

HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY JOURNAL ISSUE 15

The background of the entire page is a romantic sunset scene. In the center, the silhouettes of a man and a woman are shown in a close embrace, nearly kissing. The sky transitions from a deep blue at the top to a bright orange and yellow near the horizon. The foreground shows the dark silhouettes of reeds or grasses along a body of water, which reflects the colors of the sky.

IT TAKES TWO TO TANGO

**SOLUTION FOCUS APPROACH
FOR RELATIONSHIP ISSUES**

Including:

It takes two to Tango

Pour hope on them

The difference a dad makes

Confidence issues

Gut feelings - plus more

COURSES

AfSFH.com

How To Run Your Business one-day course (5 CPD points)

The AfSFH are pleased to announce we're hosting a new course on business basics. This course is designed to ensure you're on the right path with all aspects of your business set-up.

Content includes:

- ◆ Should you be a Sole Trader v Partnership v Limited Company
- ◆ Establishing the viability of your practice; finding a suitable location and obtaining various permissions
- ◆ Getting organised/scheduling appointments through to record keeping etc
- ◆ Personal Safety and wellbeing
- ◆ Accounts i.e. thresholds/what you can claim/can't claim for, things to be wary of
- ◆ Insurance
- ◆ Professional considerations, what to charge, membership of professional organisations, what you need in your therapy room and more
- ◆ Health & Safety!

This course is being run on behalf of the Association by Therapists Marketing Solutions (Nicola Griffiths & Deborah Pearce) and the AfSFH have negotiated a hefty discount on the course fee.

Cost: Usual cost £85 reduced to £45 for AfSFH members.

Date: 11th April 2015. 9.30am Registration, 5pm finish.

Venue: CPHT Bristol (no parking available on the day) Plymouth date will be announced shortly.

More details can be found at <http://afsfh.moonfruit.com>. Any queries to info@therapistsmarketingsolutions.co.uk

SITUATIONS VACANT

AfSFH.com

Head of Finance

Are you a motivated individual that has a sound knowledge of finances?

Would you like the chance to join our Associations Executive team and make a difference?

If the answer is yes, then there could be an opening for you. From March 2015 there will be a rare opportunity to join our team due to the Head of Finance post becoming available. The job involves taking charge of budgets through to balancing the books. As a not-for-profit organisation, keeping tabs on the budget is an important element, enabling us to continue to function at the high level we currently hold.

If you feel that you have the energy, the ability and would love to find out more, then please contact the CEO **David** by email at ceo@afsfh.com for more information.

LETTER FROM THE EDITOR

Welcome to the January 2015 edition of Hypnotherapy Today. I hope that 2014 was a good year for all our therapists out there. Within the association executive there have been many changes with many of the original executive members needing to free up time for their other pursuits.

This edition we look at relationships as our connection with others can have more of an effect on our lives than we take credit for. It's our relationship with our clients which can determine their outcomes, so putting ourselves in somebody else's shoes is number one priority and should extend to every aspect of our lives, including being mindful about what we say on social media. So I have articles from couples therapist Elliott Connie and our own members experiences ■

*If you have any contributions or comments to make, please email me at:-
journal@afsfh.com*



Penny
Penny Ling, Editor

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HYPNOTHERAPY TODAY

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Thanks to my proof reading team. 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.



IT TAKES TWO TO TANGO!

Penny Ling looks at other ways to help our clients understand their worlds a little better

Client problems are like buses, you never see a problem for years and 3 come along all at once. And so it was for me this year with relationships. I was asked on a number of occasions did I do couples therapy and so decided to dig a bit deeper into how I could help them.

For a start, there is the ethics and confidentiality of working with two partners, or a mother and daughter or father and son, or whatever combination of family members you can conjure. Speaking to a number of experienced qualified colleagues I found that they often saw both parties but always individually. This is obvious in guiding each individual with their own words and actions on their scaling, but I was feeling something was missing.

Speaking to David Newton at the Clifton Practice earlier in the year, he suggested I look at BRIEF in London. They often do training in this area and with families and Chris Iveson put me onto the work of Elliott Connie. I read his books and made contact with Elliott on LinkedIn, and seeds were planted in my mind about how I could change the initial consultation to a similar style to which Elliott uses in his first session.

Then another colleague put me onto the Humans Givens courses, which were an even bigger eye opener as they use hypnotherapy but call it “guided imagery”. What they did differently was to ask each person “what part in the problem do you bring?”. This is not very solution focused but it can allow both parties to see that it takes two to tango, breakdowns in communication are not one way.

They also went through the differences in male and

female brains and how they think and work, having just written the piece for the July edition on “Why solution focused could be the therapy for men” I realised how important those facts are in stopping each person moaning about the other.

So where does that leave us? Do we move into couples therapy? Well no; but understanding the processes in couples therapy can help us, to help our clients, who also have problems in their relationships as well as the issue they have come to see us with.

An example is a woman I am helping with confidence issues. She had been married to an alcoholic and had been abused. She was having nightmares about her ex husband constantly and was worried her current boyfriend would go the same way. She was showing symptoms of depression such as being very tired all the time and not engaging with activities, staying in bed and not having much hope for the future.

Part of her turn around was because when she complained about her ex or her current boyfriend in a passing comment, as she found it difficult to come up with anything positive, I explained why he behaved in such a manner from a brain performance perspective. As she became more positive in her outlook she told me what she had learnt about men had been an eye opener, and it had changed her perspective.

She realised those traits she was taking very personally were not an issue to her partners, and she needed to work with it instead of hiding from it. Over a period of weeks she started to feel better about herself as her interaction with her boyfriend and his ex wife also improved.

So with this in mind I asked Elliott to write a piece for this edition of Hypnotherapy Today and theme it on relationships ■

POUR HOPE ON THEM

Solution focused psychotherapist Elliott Connie brings hope to couples with troubled relationships

Like most psychotherapists, in the beginning of my career I had no desire to work with couples. There were the traditional reasons that I had such hesitancy, the reasons that I assume other clinicians also don't want to work with couples, but also there were my own personal flaws that made me exceptionally fearful of this work.

Even with these reasons to be afraid, I eventually jumped in with both feet and began the work of honing my skills to be a therapist that could be competent in helping people live in relationships that are mutually satisfying to both parties. I made this decision because I could not shake the passion I had for relationships and the hopeful romantic part of my personality, so off I went. In this article I will try to be 2 things, very honest and hopefully offer an idea that can be very helpful in your work and ideas with couples.

I will start with the seemingly traditional reasons most therapists stay away from working with couples. As I travel around the world teaching clinicians to work with couples, there are several themes that often emerge as to why clinicians steer away from couples therapy. The most obvious is that couples sessions are very hard work, perhaps very hard is even an understatement. Think about it, it is the only faction of psychotherapy where someone in the session is either as hurt as they have ever been in their lives and/or as angry as they have ever been in their lives causing them to not be engaged in the

relationship or therapy itself.

Also, a potential explosive argument could break out at any time, these dynamics are unique to couples therapy and often scare clinicians away.

The purpose of this article is to share an idea that can help clinicians to deal with these situations and allow professionals to get excited about this work instead of fearful. One of the things that helped me overcome my own fear of conducting couples therapy sessions and eventually build a private practice based mostly on relationship issues was being introduced to the idea on Solution Focused

Brief Therapy (SFBT). SFBT is a form of psychotherapy that was developed in Milwaukee, Wisconsin by Steve de Shazer and Insoo Kim Berg along with their team. The approach they developed is focused on enabling people to create change in the shortest time possible. This approach is based on two principle ideas; encouraging people to

describe their preferred future and from identifying the resources and skills a person already has that may actualize that preferred future in the client's life (Ratner, George & Iveson 2012). In short, this is an approach based on hope, a very powerful thing in when working with a couple.

Without question the most frequent question I am asked when I am teaching this approach and how to use it with couples is what to do when a couple begins to argue. Admittedly, in the early days of my teaching I had a very hard time answering this question. This was not because I did not know how I addressed this sort of scenario in my sessions, it was just that



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I had a hard time articulating those thoughts in a usable way to the person asking the question. Then it hit me, one day while I was watching a favorite television show the answer hit me.

Even though I am very much a city person, I just love nature and anything about nature, including television shows about nature. One day I was watching one of my favorite television shows, which is a show based on survival skills and how to effectively survive in nature with very limited resources. Being a therapist, from time to time I tend to look at things through the eyes of a clinician and that is often the case when I watch television. On this day, as I was watching this survival show, I began to make a comparison between the way the survivalist was treating a fire as he attempted to create this fire using friction and the way I treat conversations in couples therapy sessions.

On the television show, the task was to get a fire started and the survivalist explains that fire is only accomplished if the environment is appropriate. According to this nature expert a fire is only accomplished if you have dry tinder, a spark, larger wood and fuel (oxygen). It is that simple, without a spark, tinder to hold the spark, wood to keep the flame burning and oxygen to fuel the fire, you simply will not have fire. The survival expert also

explained the most effective way to extinguish a fire, cut off the oxygen, no fuel, no fire. Simply pour water (or sometimes dirt, baking soda or some other smothering agent) onto the fire and due to the lack of fuel the fire immediately, and permanently goes away. I came away thinking, wow, starting, and ultimately stopping, a fire are actually simple processes. However, simple does not mean easy and as any survivalist can tell you starting a friction fire is not always easy and any therapist would say the same thing about conducting couples therapy sessions.

If we make the comparison between a difficult argument in session between partners and fire, the unfortunate thing is that in session often times all of the components to create an argument are already present. The hurtful event (spark), the people that make up the couple (tinder to hold the spark), the pattern between the partners (the wood to keep the fire burning) and hurtful words (fuel), see the comparison. Just as there is an obvious place to extinguish a fire, the fuel, there is an equally obvious point of intervention to extinguish arguments in session. Just like a survivalist, we will cut off the fuel.

