

HYPNOTHERAPY TODAY



ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY JOURNAL ISSUE 10

PHOBIA SPECIAL

LATEST NEWS

You should have all heard by now the wonderful news of the association being recognised as a Professional Association. Association Trustee Matthew Cahill travelled to London to attend the AGM of the UK Confederation of Hypnotherapy Organisations (UKCHO), an umbrella body for the hypnotherapy profession. He was there to support the Afsfh's application to join the UKCHO and, after being interviewed by a panel of UKCHO representatives, he was delighted (and we suspect relieved) to hear that we have been accepted.

This means that we have been officially recognised as a Professional Association. It also means that we can now take the next step - and that is to apply to become recognised by the CNHC. If they approve our application it means anyone who joins the Afsfh can also apply to join the CNHC, and they won't have to join other hypnotherapy associations, unless of course they want to.

This is a fantastic achievement and we'd like to thank Matthew Cahill and David Newton for their hard work and support in this exciting stage of our development ■



LETTER FROM THE EDITOR

It didn't take much for me to suggest phobias as a theme, just read my article and you'll understand. It's always fascinated me that some people can go through life without any phobias at all and some - like myself - develop some of the bizarrest fears going.

There is comedy in those fears and I think finding the problem funny is halfway there to changing those beliefs.

So if you're afraid of spiders, octopuses, cups and saucers, chickens, heights, chimney pots, Daleks, and bellows - don't read this issue - you have been warned!

*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

Journal of the Association for Solution Focused Hypnotherapy.
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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.

PHOBIAS ARE US

Penny Ling shares her deepest fears



I have always maintained that I was an expert on phobias. Not because I have helped many change their lives using solution focused hypnotherapy, but because I have always suffered with them myself.

My list of phobias is strange - some phobias lasted only a few weeks where as others lasted many, many years. The strangest ones I have to say were developed when I was very young.

My first recollection of a phobia came when I was only about 2 years old. Thanks to Bill and Ben, I developed a fear of bellows! One episode of the programme had bellows chasing the two around the garden and about a week later I stumbled upon a similar set of bellows at the bottom of my aunt's garden - shoved down the side of the shed... I ran for the hills!

TV was prominent in another phobia I developed - that of chimney pots. I would often have nightmares about standing high up looking across chimneys and watching London burn. Whenever Coronation Street was on the telly, just the first bars of the music would have me leaping in the air and out of the door, to spare myself having to see a scene of roof tops and chimney pots. Even to this day, the music sends shivers down my spine.

By about 3 I can remember developing a deep distrust of lifts, as my father had an experience being trapped in a lift with a Dalek at Christmas in Selfridges. Luckily for my father, the Dalek decided not to exterminate him, but it left me with a fear of Daleks and lifts for a few years at least.

By the time I was about 5, I had developed a phobia about trains; this manifested because my aunt used to live in a house

backing onto a railway line and every time a train went past I would race up the garden and hide in the front parlour. My sister and cousins came up with an idea to cure me of this phobia once and for all, by holding me down next to the track when a train went by. It worked! The train in question was one of those really long coal trains; it was bringing coal down from the north to be used in the power station - that's showing my age! - I remember lying on the ground mesmerised by the kerchunk kerchunk noise of the train over the points, and by the end of the experience I wanted to do it again. I became a massive fan of trains as a result. This is how you would use exposure treatment on those with mild phobias, but we didn't twig that at the time.

The next phobia was needles and this came about because I had to go into hospital for an operation, and I still remember vividly what happened. The nurse came into the room, she ushered out my mother, almost threw me on my stomach and jabbed a huge needle into my bottom. Not a word

of comfort, or "this will hurt only for a second" or "sharp scratch". Nothing. No empathy. In my eyes she was a heartless cruel brute and I developed a deep mistrust of medical professionals from that moment forward.

Then there was my dentist. Mr Roberts looked like Christopher Lee. He was very tall and sounded like him as well. It makes me laugh when watching the remake of Charlie and the chocolate factory, that he played Willie Wonka's dentist father!

Oh, I forgot to add spiders - thanks largely to my mother screaming at them.

But all those paled into insignificance and are slightly amusing compared to my biggest phobia - that of driving.

