www.linkedin.com/>). You'll then be able to connect to lots of other therapists and join the AfSFH group, amongst others. You may not get clients, but you'll make connections. You could even start your own group. And LinkedIn

connections could lead to speaking engagements, which could lead to more clients, etc.

And as you find you've got more to say about hypnotherapy, you may want to start blogging. A short article of around 500 words is about the right size. It's quick to read and you can convey some good information. If you have a Google account, then sign up with Blogger (www.blogger.com). Your blog will be called Bobhypno.blogspot.com. Otherwise, Wordpress (wordpress.com) also provides free blogs. And once you've written a blog, you can link to it from Facebook and Twitter – which will increase the number of hits on your blog and generally make you easier to find by potential clients.

Once your business is a success, you can buy a domain name – your-business-name.co.uk. You can pay to have it hosted somewhere. You'll need a conversation with someone who understands SEO (Search Engine Optimization). They will get you onto the first page of Google.

And you could create your own Web pages with Adobe Dreamweaver. Better still, you can get someone else to code a modern Web site using Javascript. JQuery makes the site look very modern and interesting to visitors. Using a Content Management System (CMS) like Joomla makes it easy for you to use (and very modern for visitors). Look out for those words if someone is offering to 'do' your site for you.

If you own your own domain name, you will probably have your own e-mail address – e.g. bob@bobhypno.co.uk. If you haven't, then use a free e-mail like Gmail or Yahoo. If you have a hotmail or msn e-mail address, get a new one!

Lastly, get a modern-looking signature for your e-mail. Something like:

Fred Smith

Clinical hypnotherapist and psychotherapist
P: 01249 443256 | M: 07901 505 609 | E-mail |
 Web site | Twitter | Facebook | G+ | LinkedIn

Now there's a trick to this! Create the address in Word, select a word (eg Web site), and press the ctrl and k keys at the same time. You'll be able to link the word to a Web address. In this case the address of your Web site. You'll also see a button called 'ScreenTip'. Click on that and write something about the link, eg Bobhypno's Web site. Copy and paste it into an e-mail. That way, when you send an e-mail, all your contact information is included in an attractive and short few lines. When people move their mouse over one of your new links, the ScreenTip will appear, so they can see something about the link – helping them decide whether to click on it. And they can forward it to more potential clients.

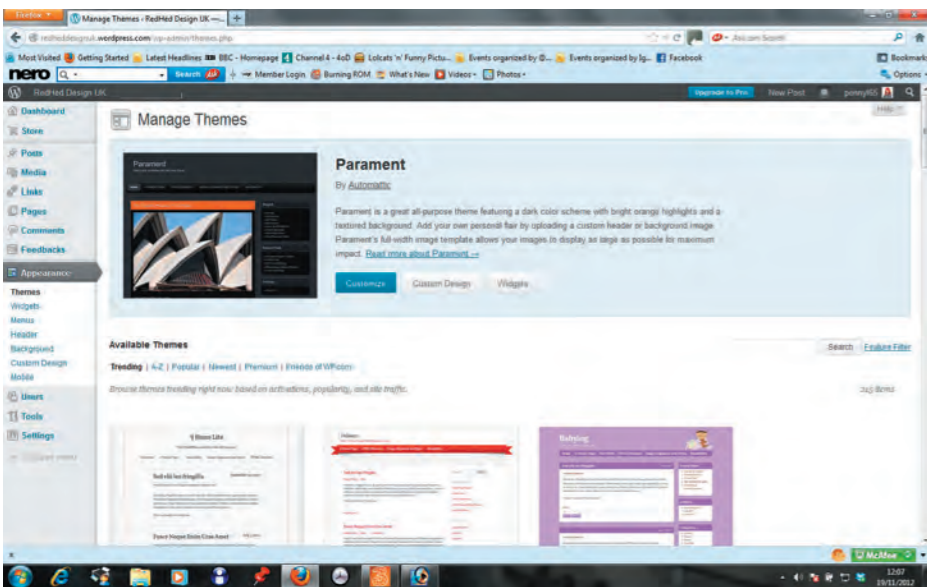
Nowadays, most people search the Internet rather than look through phone books. So it becomes very important to be 'found' by potential clients ■

Trevor Eddolls



CREATING A WORDPRESS WEBSITE

Wordpress for those who haven't come across it yet is a blogging platform which is widely used and as long as you have some time each week to update it, it can save you hundreds of pounds in web development fees. There's a growing market in Wordpress accounts and I've had several people in the last month wanting to build one for me – they obviously weren't doing their homework!