Hope is a very very powerful thing and to an arguing couple, hope works just like water to a

burning fire, it cuts off the fuel and changes the conversation forever. It just requires that the therapist remains focused on the language of hope and not language associated with problems or assessment. In all honesty, I am sitting in my office writing this article between seeing clients throughout the day often thinking a lot about how to express this idea in writing. Then, I saw a couple that helped me put this process into perspective and help me understand what I needed, or wanted to write.

It was a husband and wife couple that had experienced an issue with infidelity. So, as I am sure you can imagine there was a lot of tension in the room. So much so that one of my staff saw them in the lobby and remarked on their disposition and the distance between the two of them. In spite of this obvious tension I started the conversation off by asking the couple my typical opening question, “what are your best hopes from this conversation”? This is very different than the typical question, “what brings you here” that most couples expect me to ask. This question is important for two reasons when working with couples, first, it establishes immediately that our work will be forward looking as opposed to having a backwards focus. The second reason is because this forward focus is the first step in bringing hope into the conversation.

Once we established the couple’s “best hopes” for the conversation we moved on the next step in the hope process, we begin identifying the resources of each partner. With the couple I saw today, even though they were clearly upset with one another and at this time I did not know why I asked, “what keeps the two of you together, what is it about one another that you still enjoy”? As the couple

answered this question you could clearly feel the hope filling up the room and of course the words the couple used to describe one another became more and more complementary, more and more positive. They remarked on what they each loved about one another and what they wanted to experience more. This is very different than describing what they don’t like about each other and what they would like to experience less of. At first it was clear that they were caught off guard by this line of questioning but eventually (within about 5 minutes) it seemed as if they were actually enjoying answering and listening to their partner’s answers, effectively cutting off the fuel for a potential argument.

Once the fuel was changed, the words, then the couples therapy session environment was no longer appropriate for an argument, just like a fire would not get started without oxygen. The rest of the session went on without the presence of hurtful words or arguments. At the end the wife remarked how helpful this session was as compared to the previous therapist they saw previously, when I asked what was different she said that they argued the whole previous session and this session seemed to filled with so much hope that her “heart is smiling” as she leaves. Wow!

So, I started this article by explaining that I have always had a hard time answering the question, “what do you do with couples that just keep arguing”? Well, because of couples like the one I saw today, I can now answer that question. So the next time I am asked this question, I will proudly explain, just like someone would pour water on a fire to put out a fire, I pour hope onto couples using language to change the environment. Simple, but not easy ■

THE DIFFERENCE A DAD

Jess Driscoll explores why being a Daddy's girl matters

Researchers are now showing that the influence of dads on their children's lives has for too long been understated. A father's love and acceptance is hugely important to positive mental health in our children, the latest research in this area explains.

One pivotal area is that the role of dads is no longer as clear cut as it was, say, 60 years ago. Then, it was the men who worked and the women stayed at home. Fathers had a specific value role, they were the breadwinners. Because of this the nurturing fell to the mums, or so past studies and research show. The records show that fathers have been widely overlooked. Psychologist Vicky Phares looked at 514 studies of clinical child and adolescent psychology from leading journals, and she found nearly half of them excluded fathers.

This is slowly changing in the psychological field: the discovery of the father is seen by many as one of the most important developments in the study of children and families. This at a time when dads are disappearing, when fewer dads are taking active roles in their children's lives.

Bruce J Ellis of the University of Arizona has done a huge amount of work in establishing connections between absent dads and adverse effects on daughters. Ellis shows that early experience (up to age 7) seems to set the reproductive strategy that girls use later in their lives. This isn't true of boys, perhaps because they have a different reproductive strategy.

In his research Ellis found that when girls have a warm relationship with their father and spend quality

time with them often they had reduced risk of early puberty, early initiation of sex and teen pregnancy. The UK has the highest teenage birth and abortion rates in Western Europe* But the question remained, was this risk due to disappearing dad, or could it be genes, could infidelity or promiscuity be passed on?

Ellis answered this by finding families with two daughters who had separated and intact families. He looked at two main questions, one, was the age girls had their first menstrual period affected by the length of time they spent with their father, and second did that age vary depending on how their fathers behaved? Ellis found that the younger sibling had their first period on average 11 months earlier. But only in homes where the fathers behaved badly such as not spending quality time with them or being emotionally distant.

The conclusion from the studies was that growing up with an emotionally or physically distant father in early to middle childhood could be a 'key to life transition' that alters sexual development. In fact the studies went on to examine sexually risky behaviour and found that this was not dependant on how long daughters lived with their fathers but to what they spent their time doing. Girls with a high quality dad who invested time with his daughter showed the lowest levels of sexually risky behaviour.

Parental acceptance matters

What we do as parents matters. Being accepted or rejected by either parent has lasting effects. Parental acceptance influences key aspects of personality such as independence, emotional stability, self-esteem and ability to hold a positive world view. On the flip side rejection shows up hostility, feelings of inadequacy, instability and a negative world view. So our bonds with our parents can effect whether we have a predisposition to positivity or negativity.

Fathers make unique contributions to their children. However research doesn't show that children without fathers are doomed to failure. Dads make a difference but others can contribute to this role. We all know that children brought up in



MAKES

difficult circumstances can go on to lead happy and successful lives, Halle Berry, Jodie Foster, Samuel L Jackson, Orsen Wells and President Barak Obama to name but a few. Knowledge is power and by asking questions, including the difficult ones, we can identify where we may be able to find our way.

Doing our best

In terms of doing the best for our kids, we are aiming to help them develop into mentally healthy and functioning adults. The latest research into the importance of dads should help us to do that. We can identify needs that may be unmet and think about ways to fulfil those needs, the knowledge the research can provide can help us to identify as parents where things may need to change and more importantly how solutions can be found.

Single parent families are a fact of life; however research shows that it is the quality of care and consistency in children's lives that is most essential to helping kids. The three areas, of commitment, collaboration and engagement, have been found to have a major impact on a child's positive psychological development. So by having commitment and consistency across family break ups, ensuring familiarity where possible in education, clubs, and with friends all help establish support networks for the children involved.

Avoiding blame and hostility

Effective collaboration between caregivers is crucial. Mums and dads need to accept that they have different care giving styles. Attempting to enforce duplication can even backfire and lead to parents becoming more combative or even attempting to undermine one another. Research shows a collaborative approach, where parents have a positive relationship, leads to fewer mental health and behavioural problems in children.



Engagement from caregivers in homework, playing, attending sports events, a school play etc also makes a significant positive difference. This kind of involvement has been shown to promote cognitive developments, such as logical reasoning and problem solving skills.

Notice what the kids are 'into' and build on that. Try to share in outings and ensure all caregivers have involvement in introducing children to new ideas, new places and new things. So, when that 'why?' question comes rattling off it is mentally healthy for the child if it is not always the same person explaining why ■

FURTHER READING AND SOURCES:

<http://www.fpa.org.uk/factsheets/teenage-pregnancy#IBrevFz3yZDSaTHp.99>

* <http://www.withoutafather.com>

Do Fathers Matter? What Science is telling us about the parent we've overlooked by Paul Raeburn, 2014.

Impact of Fathers on Daughters' Age of Menarche: A Genetically and Environmentally

Controlled Sibling Study, Tither and Ellis in *Developmental Psychology*, Vol 44, No.5, September 2008.

Scientific American Mind, Vol 25, No. 33, May/June 2014.

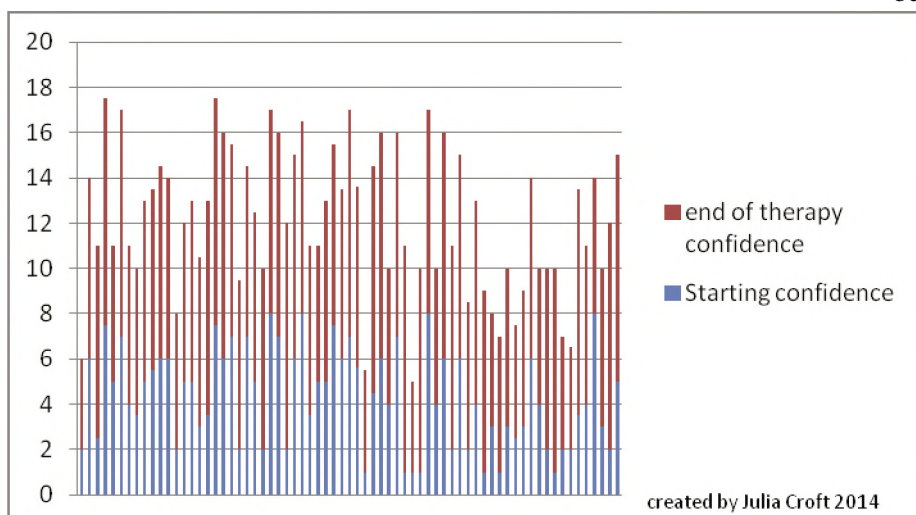
THE ISSUES OF CONFIDENCE

Julia Croft emphasises that confidence really is the key to success

During my seven years of working with hypnotherapy, I have found that confidence overlaps into many other problems that clients come to us for help with. Also, when we are dealing with 'confidence' as the main issue, we all find that other issues are highlighted as the therapy progresses. In other words, confidence underlies or is partnered with many situations and clients emphasise specifically what they see.

I've collated the confidence levels from clients who have had outcome rating scales (ORS) used in their therapy. I have taken first and last/best readings for the following sample graph, to see how much difference we can make to our clients' confidence levels. The readings cover a variety of issues including alcohol, IBS and confidence. I will also present three very different client 'confidence' profiles that show areas of life where the clients have individual confidence issues, and aspects of life where we may all have confidence needs.