I never was a confident driver. My instructor Terry was lovely and the one claim to fame I have is that he was also teaching Uri Geller to drive at the same time. I used to tease Terry that one day he'd turn up

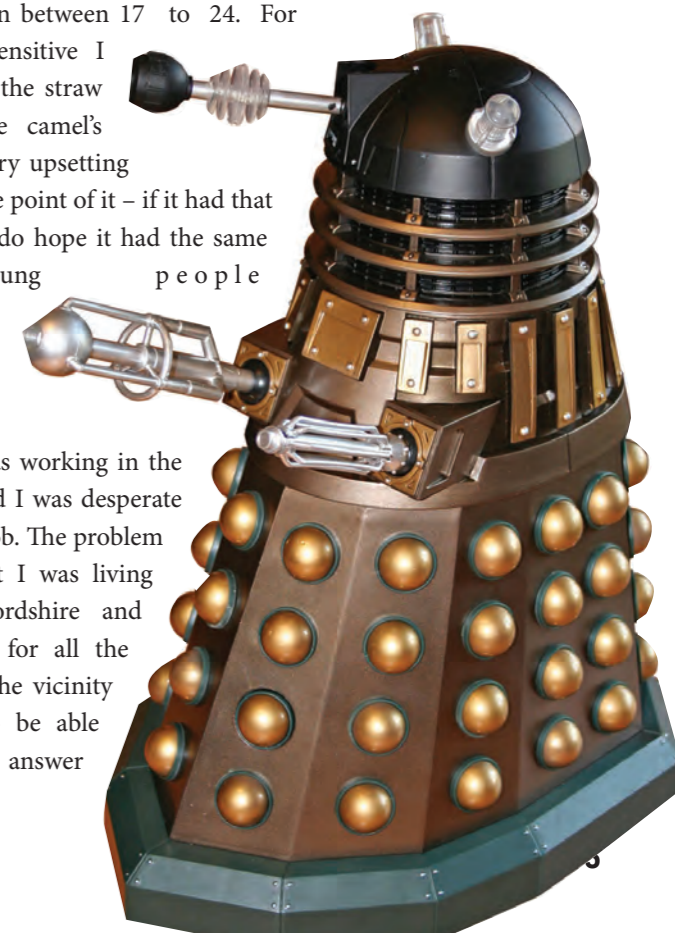
and the handbrake would have been knotted!

Even as a passenger I was never comfortable and an incident when I was about 11 - a caravan overturned in front of us on the Newmarket bypass - would often flash into my mind as I grew up and when I started driving myself.

There were a number of episodes driving around Oxford that sent my anxiety rocketing - the car dying on me whilst overtaking, 2 occasions where we were nearly run off the road by lorries and the final straw came when I had to take a pool car out and I could only get third gear, which was interesting at junctions.

But it wasn't just restricted to my experiences, one of the jobs I had as a graphics journalist - before the use of Photoshop - was to paint out dead bodies from photos of car crashes for the Oxford Mail. We were also involved with a community education scheme run by the ambulance service and my job was to put together a PowerPoint presentation of car accidents - along with the dead bodies - of young men between 17 to 24. For someone so sensitive I think this was the straw that broke the camel's back. It was very upsetting - which was the point of it - if it had that effect on me I do hope it had the same effect on the young people in schools this presentation was aimed at.

By 2001 I was working in the IT industry and I was desperate to find a new job. The problem I had was that I was living in rural Oxfordshire and I had worked for all the companies in the vicinity - I needed to be able to drive. The answer



I hoped lay in hypnotherapy. I went to see a local therapist in Witney. He sat me in a chair, asked me to close my eyes and count backwards from 100 and then asked me to go as far back in time where this problem first occurred.

I told him it was the Newmarket event, but he was insistent it was something much earlier. I sat there and waited – nothing. He prompted me – nothing. After a few minutes I was thinking what a waste of time and money when I had a memory of the upstairs hall of the house where I was born and lived in until I was 18. There was nothing about this scene that was exceptional; I was just stood in the hall. On speaking with my mother later I described the scene and she said that the hall wasn't like that at the age I was supposed to be, that was much later – so, all in all, completely useless.

I went on to have another four sessions but all I found was that they only helped with the stress of work, but after I was made redundant, so was the need for the therapy.

So for 13 years in total I did not drive at all – I did try and take the occasional small journey but the anxiety never subsided, and if that's the method CBT uses with exposure therapy then that didn't work either.