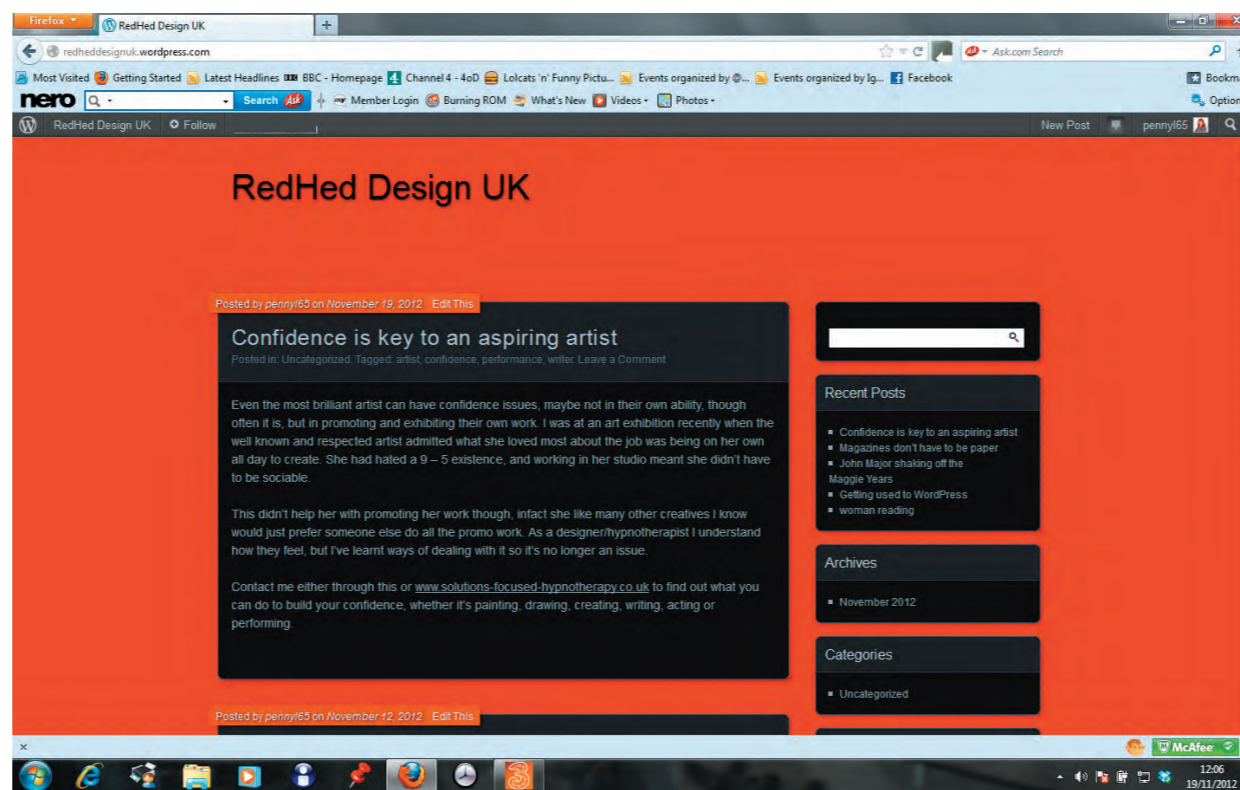


It's as easy as falling off a log, just go to <http://Wordpress.com>, register and create a blog. You can create as many blogs as you like, but it's best to concentrate on one at a time.

When you create your blog you may choose your own name, or you may choose a general one, the former is useful if you're getting most of your clients through referrals as they will google your name, but if you're using the website to drive custom to

you through specific subjects – such as specialising in depression for example. As long as the name of your blog hasn't been used by someone else it's not a problem. For the purpose of this exercise I set up **Redhed Design UK** because Redhed Design was being used by a pair of American designers, so the final URL becomes:-

<http://redheddesignuk.wordpress.com> – a bit long winded but I could register a shortened version and have it directed at the blog.



Once you're at that point you are presented with a dashboard where you can choose a theme, which will determine layout and colours. I suggest you choose the simplest to start with then write five or six separate entries. Once you've uploaded appropriate copyright free images to accompany the articles, then make changes to the look and colour, or pay a

small amount for a more business like design.