Clients' impression of increased confidence using paper and PC (ORS). The scaling for ORS is 0-10 but the graph refines this more.



Client S – overall confidence issue described by parent and trauma when 12.

From the client:

- ◆ Low self-esteem and inability to express themselves;
- ◆ Feeling sad and out of place;
- ◆ Lack of commitment to anything;
- ◆ Excessive attention to their appearance, hair colour and make-up (observed and briefly discussed);
- ◆ Not wanting to be supervised/watched at work (apprentice mechanic);
- ◆ Teenage self-consciousness;
- ◆ Having only step-siblings;
- ◆ Smoking addiction that masked the low confidence – peer pressure or wanting to fit in;
- ◆ Phobias, unmotivated, unsure what others think;
- ◆ Being belittled when a child.

Much of this turned up before any hypnosis for this client, who came because of a confidence issue. Unfortunately, the client's lack of commitment meant the therapy ended after three sessions. The deeper and more long-standing issue of being belittled would have been my subtle focus. I also believe that, because the parent initiated the enquiry, the teenager wasn't ready. Previous counselling had been unsuccessful.

Starting confidence: 5

Last session confidence: 8

Parent feedback said the three sessions had reduced the teenage client's anger and she was talking more.

Client E – confidence teamed with public speaking.

From the client:

- ◆ Knowing they over-analysed things before



and after events;

- ◆ Wanting to improve social conversations;
- ◆ Wanting to think and speak clearly;
- ◆ Removing worry about meeting new people;
- ◆ Removing self-questioning;
- ◆ Rejoining a gym;
- ◆ Wanting the ability to move on when something is complete;
- ◆ Showing capabilities in a new job in child protection;
- ◆ Achieving potential with patience;
- ◆ Changing perspectives;
- ◆ Talking more openly on personal issues for others to better understand;
- ◆ Wanting to volunteer more answers in training sessions, enjoy challenges, express humour and show more spontaneity.

All these skills were targets for this client and having the targets helped the client focus on achieving them.

The above features for Client E were brought up during therapy as being associated with daily life. They were basically responses to the miracle question (MQ), which tells us their thoughts related to their lacking in confidence. As commitment was working for this client, success was inevitable and their perception of work colleagues' respect for them improved.

Starting confidence: 7

Last session confidence: 10

Client A – confidence and work anxiety

From the client:

Work changes making them have the shakes at work and in the consulting room;

Wanting to speak up for themselves;

Similar to Client E, did not like being watched over during training in a different department and new skills, anxious that they perform well after a

company takeover;

Invasion of personal space by colleagues at work plus embarrassment over situation, only HR and supervisors at work knew and part-time hours set to increase as HR review the progress. Previous work colleagues considered for social times in work breaks, as now separated, for boosting confidence. Client wants enthusiasm for things needed to be done, such as volunteering help again at home and work and many other former positive attitudes. Removing the need in their mind for social acceptance generally, rather than specifically one area as being a better target for us to work on, it also increases other benefits perhaps not mentioned.

Monitoring this with scales improved the client's view of success.

Starting confidence: 1

Last session confidence: (almost) 10

After the last session, this client was due to return to full-time hours.

These three cases only indicate a few of the varied additional causes and side aspects to lack of confidence. As we are sociable animals, many sub-issues are clearly related to our social interactions and the way we compare and relate ourselves with others, and wanting to be accepted. Fundamentally, if we as therapists can help reduce or remove the fear of social acceptance, our clients will always move forwards. Their target is to have the ability to take control of whatever leads to their lack of confidence, even if they don't know exactly what the issue is or how they can achieve their target until after they see us. Confidence the Key is a very obvious script to use here. We can all see what our role is, but we can all be surprised at the underlying issues we have to help clients deal with, in order to set them on their path again ■

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GUT FEELINGS

Trevor Eddolls raises the profile of the 90% of cells that walk into our consulting rooms with each client.

When a client walks into our consulting room, we believe that we're considering the whole person when we make positive suggestions helping them work towards their goals. But what if there were additional techniques we could use to help our clients? Shouldn't we consider them?

There are more immune cells in your gut than in any other part of your body.

The truth is that when any person walks into a room, only 10 percent of the cells that come with them are human cells, the other 90% are microbial cells. Every person's microbiota (that's the posh name for all these other cells) is different as a result of their diet, lifestyle, and the childhood source of bacteria. Just about every part of a person (skin, intestines, etc) are covered in viruses, fungi, and most importantly (it seems) bacteria. And most of those bacteria can be found in the large intestines. And it seems that without them, most of our digestion, immune system, and overall health would be compromised.

So, here's a question: do the bacteria in your intestine make you fat? Could they also make you slim? Those are the questions that researchers at the Washington University School of Medicine, Missouri, tried to answer. They found twins, where one was fat and one was thin. So they took the bacteria from each twin's large intestine and put them into mice that had grown up in completely sterile environments and so had no bacteria already living in their guts. And guess what? Mice with bacteria from the obese twin became heavier and

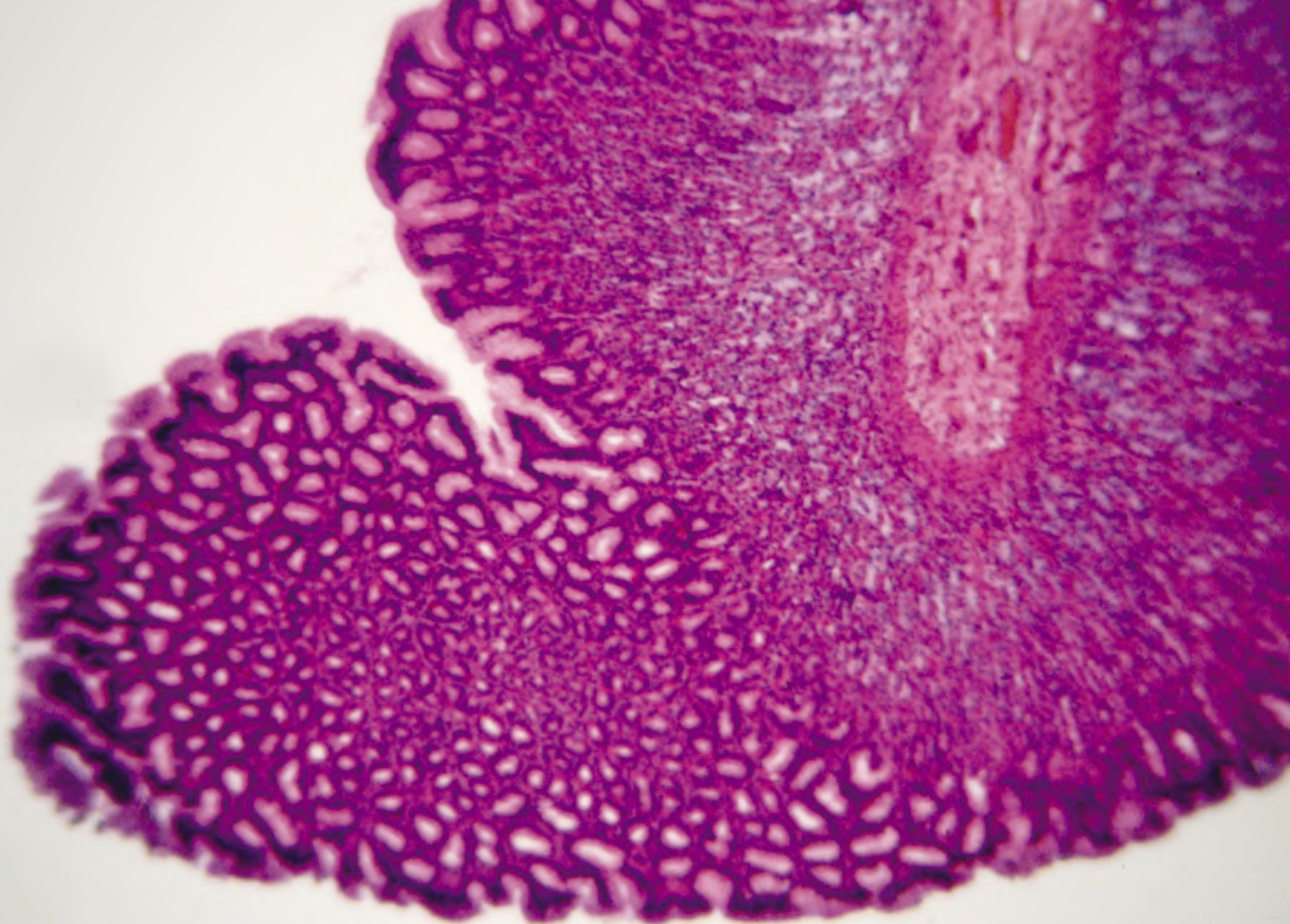
put on more fat than mice with bacteria from the lean twin!

The scientists explained this by suggesting that the bacteria from the lean twin were better at breaking down fibre into short-chain fatty acids. This meant that they were taking up more energy from the gut, but the chemicals were preventing fatty tissue from building up and increased the amount of energy being burned.

And it seems that diet is important for creating the right conditions for the 'lean' bacteria to grow. When they kept both sets of mice in the same cage, they all became lean when they were fed a low-fat, high-fibre diet. However, a high-fat, low-fibre diet meant the mice put on weight. The explanation (and look away now if you're squeamish) is that mice are coprophagic (they eat each other's droppings), so bacteria from the lean twin got into the gut of the mice who started with fat-twin bacteria.