Forward to 2007 and I was on the Clifton Practice course because I was interested in the subject and I wanted to understand it more and do some research into it. David Newton was very adamant that whatever the problems we had that hypnotherapy could treat, then we had to treat them. When it came to the rewind, I was in a group with our own Nicola Griffiths and Dr Ken Murray and Nic led my rewind. A week later, I wrote out the reframe and gave it to my husband to read to me. I then went and sat in the driving seat for the first time in years. It was a range rover and I was expecting that panic and dread. Instead, there was nothing.

Amazed, I drove the car around the block!

I realised that I needed to go into this slowly, so over the next week I went further and further. By the time the next teaching weekend at the Clifton Practice came round, I had driven on my own to the clinic in Bristol. Words cannot describe how I felt

– on a scale from 0 to 10, I was 100!.

Now in 2013, I'm back living in the country and driving around from clinic to clinic and the occasional client who's house bound. No problem at all. SFH works with phobias such as these.

There is often some confusion though as to what constitutes a specific phobia and a non-specific one. I have seen people who have been nervous of driving but no one thing has been the trigger. Often the rewind will not have much of an effect on these people and one has to treat it as a non-specific phobia. Of all the phobias, driving I think can fall into both camps, often stress of work or other events can effect the way we feel about driving, so that's non-specific as there is not one thing that triggers the anxiety. One client I saw only had panic attacks on one particular road in Somerset, but she didn't know why. After a few weeks, it gradually dawned on her that a friend of her husband lived on the route and she had had an affair with him just before she had got to know her current husband – she felt that her subconscious mind was panicking about her husband finding out (not that it mattered as it happened before she met him!). With my driving phobia I used to experience flash backs of actual near misses, and so the rewind on these changed the way I responded by playing back the cartoon version of the events.

Non-specific phobias like agoraphobia – open spaces – and emetophobia – fear of sickness, are not treated with rewind. Often there is not one trigger people are panicked by; it's often a mix of lots of different things. Non-specific phobias can take quite a while to sort out compared with the specific kind. I remember one lady I saw for emetophobia took 9 sessions before she realised the sickness she was feeling had nothing to do with what she was eating, but the anxiety. Once the penny had dropped it proved easier to work with her. In total we had 19 sessions.

So what became of all my strange phobias from early childhood? Well, like many people, I just grew out of them, with the exception of needles, for which I now use hypnotherapy and glove anaesthesia to deaden my arm before an injection. I still haven't got rid of that specific phobia but I believe that is because I don't have injections that often – unlike the driving which I do several days a week ■