The benefits of using a site like Wordpress is that it comes with inbuilt widgets, the ability to "follow", email access and comment boxes. Be warned though – you'll get lots of spam, but at least it is contained within the website and you don't spend ages waiting for it to download. You can also get an idea of how many people are looking at your site.

Remember to update it regularly, as google likes fresh original copy, and publicise the site on social media and on your printed marketing material ■

Penny Ling

EMAIL CAPTURE

Setting up an email capturing page could be one way to collect the details of potential clients. There are a variety of different ones on the market from Mailchimp, which is free, to icocontact, aweber and constant contact. They cost around the \$19 per month to run. It's best to remember that unless you can come up with information that people want to read about then it's a waste of time and money. You also need to keep up with how people are finding you, if you are not already asking that question at the IC then start now.

Life makeover hypnotherapist Shirley Billson uses Wordpress and email capture, using additional Optimise Press because it makes it very easy. Shirley's business model is slightly different to ours, so uses email capture for working in very specific areas.

If you produce booklets or say specialise in weight loss, you can use email capture to send out tips, diet plans, exercise suggestions and ways to relax to help keep on the straight and narrow. Or perhaps you might like to provide a free MP3, so email capture could allow you to send the web page URL to those who register, and they can go and download it. If you give people the option to opt in and out then it's a great way of getting your message out there.

The only down side is do people really read those emails? I have a special email address which I use so I can get hold of lots of information, but once I've done that I rarely read the emails that come through. I think this is becoming more prevalent as it's becoming more difficult to get people to respond to legitimate email requests ■

Have you a story to share on:

Sports, Anxiety and or Phobias?

Then contact Penny Ling before April -
journal@afsfh.com

AND FINALLY...

A FEW FACTS ABOUT SLEEP

1) The longest verified numbers of hours a person has gone without sleep is 264 - but I wouldn't advise it.

2) Fathers co-sleeping with their young children help lower testosterone levels, and divert them away from risky behaviour.

3) Snuggling up in bed with a stuffed toy as an adult shows no signs of a personality disorder as previously thought - I could have told them that!

4) Using a laptop, a tablet or watching a flat screen TV disturbs the sleep pattern - researchers suggest instead of reading from a tablet try investing in - horror of horrors - a real book!

5) The NHS admit hypnosis can help sleep problems - <http://www.nhs.uk/Livewell/>

[insomnia/Pages/hypnosis.aspx](http://www.nhs.uk/Livewell/insomnia/Pages/hypnosis.aspx)

6) A French study - of 15 years - that followed just over a thousand elderly adults of an average age of 78, found that although initially free from dementia those who started taking the sleeping drug benzodiazepine were after the first three years of the study 60% more likely to develop dementia than those who did not use the drugs. More research is needed says the NHS.

7) Elderly women who suffer from sleep apnoea are about twice as likely to develop dementia as those without the condition, according to a multi-centre study led by researchers from the University of California, this could be a very important incentive for highly obese women to loss weight ■

CALENDAR

**Advertise your event here,
contact the AfSFH
for more details.**

Sunday 24th March

AfSFH's Social Market-

ing for Beginners.

See AfSFH website for details under Marketing/Courses

For Clifton Practice CPD log onto the student section of the website.

Deadline for next issue is mid March, so if anyone wishes to share their sports experiences, either as a sports person or as a therapist working with a sports person, please feel free to send myself or Kim Dyke the copy.
journal@afsfh.com

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If you have any case studies, scripts, metaphors, book reviews, news, areas you feel we need to investigate, then don't hesitate to get in touch.

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Views expressed in Hypnotherapy Today are those of the contributor. Please only send in articles of a solution focused nature.

Submission deadlines

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

Issue Dates

January, April, July & October

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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



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.



Communications manager: Debbie Pearce

Having decades of experience in PR, Debbie is in charge of national publicity. 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.



Marketing Officer: Su Brampton

Su has joined the Committee to help Debbie with Marketing and she now has responsibility for our press releases and those lovely e-newsletters you receive!



Membership Officer: Julie Gibbons

Julie now runs the membership side of things, that's quite a tall order given London & Manchester opening soon! Julie also organised our recent party which we love her for!



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!



Assistant Journal Editor: Kim Dyke

Kim has thankfully come to the rescue of Penny who was drowning under a mass of admin and chasing up copy so Kim will be the liaison between writers and the editor in the future.



Administrative Secretary: Claire Rodrigues

Claire Rodrigues is our lovely Administrator who deals with all your queries and those of the public. Claire is expecting baby number 2, so if anyone wants to help out whilst she's away, please get in touch!