Another study found that obese people have a less diverse microbiota than lean people. While another suggested that an increase in a group of gut bacteria called Firmicutes, and a decrease in a group of gut bacteria called Bacteroidetes, are linked to obesity.

Other scientists are suggesting a link between bacteria living in the gut and anxiety. Boston-based psychiatrist, Dr James Greenblatt, is reported to have treated a teenager with severe obsessive-compulsive disorder (OCD), as well as attention deficit hyperactivity disorder (ADHD), and an array of digestive problems. Dr Greenblatt put the patient on a course of high-powered probiotics to boost her good bacteria, followed by antibiotics. After six



months, the patient's symptoms began to disappear. And by a year, they were gone.

In some patients, the streptococcus bacterium has been linked to OCD in a condition known as PANDAS (Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections). PANDAS is rare and usually appears in children. It's thought to be an autoimmune disorder that results in a combination of tics, obsessions, compulsions, and other symptoms such as Tourette syndrome. There's another report of a 10-year-old diagnosed with PANDAS, who was treated with probiotics, and his symptoms went away.

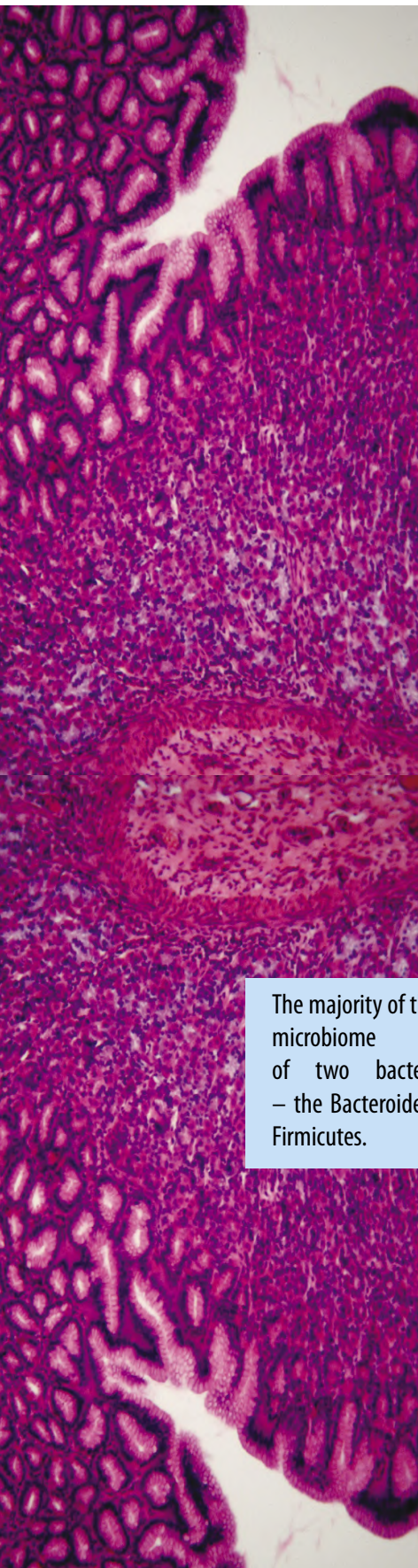
One of the issues that many people who want to stop smoking have is the worry that they will put on weight. They've seen it happen with others and they worry that they themselves will gain unwanted pounds. Studies have found that 80 percent of new non-smokers gain an average of 15 pounds. The good news is that evidence has recently come to light that this weight gain is not because they are eating more, but because of changes in their microbiota.

Researchers found that the most prevalent bacterial strains in obese people became dominant in people who've recently become non-smokers. Bacteria called Proteobacteria and Bacteroidetes decreased while Firmicutes and Actinobacteria increased.

Other researchers worked with the bacteria *Akkermansia muciniphila*, which usually makes up 3-5% of gut bacteria, but its levels fall in obese people. Mice were put on a high fat diet until they'd put on two to three times more fat than normal, lean, mice. They were then fed the bacteria. The result was that the mice remained bigger than their lean cousins, but they lost about half their extra weight (although they stayed on the same diet). They also had lower levels of insulin resistance, which is important with Type-2 diabetes.

The term microbiome was originally coined by Joshua Lederberg and is "the ecological community of commensal, symbiotic, and pathogenic microorganisms sharing our body space".

Continued over...



Scientists suggested that adding the bacteria increased the thickness of the gut's mucus barrier, which stopped some material passing from the gut to the blood. It also changed the chemical signals coming from the digestive system, and that led to changes in the way fat was processed elsewhere in the body.

Another way to increase level of *Akkermansia muciniphila* was to add a type of fibre to the diets of the mice.

The majority of the intestinal microbiome consists of two bacterial phyla – the Bacteroidetes and the Firmicutes.

So, no, I'm not suggesting we start including faecal transplants in our therapy treatments. In fact, I'm not suggesting that we do anything directly with our clients' microbiota. What I am suggesting is that we can include information about when discussing weight gain in people who stop smoking with us, people who come for help with weight management and control, and maybe even some conditions such as OCD, stress, or depression.

And we might like to recommend people take prebiotics and probiotics, which are meant to stimulate the growth of healthy

Scientists compared the behaviour of normal 8-week-old mice with mice whose guts were stripped of microbes. The mice without bacteria showed higher levels of risk-taking and the stress hormone cortisol. They also had altered levels of the brain chemical BDNF, which may have links to anxiety and depression in humans.

bacteria in the gut, and are easily available in yoghurt-type foods. After all, if it helps with our work, why not? ■

Gut bacteria are good because they:

- ◆ Help us get energy from food
- ◆ Allow us to absorb vitamins
- ◆ Can help produce molecules that fight against inflammation
- ◆ Help develop our immune systems.

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MAKE YOUR NEW YEAR'S RESOLUTIONS STICK – AND GET CLEVER TOO!

Jess Driscoll helps us to break the habit

We all tend to prefer short term rewards (like chocolate cake now) over long term rewards (like losing weight or becoming healthier overall). This process is involved in many addictions and habits.

When it comes then to New Year's Resolutions the reasons they fail are often because the wrong steps are taken at the wrong time despite thinking we are motivated to make those changes. Some of us don't stick to diets or continue to smoke because we cannot see the long term goal¹. We need the tiny steps and the drip feeding of the benefits. We also need to remain positive to get those all-important

helpful and motivating chemicals on board. Human beings are the only animal on the planet to have our behaviour tied in to a neurological reward based system. In other words, when we do nice things, we feel good because of the chemicals we then release. When we DO get up off that sofa and make it to the gym we feel damn good on the way home!

That's our chemicals working for us, rather than against us. So, how can we make this happen more frequently? How can we turn the 'NO, it's cold, no... I'll do it tomorrow' voice into a 'YES I blooming will, let's go!?' All too often now we reach instead for the quick fix reward, our modern day drug of choice, be it nicotine, sugar, salt, alcohol, cocaine, caffeine, solvents and so on.

We have trained our brains to accept these quick fixes and so we 'crave' them; so instead if we increased our own natural chemicals and boosted our motivation we would soon form new habits, which would pretty quickly become accepted by the brain as the new way of doing things.

What makes people so clever is that our brain's keep changing depending on what we are doing with them! The technical term is plasticity – neuroplasticity (Google it, it's the big thing!). The brain continually changes throughout a person's life as the neurons (see Figure 1) reorganise themselves and form new connections.

“WATCH YOUR THOUGHTS;
THEY BECOME WORDS.

WATCH YOUR WORDS;
THEY BECOME ACTIONS.

WATCH YOUR ACTIONS;
THEY BECOME HABIT.

WATCH YOUR HABITS; THEY
BECOME CHARACTER.

WATCH YOUR CHARACTER;
IT BECOMES YOUR
DESTINY.”

LAO TZU

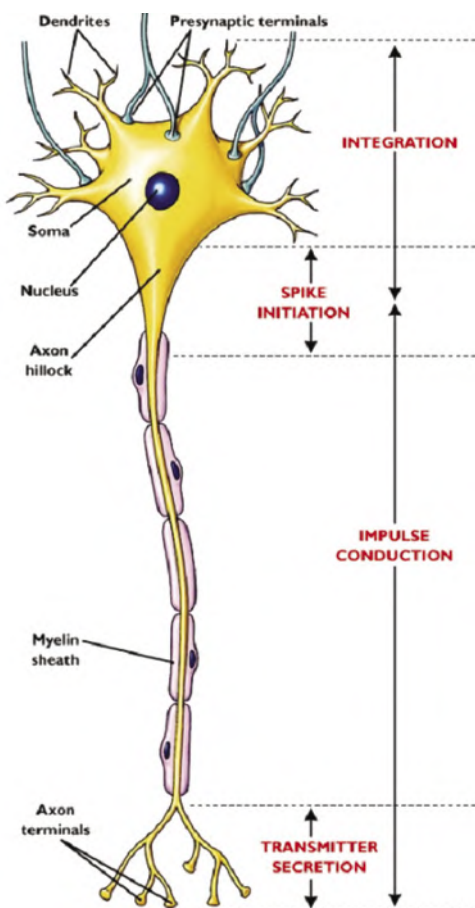


Figure 1: Neuron – nerve cell

Continued over...

This occurs when we learn something – whether that's memorising a new song, acquiring a new skill (like driving, using your new mobile phone or playing the piano), or just falling into a new routine or habit.

Throughout your life, your brain is able to change with learning; and these changes mostly occur at the level of the connections between neurons. If you form lots of new connections, the habit or learning seems more 'ingrained'. The more of an expert you become on a particular subject, the larger that area of your brain becomes – YES, you get cleverer!