A	D	N
Achluophobia - Fear of darkness.	Dendrophobia - Fear of trees.	Necrophobia - Fear of death or dead things.
Acrophobia - Fear of heights.	Dentophobia - Fear of dentists.	Noctiphobia - Fear of the night.
Agliophobia - Fear of pain.	Domatophobia - Fear of houses.	Nosocomophobia - Fear of hospitals.
Agoraphobia - Fear of open spaces or crowds.	Dystychiphobia - Fear of accidents.	
Aichmophobia - Fear of needles or pointed objects.	E	O
Amaxophobia - Fear of riding in a car.	Ecophobia - Fear of the home.	Obesophobia - Fear of gaining weight.
Androphobia - Fear of men.	Elurophobia - Fear of cats.	Octophobia - Fear of the figure 8.
Anginophobia - Fear of angina or choking.	Entomophobia - Fear of insects.	Ombrophobia - Fear of rain.
Anthrophobia - Fear of flowers.	Ephebiphobia - Fear of teenagers.	Ophidiophobia - Fear of snakes.
Anthropophobia - Fear of people or society.	Equinophobia - Fear of horses.	Ornithophobia - Fear of birds.
Aphenphosphobia - Fear of being touched.	G	P
Arachnophobia - Fear of spiders.	Gamophobia - Fear of marriage.	Papyrophobia - Fear of paper.
Arithmophobia - Fear of numbers.	Genophobia - Fear of knees.	Pathophobia - Fear of disease.
Astraphobia - Fear of thunder and lightning.	Glossophobia - Fear of speaking in public.	Pedophobia - Fear of children.
Ataxophobia - Fear of disorder or untidiness.	Gynophobia - Fear of women.	Philophobia - Fear of love.
Atelophobia - Fear of imperfection.	H	Phobophobia - Fear of phobias.
Atychiphobia - Fear of failure.	Heliophobia - Fear of the sun.	Podophobia - Fear of feet.
Autophobia - Fear of being alone.	Hemophobia - Fear of blood.	Porphyrophobia - Fear of the colour purple.
B	Herpetophobia - Fear of reptiles.	Pteridophobia - Fear of ferns.
Bacteriophobia - Fear of bacteria.	Hydrophobia - Fear of water.	Pteromerhanophobia - Fear of flying.
Barophobia - Fear of gravity.	I	Pyrophobia - Fear of fire.
Bathmophobia - Fear of stairs or steep slopes.	latrophobia - Fear of doctors.	S
Batrachophobia - Fear of amphibians.	Insectophobia - Fear of insects.	Scolionophobia - Fear of school.
Belonephobia - Fear of pins and needles.	K	Selenophobia - Fear of the moon.
Bibliophobia - Fear of books.	Koinoniphobia - Fear of rooms.	Sociophobia - Fear of social evaluation.
Botanophobia - Fear of plants.	L	Somniphobia - Fear of sleep.
C	Leukophobia - Fear of the colour white.	T
Cacophobia - Fear of ugliness.	Lilapsophobia - Fear of tornadoes and hurricanes.	Tachophobia - Fear of speed.
Catagelophobia - Fear of being ridiculed.	Lockiophobia - Fear of childbirth.	Technophobia - Fear of technology.
Catoptrophobia - Fear of mirrors.	M	Tonitrophobia - Fear of thunder.
Chionophobia - Fear of snow.	Magirocophobia - Fear of cooking.	Trypanophobia - Fear of injections.
Chromophobia - Fear of colours.	Megalophobia - Fear of large things.	U-Z
Chronomentrophobia - Fear of clocks.	Melanophobia - Fear of colour black.	Venustrophobia - Fear of beautiful women.
Claustrophobia - Fear of confined spaces.	Microphobia - Fear of small things.	Verminophobia - Fear of germs.
Coulrophobia - Fear of clowns.	Musophobia - Fear of Mice, rats and rodents	Wiccaphobia - Fear of witches and witchcraft.
Cyberphobia - Fear of computers.	Mysophobia - Fear of dirt and germs.	Xenophobia - Fear of strangers or foreigners.
Cynophobia - Fear of dogs.		Zoophobia - Fear of animals.

“THE CASE OF THE WESTBURY CEPHALOPOD”

Chapter 1

Of all the Therapist offices in all the world she had to walk into mine.

It was one Monday in July. The kind of day when the rain splashed against the window panes and said “Welcome to British Summer time”

I looked out of my office, down on to the mean streets of Westbury-on-Trym, and somewhere deep inside I guess I was challenging the Universe to throw me yet another curve ball.

And it did.

She came in wearing a uniform. Schoolgirl uniform. It took me all of two seconds to piece that one together. She was, in fact, a schoolgirl.

She went to a swanky place. All Hockey sticks and Lacrosse before lunchtime. The kind of place that prepares a young woman for the world. But this ‘broad’ wasn’t prepared good enough. She may have known the square root of Peru, or how many beans made five, but she was scared. She was really, really scared.

Now, when you’ve strayed down the wrong side of the mental tracks as often as I have, then you tend to take most things square on the manly chin. But I could see that there was a challenge ahead with this one. As she curled into the IKEA splendour of my consulting room chair she started to tell a tale of horror, and it was a tale that stretched way back to childhood and that day at the Zoo.

Chapter 2

She was just little, six maybe, seven tops. She and her friends were on an outing. Bristol Zoo was the place. It was fun. The kind of unquestioning fun a six year old had a right to expect. They’d seen lions and tigers and aardvarks. They’d drunk Cola and seen Koalas. So

far
so
good.
Not a
cloud in the
sky. Not a hint of
the horror to come.
Not a suggestion of the
trauma that would rock her
world and a decade later send
her to me, sobbing out her story.

It was The Aquarium. That was the scene. All fish and bubbles. Bright colours and crustaceans. The sort of place you would never expect to find terror. But that just goes to show. The roots of Phobia can hide in plain sight, and fear can be triggered in a



her aversion. The genesis of her cold sweat, rapid breathing and palpitations was a kids drawing of an Octopus.