When you are feeling unmotivated, what else are you feeling? A lack of motivation is not an isolated factor. It is not something that we feel and can dismiss as simply 'the feeling of the moment.' When you are unmotivated, there is a reason. Certainly some lack of motivation can be attributed to having no interest in a task at hand. After all, how many of us really look forward to sitting down every year to sift through receipts and pay stubs to complete our taxes?

Motivation is about getting things done, whether it's at work or home, putting that last cigarette out, getting off the sofa and into the gym or changing eating habits and so on. Motivation is an important part of everyday life and something we need to understand. The role of brain function in motivation is an important one. First, the brain produces chemicals that it uses to accomplish

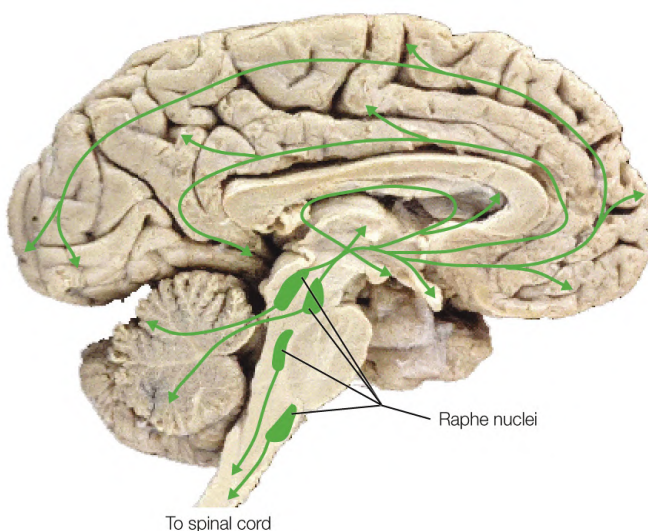
millions of tasks every single day. Some of these chemicals can become out of balance if external stimuli such as our jobs, relationships or self-esteem place undue stress on the brain. When that happens, a person can feel lazy, lethargic, and even depressed. Also how we look and feel affects our lives whether it's job prospects or relationships².

What gives you the motivation to go the extra five minutes on the treadmill, or say no to a second portion or 'one more' glass of wine? It may be your levels of brain chemicals such as dopamine and serotonin. The functions of serotonin are numerous and appear to involve control of appetite, sleep, memory and learning, temperature regulation, mood, behaviour, cardiovascular function, muscle contraction, endocrine regulation, and depression. When we meet our goals WE feel good and we release these chemicals into our blood stream, they in turn make us feel better and so we feel EVEN MORE motivated!

Reward is an essential feature of most human behaviour: the need to obtain reward and avoid punishment is crucial to our motivation. Current work on functional neuroimaging is enabling us to identify the brain regions that control reward behaviour such as eating and drinking. These studies also provide insights into the underlying neural activities driving responses to financial reward or loss. There is also discussion of social factors such as co-operation and altruism in shaping human reward mechanisms. This is why when we help others and act positively towards our fellow humans WE feel good. You let someone out in a queue of traffic and a few junctions later you will see them do the same to someone else.

So, how do we make a new behaviour a habit?

Conditioning is the process by which an original neutral stimulus becomes associated with a primary reinforcer. Whilst instrumental, learning is a process whereby animals learn to perform an action to obtain a reward or avoid a punishment. These basic principles govern human reward behaviour; we learn which cues signal positive and negative outcomes and we learn how our actions and behaviours can increase the probability of positive outcomes.³



So, the more you do something the easier it gets, we KNOW this! And, not only are you meeting your goal, as you continue to feel better and remain motivated you are making new connections ALL the time in your brain and so you will be getting cleverer too! You are gaining clarity, balance in mood and an increased sense of overall wellbeing.

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. When we work on our own goals, we learn to acknowledge partial success and don't get discouraged easily.

Recently in Scientific American Mind magazine⁴, 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.

- ◆ 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.

- ◆ 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.

This discussion of motivation and creating new habits takes me think of a client of mine who came to see me to lose weight. And one day she decided to go out for a walk. Then she started walking a few times a week. On one occasion she tried running for a while. Then she began to run more often. Each time she went a little farther. She soon noticed that she was sleeping and eating better, that she had more energy and looked better in the mirror. Like the movement of the butterfly's wing, that isolated first walk may have started a sustained chain of events, that are now building towards improving her self-esteem and increasing her energy, affecting her entire brain-body system. One day, feeling physically and mentally stronger, she found a new job. She began to make more friends, starts to laugh more – and turned her life around.

This woman's extraordinary metamorphosis began with an ordinary walk. There are many tools right at our finger tips for changing our mental health, both in correcting our problems and simply in becoming the kind of person we want to be.⁵

So, why not make 2015 your year to get it done? Give yourself a fighting start by attacking your body with a motivated brain! Get your chemicals on board and go for it. If you feel you need extra help to get started why not consider complimentary health disciplines such as hypnotherapy, acupuncture or even life coaching or a personal trainer? Once the footprints of the new patterns are there, you will soon be able to take your own steps forward, turning those footprints into pathways, and eventually motorways as the new behaviours become habits.

Above all else ... watch your thoughts ... ■

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Kintsugi

– A metaphor for emotional trauma - By Trevor Eddolls

I don't know whether you've ever thought about life this way, but sometimes I think of it like a useful old teapot. Here I am, and there you are, like a teapot that's used every day. One that's responsible for making something that everyone wants and everyone enjoys, but no-one perhaps gives it a second thought.

I'm not thinking about that artistically designed teapot that might sit untouched on display – perhaps on a Welsh dresser. Nor a teapot that sits in the cupboard and never sees the light of day. I'm thinking of one that's picked up and banged down, and used by everyone all the time.

And that teapot can start to show signs of wear – a bit like life's effect on me and probably you. It might have a couple of chips and may start to show signs of cracks forming, but all that proves is that it has been well used, and well able to handle constant use that may be rough at times and may be gentle at other times.

There's a story about a famous teapot in Japan that, back in the 15th century, was damaged and sent back to China for repair. The repairers used ugly metal staples – so when it was returned, Japanese craftsmen set to work on it. And they created a new art called kintsugi. The word means golden joinery. The repairs were made using a lacquer or resin sprinkled with powdered gold. The repaired teapot was revered as a work of art.

Repaired pottery became so fashionable that people would deliberately smash ceramic pots so they could be repaired in the kintsugi style.

A repaired pot showed just how much the original pottery was valued. It also showed how much of a story that piece had to tell. And that's like us. Our scars show our adventures with life and how interesting we are. The Japanese valued their teapots and proudly displayed the 'scars' on their pottery as works of art in their own right. They were more highly prized than the original pots had been.

And so the ways that we have been broken by life, by other people, by events, become things that we can be proud of, making us into greater works of art than we were before, making us more valuable, as people, because of our experience.

Think of kintsugi. Think of those powdered gold repairs. And think how those life-scars can be a good thing. And thinking of life as being like a teapot isn't quite so strange after all.

READING LIST FOR 2015

When I double checked my CPD hours for the NCH and CHNC I was amazed to see I had clocked up 400 CPD hours, some included training sessions, research and putting together Hypnotherapy Today, but most were reading books. Majority not good at all I'm afraid, but here are 10 for 2015 that Supervisors Michael Hughes and I would recommend.

1) **The Chimp Paradox:** *The Acclaimed Mind Management Programme to Help You Achieve Success, Confidence and Happiness*, by Steve Peters - Great book if you need to simplify how the brain works to clients.

2) **The NLP Workbook:** *A Practical Guide to Achieving the Results You Want (Neuro-Linguistic Programming)* by Joseph O'Connor - Why go on a course when everything we use NLP for is here.

3) **Go Wild:** *Free Your Body and Mind from the Afflictions of Civilization*, by John J. Ratey, Richard Manning - Essentially it's about how humans are not adapted to modern living and adopting an earlier model is better for our wellbeing.

4) **The Secret Life of Love and Sex:** *Making relationships work and what to do if they don't*, by Terence Watts - More reading for those interested in Nomads, Warriors and Settlers, useful tool for clients who want to understand their fellow beings.

5) **Scripts & Strategies in Hypnotherapy with Children:** *for use with children and young people aged 5 to 15*, by Lynda Hydson - useful if you're seeing children in your clinic.

6) **1001 Solution-Focused Questions:** *Handbook for Solution-Focused Interviewing*, by Fredrike Bannink - useful if you run out of ideas for SF questions.

7) **You Are Not Your Brain:** *The 4-Step Solution for Changing Bad Habits, Ending Unhealthy Thinking, and Taking Control of Your Life*, by Jeffrey Schwartz MD

8) **Why we dream:** *The definitive answer* by Ivan Tyrell - excellent book for understanding more about our other life.

9) **The Hypnotherapy Handbook**, various - lots of good advice and a chapter from our own marketing duo Nic and Debs.

10) **The secret life of sleep**, by Kat Duff - what makes us cross the line from waking to slumber and much more.

BOOK REVIEW

SOLUTION BUILDING IN COUPLES THERAPY BY ELLIOTT CONNIE

I was first put onto Elliott's work when I contacted BRIEF about doing a course in couples therapy. I had been approached by one of my clients who was having problems with her boyfriend. Elliott occasionally teaches in London but is based in Texas. My CPD expenditure does not extend to a weekend in Dallas, so I plumped for the book instead. We don't usually work with couples in hypnotherapy, but there have been times when I have had 2 people in the clinic room, as they sometimes bring their partner and this is where you can get someone else's perspective of the problem.

Elliott draws on the work done by Steve De Shazer and Insoo Kim Berg and in the book gives us some examples of the kind of clients he works with. He starts by giving us some background of his own journey into SF. Those who may have struggled with mainstream counselling may recognise the same passion for SF Elliott feels, as it can be so brief and life changing.