Chapter 3

As I hear all this a question was forming. While I could comprehend the visceral terror at the heart of a suckered cephalopod, and while I could appreciate the sensual challenge of its multi-armed embrace, it had been quite some time since I’d seen an Octopus or Squid or even a Manta Ray in Westbury-on-Trym High Street. Maybe she could just “get over it” as my old mentor, David Newton, used to say.

But No. There was more. And that more was a Cosmic Joke. For my schoolgirl was in the business of becoming a woman, and the passing out parade was to be a formal Black Tie Ball in two weeks time. A place where she and her ‘homies’ would strut their stuff, possibly even with boys who were busy becoming men. A place where she needed to look good, feel good and act good before she moved up and on to University and the world beyond.

And where was this Rite of Passage taking place?

The brand new state of the art Bristol Aquarium.

And what do you think lived there

You got it.

Her worst nightmare.

heartbeat.

It was only
a drawing. On
the ceiling. Not even
a real thing. But the

moment she looked up and saw it, her eyes were captured and her heart chilled. She ran screaming from the home of the cuddly sea-horses, and for ten years could never bear to look at photographs, or even speak the name of that which had pierced her to the heart. In that one moment she had become Phobic. She had inherited terror. And the object of

Chapter 4

Take a breath. I’m taking over this story for a time to give my alter ego a chance to refresh his Cinema Noir.

This was a challenge for anyone. We’ve all probably worked with Phobias and irrational fears before. Anything could be the trigger. Anything could

connect through from the outside world of stimulus to the irrational response of terror. It didn't have to be a frightening object per se. I've known people who were Phobic of buttons, horse and carts and the underside of boats. All that matters is that a fear/flight connection is made, often innocently enough, and a person seems to be stuck with it.

Now some fears are popular. They are in the Top Ten charts of cold sweat. Fear of Flying, fear of snakes or spiders, fear of heights. All good and all pretty work-able with.

But Octopus?

We started off with some standard Anxiety reduction work combined with some Solution Focused Therapy initially in talking/listening mode, but also using trance. We tried to approach 'the heart of darkness' and its horror rationally, and gradually she was at least able to say the dreaded word "Octopus".

At the same time we started to deconstruct the Octopus-ness of it all, and as part of the process we began to use humour. We started to 'take the piss' out of this fearsome wobbly-beast. We started to see it as a cartoon character, and even imagined what its voice would sound like if it could be bothered to speak. The challenge was to chunk it all down to something manageable, and something that could be seen in all its vulnerability. Dare I say it, something towards which my client could at least feel Compassion, if not Love.

And it worked.

Over a few sessions we began to cut her Fear down to size, so overwhelming Octopus became more bite-sized Calamari you might say. Added to that was the general wellbeing that results from anyone 'feeling

heard' in a therapeutic space, and we were making progress, which was just as well since D-Day and the Formal Ball was approaching fast.

Chapter 5

Sigmund Spade here. Back from my coffee break. So. Where was I? I'd done all the stuff above and my client was 'cooking with gas' as we say. But the proof of the pudding is in the eating, and I knew we needed a bit of 'in vivo', which isn't a Pavarotti aria, but is trying a thing out in the real world to see if the wheels stay on.

So, the day before the Ball I invited her to come with me and we'd visit the Aquarium. We'd pay a courtesy call on Mr Tentacle and see whether all that 'shrink work' had panned out.

Now it's a great place, and she and I loved feeling sorry for the Sea Urchins, and revelled in the seals and sharks and sardines, but every step took us closer to the tank where her 'nemesis' literally hung out, its multitude of suckers holding on to the glass.

"Sigmund" I said to myself "It's now or never. Make this work and it'll be a gold star in your Big Book of Psychotherapeutic Intervention. Screw up and you might have to go back to writing plays for The Royal Shakespeare Company."

A lot was riding on this moment.

And suddenly there it was. It was kinda waving with a 'come hither' look in its eye. At least I thought it was its eye, but it might well have been its anus.

And before you knew it my 'goirl' was striding across to it and even putting her hand against the glass so they were finger to sucker. She even demanded photographic evidence for her mum, so I snapped away.

I think I captured her good side. The jury is still out on the Octopus.

It was a result, and we all smiled a lot. At least I think the Octopus smiled too, unless it was indeed its anus.

Chapter 6

It was a couple of months later that I got the letter. She was a University student now, and she was happy. Beating the Octopus cleared the way for her licking some of her other hang-ups, and she happily told me how great The Ball had been, and how she made a point of introducing all her hockey playing chumettes to her new best friend, the Octopus.

Job done.

As I poured myself a glass of Vimto and looked out on to all human life on the street below I felt proud to be doing my job, and able to work the magic.

I reflected on how well I'd been trained and how my old mentor would have smiled.

Some days you just know you're 'in the zone', and that with a bit of luck and a following wind you'll manage to escape the clutches of The National Theatre, Andrew Lloyd Webber and the BBC for another day.

And that feels good ■

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DROP IN DAY



As you can see we managed to have a good time on the drop in day on Sunday 28th September 2013, this was all that was left of the wonderful cakes and scones provided by Denise Barkham and Kim Dyke - we're all on a weight loss programme now!

We give a big thank you to all those who made the effort to come from as far as Kent, London and Plymouth to the Clifton Practice and to our guests: Alison Livings from Holistic Insurance who was on hand to answer insurance/legal questions. I've managed to persuade her to write a piece for the next edition.

Toby Sillence gave an interesting demonstration as to how to make a video to promote your practice, details can be found on the afsfh website.

Our own Sharon Dyke was able to provide advice on Safeguarding issues and information on the new DBS checks, which replaced the CRB checks. Deborah Pearce gave help with marketing and promotions advice, Donna Adlington encouraged everyone to participate in reciprocal self-care, and I think the interaction between the recent graduates and those who been doing it a few years now really helped keep the solution focused ideal alive - well done all of you! ■



WHICH CAME FIRST, THE CHICKEN OR THE EGG PHOBIA?

**Deborah Pearce
gets the bird!**

I thought this phobia case might be of interest, not because of the technique used (standard 3-session Rewind), but because of the back story.

Kevin (not his real name) was referred to me by his daughter. She'd had a phobia of birds which she had 'learnt from her parents' (her words). After getting married she moved to live on a farm close to the coast, and this meant that her phobia was affecting her quality of life (think seabirds calling faintly from not that long way off...). I used the standard Rewind and she responded so enthusiastically that she was keen to share her success with anyone and everyone.

That meant she instructed her father to come to see me about his severe bird phobia. He was clearly bemused and rather sceptical, but decided to 'give it a go'. He told me from the outset that he knew how the phobia developed.

When he was a young boy he'd been playing with a ball which rolled into some bushes. He reached into the undergrowth and his hand closed on something small, soft and squidgy – a dead bird! From that moment on he developed a fear of birds such that he would go into a panic if one came anywhere near him.

But that wasn't all. The phobia also meant that he couldn't eat chicken or eggs. He couldn't even stomach the smell of chicken or eggs.

This was fairly early on in my Hypnotherapy career and I was a bit concerned about the chicken and egg aspect, but Kevin had already said this wasn't a big deal, so I decided to apply the standard 3-session Rewind on the bird phobia.

The Initial Consultation and first session went well. Kevin arrived for the second session (the Rewind session) with some news. He felt he was slightly more comfortable around birds and was feeling more confident about the outcome.

The Rewind went well and when he arrived for the final session, Kevin was over the moon. The bird phobia had completely gone and he was highly impressed with the Rewind process.

Amazingly he'd even eaten small amounts of chicken and egg!

It was a great result and now both father and daughter are enthusiastic fans. ■

ACROPHOBIA

**Heidi Hardy reaches
new heights**

In the early days of my hypnotherapy career, after graduating from the Clifton Practice, I had the absolute pleasure of working with a client called Diana, aged seventy-nine. Diana telephoned for help with a fear of heights. During the conversation she mentioned that she'd needed to use a taxi to go up a hill to see her dentist. That was the only indication I had of the severity of her fear.

I met Diana in the reception area of the doctors' practice where I rent a room. We chatted away as I asked her to follow me up the stairs. As she gingerly began to step up behind me, clutching the handrail for dear life, she pronounced that she couldn't do it – "I told you on the 'phone I have a fear of heights!" A very mild expletive crossed my mind as I wondered how to deal with this situation given I was a relative newbie! It was obvious she was more than

uncomfortable. There is a stair lift at the other end of the building but rarely having used that staircase I'd forgotten about it. "Okay, Ms Heidi Hardy" I thought to myself "you need to think on your feet!" I decided to keep her attention diverted by chattering away about inconsequential stuff to calmly encourage Diana up the stairs to my consulting room.