When confronted with his first upset couple he felt he'd lost control, then asked "How did you two meet?" This one simple question can allow the couple to get out of their primitive brain, back to something positive – remembering what brought them together in the first place.

The SF questions that help couples are: 1) identify a preferred future, 2) Shift towards a solution focused orientation. 3) Identify the steps needed to get to that preferred future.

There are interesting case studies, transcripts and snippets of personal experiences from Elliott himself. Although not the largest book, it does you a good grounding if you ever get to see a couple and they start arguing in front of you, or you see one of the couple and you can help them get back on track with the relationship.

Solution building in couples therapy

by Elliott Connie

ISBN 978-0-8261-0959-0

Springer Publishing Company

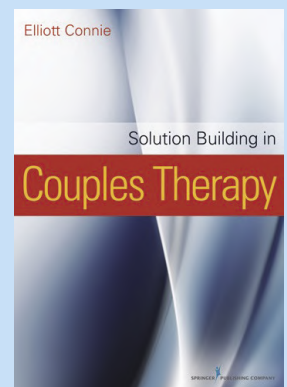
Reviewed by Penny Ling

Also by Elliott Connie

The Solution Focused Marriage - 5 Simple Habits That Will Bring Out the Best in Your Relationship.

co authored with Linda Metcalf

The Art of Solution Focused Therapy



WHAT'S WRONG WITH HYPNOTHERAPY?

Trevor Eddolls takes a look at the problems facing hypnotherapy being accepted as a non fluffy treatment

Let's get right to the point. What's wrong with hypnotherapy is that it gets lumped in with other treatments which have no scientific backing and so loses out on credibility in the eyes of the public. This is made worse by the fact that some people with treatment rooms will let them out to hypnotherapists, chiropractors, acupuncturists, homeopaths, crystal healers, and many more. How can potential clients draw the line between what has scientific validity and what is just pure nonsense?

Let's start with some definitions so we know what we're talking about. An alternative therapy usually claims to be a complete system of medicine but lacks any scientific backing. A complementary therapy is one that can be used as well as conventional medicine but again, lacks any scientific proof. Complementary and Alternative Medicine (CAM) is the accepted

group name for alternative and complementary medicines.

In the USA, the National Center for Complementary and Alternative Medicine (NCCAM) classifies complementary and alternative therapies into five different categories or domains.

- ◆ Whole medical systems, eg Chinese Medicine, Homeopathy and Ayurveda.
- ◆ Mind-body intervention, ie explores the interconnection between the mind, body and spirit
- ◆ Biologically-based therapy, ie uses substances found in nature.
- ◆ Manipulative and body-based methods, eg Chiropractic and Osteopathy.
- ◆ Energy therapy, which uses real or imagined energy fields.

A list of many of the CAMs available is shown below.

"Alternative medicine has either not been proved to work, or been proved not to work. You know what they call alternative medicine that's been proved to work? Medicine" – Tim Minchin, British-born Australian comedian, actor, and musician.

- | | | |
|----------------------------|---------------------------------|-----------------------|
| Acupressure | Food therapy | Reiki |
| Acupuncture | Grahamism | San Jiao |
| Alexander Technique | Herbalism | Shen |
| Anthroposophic medicine | Hydrotherapy | Shiatsu |
| Aromatherapy | Hypnosis | Siddha Medicine |
| Ayurveda | Iridology | Tao Yin |
| Bates method | Jing | TCM model of the body |
| Biofeedback | Macrobiotics | Thalassotherapy |
| Chelation | Manual Lymphatic Drainage (MLD) | Therapeutic music |
| Chinese pulse diagnosis | Meridian | Trigger point |
| Chiropractic | Moxibustion | Tui na |
| Coin rubbing | Naturopathy | Unani |
| Colorpuncture | Neigong | Urology |
| Colour therapy | Pilates | Water cure |
| Craniosacral therapy (CST) | Prana | Yin and yang |
| Cupping | Qi or Chi | Yoga |
| Feldenkrais Method | Qigong | Zang Fu theory |
| Five Elements | Reflexology | |
| Flower essence therapy | | |



There's no point in looking at each of these to see which ones have scientific validity and which don't, but I will highlight three of them – just to give them the fairness of a closer examination.

Let's start at the top of the alphabet with acupuncture. Acupuncture is the stimulation of specific points on the skin by inserting needles or applying heat or pressure. This stimulation corrects imbalances in the flow of qi, your vital energy, through channels called meridians. Research shows that real acupuncture was no better than sham acupuncture in reducing pain. And yet, acupuncture is approved by the National Institute for Health and Care Excellence (NICE) as a treatment for lower back pain.

Homeopathy is quite popular – there are even homeopathic hospitals in the UK. It was invented in 1796 by Samuel Hahnemann based on a theory of like cures like – therefore a substance that causes the symptoms of a disease in healthy people will cure similar symptoms in sick people! Remedies are prepared by repeatedly diluting a chosen substance in alcohol or distilled water, and dilution usually continues past the point at which no molecules of the original substance remain.

Reflexology usually involves the application of pressure to the feet and hands with specific thumb, finger, and hand techniques without the use of oil or lotion. It is based on the principles of zones and reflex areas that reflect an image of the body on the feet and hands. Manipulating these areas affects a physical change in the body. Again, there is no scientific evidence to show that it works as a treatment.

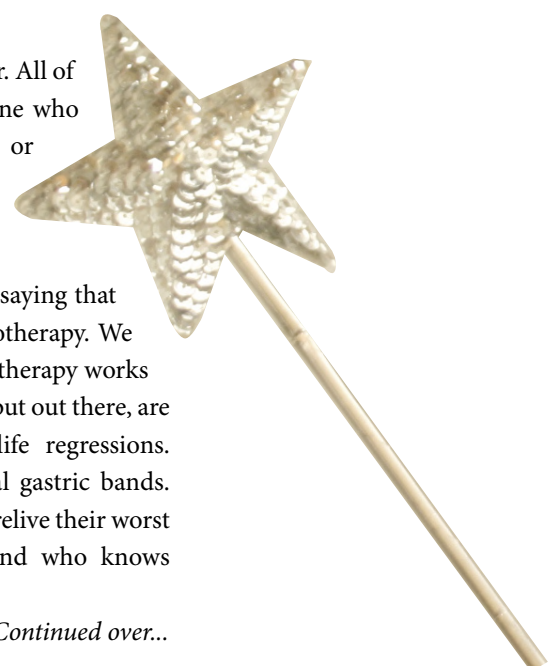
The nocebo effect is the adverse reaction experienced by a patient who receives a nocebo (I shall harm).

Are these they types of treatment that we want hypnotherapy to be associated with?

Of course, people do undergo these treatments, and they do come away saying they feel better. How can this be explained? Well, the answer is the placebo effect. A placebo (I please) is a medically ineffectual treatment that results in a patient having a perceived or actual improvement in a medical condition – the placebo effect. The Placebo effect is psychogenic, ie it is not caused by a biologically-active component but by the patient's mind. It seems that a person's belief that they have received an active treatment can produce the subjective changes thought to be produced by the real treatment. Belief, conditioning, and expectation, as well as how the placebo is delivered, and its size and colour, can play a role in how strong the placebo effect will be.

What we need is for hypnotherapy to produce so much research proving that it works, that it no longer languishes in the list of CAMs and is accepted by everyone as a therapy.

But that's not the end of the matter. All of us have probably spoken to someone who has had hypnotherapy in the past or has a friend who had hypnotherapy and they have had a very strange time. Sometimes, we as therapists have had to pick up the pieces. I'm saying that all hypnotherapy is not good hypnotherapy. We know that Solution Focused Hypnotherapy works and it works quickly and efficiently but out there, are hypnotherapists performing past-life regressions. There are therapists offering virtual gastric bands. There are therapists making people relive their worst fears or traumatic experiences. And who knows what else is going on?



Continued over...

There's a name for alternative medicines that work. It's called medicine" – Joseph A Schwarcz, author and a professor at McGill University in Montreal, Quebec.

INDUSTRY



We know that many hypnotherapists use parts therapy. We know there are analytical hypnotherapists. It's not easy to separate good hypnotherapists from all the other therapists using unproven and unscientific techniques.

I'm not arguing for strict regulation. (Well, not here anyway!) My argument is that we need to make it clear in any research that we publish, that it is from solution-focused hypnotherapy as opposed to any other kind. We need to make it clear that

NICE recommends:

- The Alexander technique for Parkinson's disease.
- Ginger and acupressure for reducing morning sickness.
- Acupuncture and manual therapy, including spinal manipulation, spinal mobilization and massage

if people want a proven technique, they need to find a solution focused hypnotherapist in their area. And we need to all be working to make sure that we have clinically-proven results published in peer-reviewed scientific journals. We need to draw a clear distinction between successful solution-focused hypnotherapy and unscientific treatments, complementary, and alternative therapies. We need to become part of recognized medicine ■

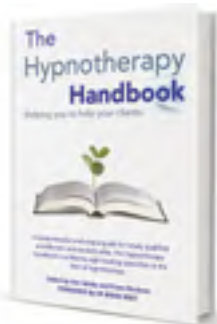
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The Hypnotherapy Handbook can help you to help your clients and grow your business!

A unique guide for both newly qualified hypnotherapy practitioners and students of hypnotherapy, The Hypnotherapy Handbook covers the main issues that clients bring to therapy as well as the key topics of building a successful hypnotherapy practice. Written by eight leading specialists in their field, the Hypnotherapy Handbook guides the reader from how to work with a variety of client problems such as weight loss, anxiety and smoking cessation through to business topics such as marketing and business building.

Foreword by Dr Brian Roet

'This is a book that will help many, a lightweight tome that delivers heavyweight value!'

Forthcoming book review

'I've read hundreds of books on hypnotherapy and related subjects over the years - this is arguably one of the most professionally written and accessible that I've come across.' Amazon reader review

Topics include Taking Care of Yourself, Anxiety, Weightloss, Smoking Cessation, Phobias, Marketing, Pain and Irritable Bowel Syndrome

**PRICED AT £8.99, THE HYPNOTHERAPY HANDBOOK AVAILABLE ON AMAZON
or at www.hypnotherapyhandbook.com**

WHAT'S BEEN GOOD?

Nicola Griffiths asks that very question

Question: What's been good?

Answer: Nothing!

It never ceases to amaze me how the brain works; it's what makes my day at work.

Here's a recent case study which typifies what I mean:

I had to cancel some clients due to completely losing my voice (not helpful as a hypnotherapist) and although most of them were absolutely fine, I was wary that cancelling one particular client might not be helpful. We were coming up to her third session and the main reason she was coming to see me was for confidence in her ability to 'see things through' as she felt she gave up on most things she started. The third session can really be a key session in my book, so I was at pains to get her re-booked in as soon as possible so that she didn't opt out of the sessions!

When she arrived for the session, her body language was very negative although she was politeness itself. If you translated

the body language it was basically saying "you left me/let me down". She'd gone off the rails a little and her scale had gone down from a 7 to a 5.

On asking "What's been good"? The response was a resounding "NOTHING"! It made me inwardly smile as there was no thinking time employed, it was simply an immediate response. I carried on with a "Ah, there will definitely be something good if we think hard enough" to which the response was "No, absolutely nothing". Due to the vehemence of the reply I changed tack slightly to ask "Okay, so let's make it easier, let's just concentrate on this morning, what was good this morning". When I got the same reply I simply let my pen hover over the paper and waited expectantly. At last the client's eyes went upwards as she started to think and eventually we got the answer "I got up early this morning".

Now I'm not a great morning person, so I genuinely smiled at this one and replied "Wow, I'm impressed with that given I don't do early mornings, exactly how early

was early". "6am." Came the response. We carried on for a short while talking about what the advantages had been for the client in getting up that early and then the light bulb moment happened. She'd at last got up into that positive brain when she said "I've thought of something else that was good".

"Go on then." I replied.

"I climbed Snowdon on Saturday".

For once I could not stop my jaw dropping. I love how the brain works!

After a few minutes of smiling broadly, I then said "So, your original presenting problem was that you felt you could never complete anything. How do you feel now that you've completed an ascent of Snowdon"?

Client's answer: "Oh, I hadn't thought of it like that".

Since then, the client has simply flown having achieved all sorts and completed loads ■





FACEBOOK – FOR BETTER OR WORSE

Having heard the effect that Facebook had on some of my clients, it was with great reluctance that I joined up early in 2013. I had a strong motivation for doing so. I was training to be a Supervisor alongside IT guru Trevor Eddolls and social media expert Nicola Griffiths. I didn't stand a chance.

Trevor set up a closed Facebook group for the trainee Supervisors and we used it for mutual support and morale boosting. It was a fabulous resource and really helped to keep everyone motivated. The course was largely structured around distance learning and I would have felt really out of the loop had it not been for the Facebook Group. The group's remit has since been extended to anyone who trained as a Supervisor at Clifton Practice and we use it to share ideas and resources, and for arranging Supervisors' Supervision.

Trevor also set up a closed group for the AfSFH Executive committee, which again is valuable in terms of group discussions, arranging meetings, developing events and so forth.

Since then I have evolved my use of Facebook and ventured into different areas. Nic helped me set up my first business 'Like' page (www.facebook.com/dpearcehypno in case you're interested), which I pretty much neglected for some time, being a Twitter fan at heart, but I have livened things up big-time recently.

By far the greatest benefit for me of being on Facebook is the AfSFH members' closed Facebook group. It is simply jam packed with useful articles about matters of the mind, solution focused

therapy, neuroscience, sleep, weight issues, positive thinking and so much more. If I ever need to give a talk, write an article or develop a workshop, the AfSFH closed group is my first port of call. Within minutes I have a list of useful material to draw my content from.

Being mindful that not all members are in the Facebook group (approximately 45% at the time of writing) we use the monthly AfSFH e-newsletter to highlight some of the more relevant articles so that non-Facebook members can tap into the huge raft of material available on-line.

The closed Group is also great for sharing business oriented information, such as sourcing pop-up banners or card payment machines, comparing notes on the success of various promotional activities, warnings about possible scams. As you would expect, it's a fantastic forum for mutual support and positive interactions.

For the first 12 months or so my use of Facebook was pretty passive; I read other's posts, 'Liked' many and commented on some – especially if they involved cute kittens. My interactions changed when Sharon Dyke and I found ourselves setting up CPHT Guildford. We both live in the West Country and we knew that we'd need to build a Social Media presence in Surrey and the surrounding counties in order to promote our course cost-effectively.

Since then I've been much more pro active on Facebook and have enjoyed sharing all the fabulous material we uncover between us – and videos of Nic, Sharon and I giggling.

That said, I can see why some of my clients have encountered problems with Facebook. I have spent my life actively avoiding trashy magazines

Debbie Pearce HPD is a co-founder of the AfSFH, Supervisor and lecturer at CPHT Guildford

and newspapers, gossip, celebrity nonsense and sensationalism. At its worst Facebook contains all of these.

It's been quite a shock having an insight into other people's lives too. I had no idea that my nieces and nephews got up to such shocking antics – and they swear too – in PRINT! Seriously, I was so grateful when a sympathetic friend showed me how to 'un-follow' people, so that I can choose not to see their posts; I'm a delicate soul!

I now carefully control what I view on Facebook so that I can avoid the negativity and nonsense as much as possible. I tend to log on and go straight to the Groups I belong to where I feel 'at home'.

Which brings us neatly back to the Association's closed Facebook Group. If you're on Facebook and you haven't joined, I highly recommend it. If you're not on Facebook, I would say that the closed Group is a powerful motivator for joining. Just ping an email to IT@afsfh.com with your real name and Facebook name (if different).

The closed Facebook group, along with the Association's Journal, Hypnotherapy Today, are fantastic resources, focusing as they do on our specialist area of expertise: Solution Focused Hypnotherapy ■

BOOK REVIEW

GUT FEELINGS

BY GERD GIGERENZER

We spend most of our time helping clients escape from their primitive brain, into their intellectual brain, so that they can regain control of their lives. This book explains how the primitive brain can be so successful at what it does, and why we should use it.

Gerd Gigerenzer is Director of the Center for Adaptive Behaviour and Cognition at the Max Planck Institute for Human Development in Berlin. He begins by showing how less knowledge is better than more knowledge when making decisions. He illustrates his counter-intuitive ideas with a quiz question. Which city has the larger population, Detroit or Milwaukee? People who know a lot about the USA tend to ponder for a long time and often get it wrong. People with only a slight knowledge of US cities generally get it right!

What about catching a ball that someone has thrown or hit? Do you, like a robot, calculate the parabola of the falling ball (allowing for wind) and run to the right spot to catch it? Or do you use a simple rule of thumb (a heuristic) that allows most people to be in the right place for the catch? The heuristic is to run at the right speed and to keep your angle of gaze constant – watch a person on TV and notice that's what they do.

Gigerenzer suggests that a hunch appears quickly in the unconscious; has underlying reasons that we're not sure of, and is strong enough to act on. He found that unconscious motor skills are impeded by deliberation – experts performed better when time constrained rather than when they had plenty of time. Cognitive limitations help us – that's why we forget some information. The more choices you have, the harder it is to choose. In a complex world simple rules of thumb predict the future as accurately as complex rules. Being overly curious destroys trust.

His rule for dealing with people is tit for tat. He suggests that you co-operate first, remember how they behaved most recently, and imitate their last behaviour. Gigerenzer's rule is that in an uncertain environment it's useful to ignore information. He looks at the vagaries of language highlighting how the word 'and' can have different meanings. When you're shopping, the recommendation is to buy a brand you recognize and choose the second least expensive model. He recommends that you don't ask a doctor what they would advise; rather you ask them what they would actually do.

In terms of explaining people's behaviour, Gigerenzer suggests that one of the strongest rules of thumb is to not break ranks – do what the majority of your peers do. Deep down we're sensitive to harm, reciprocity, hierarchy, in-group, and purity – they're what guide our decision making. Looking at how people make decisions (the book examines magistrates deciding on whether to bail a defendant), people use, what's called a fast and frugal tree (see illustration). You ask a question; the answer 'no' leads to a decision, the answer 'yes' leads to a second question, following the same format leads to a third question, and that's usually enough layers to make a decision.

The book provides a fascinating insight into what lies behind people's behaviour and how they can make quick decisions. I guess our role is dealing with people who have a rule of thumb that isn't working for them.

Gut Feelings: Short Cuts to Better Decision Making

Gerd Gigerenzer

Penguin (28 Aug 2008)

ISBN-13: 978-0141015910

Reviewed by Trevor Eddolls



AN INTERVIEW WITH... ...BEAU HONEY

Originally trained where?

Clifton Practice, Bristol

Year qualified: 2010

Any additional therapy qualifications in Hypnotherapy (i.e. CBT etc)

S.F.B.T

Number of clinics you work from: 2

Number of clients a week (rough estimate between lowest number and highest i.e. 10 – 16 etc)

8 - 16

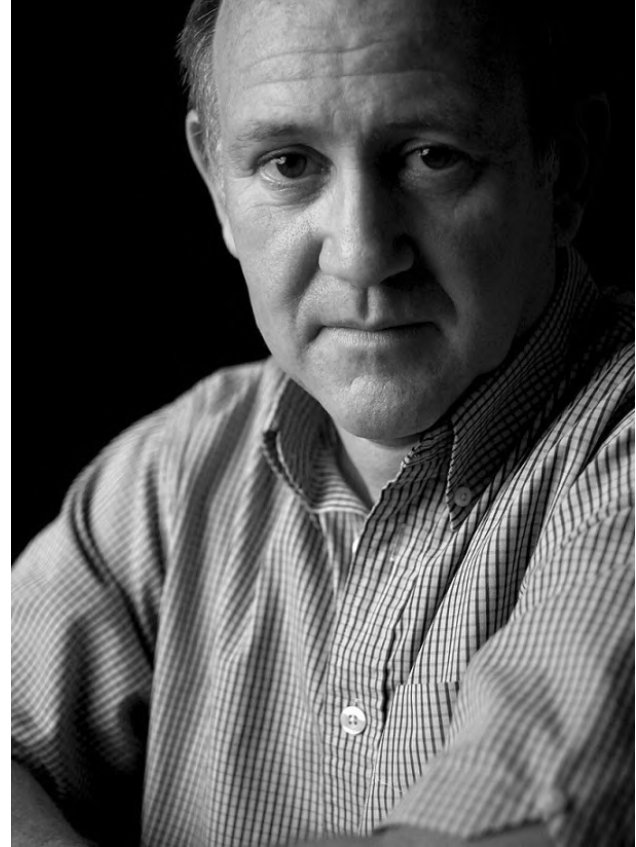
What made you interested in studying hypnotherapy to start with?

A few years ago I had a very interesting experience whilst having some dental work done.

My dentist had trained with another dentist who hypnotised his clients before he treated them. I was in the dentist chair preparing myself in my normal way ...by relaxing, and I asked him how did the other dentist do it? He said: "Well a bit like this..." He proceeded to do (as I discovered whilst training) a fractional relaxation on me...I relaxed completely, didn't feel a thing and felt like I was there for about 5 minutes and came out feeling fantastic, needless to say it left quite an impression on me!

I have always had a belief in the power of positive thinking, which has helped me personally in my life, and I thought how can I do something with this?

A friend of mine had done the HPD course at the Clifton Practice and as soon as he told me all about it... I contacted David Newton, had an interview and was offered a place on the course..



Before you trained as a hypnotherapist what other careers have you had?

Farmer, Waiter (when I lived in California), Garden designer, Owner of a film and TV greenery hire and set decorating business.

Is there anything you did in the past that helps you in your current hypnotherapy business?

Having to keep a business going in two economic recessions made me see that you can never stop developing yourself and your business practice which may mean finding new techniques or ideas that may give you the edge over the competition.

That said sometimes it does get tough and you





Ever since I saw the miracle question video whilst training on the SFBT course, Insoo Kim Berg and Steve de Shazer left a real impression on me. Every time I see that video or follow the transcript I get something else from it. The miracle question is such an important part of the work I do, it's the corner stone of the therapy.

My other hero is my Mother, because she did it naturally.

have to believe in your abilities and have confidence to sometimes - just 'give it a go'.

David Newton often says that therapists become successful because of their engaging personalities, what other attributes do you feel are important?

Persistence. Really listening to the client and never being afraid of asking for a second opinion or advice for anything. Being a hard worker - keep working hard and never give up.

Do you have any hypnotherapy or psychotherapy heroes, and why them in particular?

How do you get your clients? (i.e. referrals from other health professionals, advertising?)

Internet advertising, self promotion, telling everyone I meet (without being boring).

Often when therapists start out they like to focus on one particular thing like weight loss, or stopping smoking, but then change to other areas as they gain more experience. Which areas do you enjoy most now and why?

I enjoy all areas of my work and find that it is the individual case itself that may be more enjoyable than others. This may be because of the changes I see that the therapy may be having in the client's life and those around them or because the client themselves may be challenging me more in my skills. One of these areas in my experience is clients suffering with obsessive thoughts or full blown O.C.D.

Sometimes people may come to you for one issue and you end up helping them with others, I have experienced this with a few clients who came to me to give up smoking, only to discover that they were actually very anxious and so it was presented to them that we could do the smoking cessation, but that in my opinion it would stick much more if we were to address the anxiety first. I am pleased to say that in each case it did stick and that they were able to achieve their goal.

Continued over...





Do you do anything else that uses your skills in hypnotherapy outside the clinic room?

Bringing up two teenage girls.

Some people will give up their day jobs way too soon to pursue Hypnotherapy., What one piece of information would you have liked to have known, that you found out the hard way after you qualified?

That it has taken much longer than I anticipated getting to the client levels that I am at now, and has involved a lot of hard work and time. I also realise that I still have a way to go yet !!

For some people who rely on their hypnotherapy income completely this may be frustrating and disheartening.

After graduating, what helped you the most to build your practice?

Doing the best I can when treating my clients, which is obviously the most important thing, and having confidence in my abilities. Each client that

you help successfully is the best sales person you can have.

And, even when things weren't/aren't going the way I want them to, never giving up.

If you could give one tip to a new graduate, what would it be?

Don't give up your day job initially, and don't give up! There are more and more Hypnotherapists from many training centres coming into the market place all the time, so it is very, very competitive. Make sure that in the pursuit of getting new clients you don't lose focus on the main thing that you do - helping clients to move forward in their lives to their preferred future! ■

Beau Honey is a Solution Focused Hypnotherapist practising in the Guildford area of Surrey. He can be found at: <http://www.beauhoneyhypnotherapy.com/>

The woman who was dressed in black **– A metaphor for grief and moving on - By Sheelagh Wurr**

The old man paused in his work and watched the woman, his hand on the small of his back as he straightened up. He had worked in this park for over 50 years. As a young man he had been employed as the Park Keeper and had prided himself on keeping the flower beds neat and trim and covered in flowers, all year round. Then the cuts came and the job was no more. A team of young men with smart phones pressed to their ears and no pride in their work were sent in once or twice a year to cut the grass and remove the worst of the weeds. The old man was sent on his way. But he had nowhere to go; this park was his life. Besides he could not bear to see the weeds growing where once were flowers. So he continued, quietly, to do what he could, with no pay.

The woman was dressed in black. Although her posture was stooped, her face was young and yet etched with grief. She walked, aimlessly, along the path. It was still cold but the sky was blue and the sun shone. However, the woman huddled into her black coat, not seeming to notice the way the light filtered through the trees. She did not appear to notice the faint warmth that came from the early spring sunshine.

The woman walked past the old man and would not have stopped had he not spoken.

“Good morning my dear. Is it not good to feel the sun and to know that Spring is coming once again?”

The woman paused. She had not, she said, noticed the sun. She cared nothing for the coming of Spring. She had nothing to live for. Those she had loved were all dead. She herself was dead inside. There was no spring in her heart; no reason to go on living.

Reaching in his pocket, the old gardener pressed something into her hand. The woman looked at the object he had given her. She saw what she thought was a brown, shrivelled up onion.

“What do you see?” Asked the old park keeper.

“I see an object that is like my life. Dark shrivelled and quite dead,” was the reply.

“Now look here,” said the old man, bending down and scrabbling in the soil, “This is where it stayed for many cold dark winter days and now see what has happened to it.”

As the woman bent to look over his shoulder, he parted the leaves to show a beautiful yellow crocus. And, for the first time for many cold, dark Winter days, the woman smiled.

Writers Needed

We have subjects to write about but we need writers and those who specialise in certain areas to come forward.

Contact Penny Ling at journal@afsfh.com

Also - back issues are in pdf format on the AfSFH website - log in and click on journal



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web format) photographs are to be attached separately to the document; **please do not embed**. Please make sure there are no copyright issues with the photographs sent, and that all photographs are originals. These must be sent as a .jpg file. Any articles must have the references included and numbered.

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

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Issue Dates

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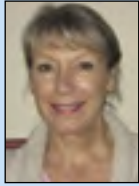
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Don't Forget!

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 - on-line. www.hypnotherapists.org

Don't Forget!

See website for more details on Supervision and CPD for different levels of membership.



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.



Trustee: Nicola Griffiths

Nicola did a wonderful job as secretary but has had to step down, but remains a trustee. 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 brain waves keep to the ideals (and regulations) of the solution focused world.



Trustee: Matthew Cahill

Matthew is one of our Trustees whilst also being heavily involved in training Solution Focused Hypnotherapy. He is also a director of UKCHO which is involved with moving the hypnotherapy profession forward.



Company Secretary: David Mclean

David has moved from the research post to taking on the job of CEO. David champions solution focused hypnotherapy and is extremely keen to help to move our association forward. David says "There are some fantastic times ahead, one I'm privileged to be part of".



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, and Metamorphosis which brings our articles to the attention of the public.



Marketing Officer: Duncan Little

Duncan Little's past was predominately in journalism where he worked for 15 years for various news organisations. He retrained following time as a SFH client himself and has found it useful in his quest to repeatedly run the Paris Marathon (his next one will be in April, 2015).



Treasurer: Position to be filled

If you have the skills and the time to volunteer then we would like to hear from you.



Head of IT: 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!



Head of membership: Denis Counce

Denis will be helping you to renew your membership and resolve any membership issues that you have. Before being a hypnotherapist Denis spent 30 years in IT, so knows how to switch the computer off and on to get the membership system to work. A definite plus, especially as we grow bigger.



Head of research and campaigning: Tiffany Armitage

Tiffany is excited to be joining the parts of her life together to head up the research component of the Association. Having previously studied scientific research to post graduate level, and worked training people across the globe in scientific methodologies - it is great to be able to now work to inspire and coordinate the efforts of the members of the Association to promote our valuable work.