Once settled in my consulting room I found Diana to be quite a remarkable and proud woman. She exhibited a trait I recognised from the David Newton school of "pull yourself together and get on with it!" At seventy nine years old she found operating from her Primitive Emotional brain was clearly not acceptable thank you very much!

Previously, she had left an abusive husband at the age of sixty-two, taking a few belongings and settling in another part of the UK. She got a job as a live-in carer for a gentleman where she was on call 24/7. She did this job for seventeen years and it

Continued over...



eventually took its toll, the gentleman became more and more demanding, and Diana began to suffer with symptoms of high anxiety affecting her sleep and mood etc – during this time she was prescribed amitriptyline. Eventually she took her doctor's advice and left the job, which was also her home.

She made her call to me about four months later. She said she not only suffered from a fear of heights but also a fear of falling that had spread to a fear of kerbs and rises in the ground. Diana's fear manifested itself in panic attacks and an erratic sleep pattern (waking intermittently in the early hours) for which she was taking diazepam. She was becoming insular with the need to be dependent on others more and more. In Diana's case she 'dealt' with her fear with elaborate avoidance techniques. The only person she confided in about her fears was her daughter.

Initially we agreed to three anxiety lowering sessions followed by a rewind and a reframe session. I did however, decide to re-assess at session three to see if any more sessions would be needed before using the rewind technique.

This is how it went ...

Session 1

(happiness scale: 6-7)

This time Diana used the stair lift to get to the floor of my consulting room. During this session revision included the importance of lowering anxiety generally before we can go ahead with the rewind technique. As metaphors for how well the

rewind/reframe techniques work I used one of my successful 'phobia' case studies (fear of flying) and showed her a BBC article about the commonness of the 'fear of falling' in the elderly and the success of hypnotherapy in alleviating the condition. She'd listened to the CD five nights out of seven and she still

wasn't sleeping well. I explained that it had taken some time to accumulate her level of anxiety so it's no surprise that it may take a little longer than a few days to lower it. The session was straight forward and very enjoyable!

Scripts: Relaxation, Tropical Island, Village, Reframing.

Session 2

(happiness scale: 9)

I met Diana as she walked into reception, I greeted her and turned to make my way down the corridor to the stair lift. But in the split second I turned I realised there was something different about her. Her demeanour had changed; she stood differently and looked confident. I turned back, smiled at her and nodded towards the stairs "How about taking the stairs?" I said. She beamed and said "Yes, let's go!"

Revision included thinking positively about the future; the power of imagining herself doing the things she wants to do: going for walks on the beach, seeing friends, going out and about on her own, getting another dog – in her words doing those things would be "heavenly!" We also practised the SWISH technique. Overall this session Diana said she felt more confident, and she was sleeping better.

Scripts: Relaxation, Magic Rainbow/Float Away Stress, Library, Confidence is the Key to Success.

Session 3

(happiness scale: 8 ½)

Diana used the stairs confidently. As she had made a lot of progress over the last week and had achieved several journeys and walks that she'd previously found difficult, if not impossible, it seemed appropriate to go ahead as planned with the rewind technique at the next session.

During this session we talked about how phobias are created and exacerbated due to high levels of anxiety, and an explanation of the rewind technique (including how it's not possible to feel bored and frightened at the same time, choosing a couple of memories etc). We also practised the SWISH technique again.

There was only one situation she had yet to overcome. She had a particular friend she liked to visit and they would walk their dogs together; this friend didn't know of Diana's fear. When visiting this friend Diana would construct routes to avoid those that she found particularly difficult. Diana said that she'd like to use this as one of the memories for the rewind next week.

Scripts: 7/11 breathing instructions, Relaxation, Magical Rainbow, Trees, Reframing.

Session 4

(happiness scale: 9)

Again Diana used the stairs confidently, chatting away. After the usual discussion about the good things about her week, and an explanation of rewind procedure including the ideomotor signalling Diana lay down on the couch. Beginning with the light induction 'Stairs and Room' I then began to give Diana the rewind instructions whereby she fell asleep!

I decided to continue her time on the couch with

the metaphor 'The Village' and finishing with a 'Confidence' reframe.

She had progressed so far that I doubted trying the rewind again or a reframe would actually be necessary, Diana agreed. She said she felt absolutely confident about overcoming the final hurdle of visiting her friend without the need for anymore sessions.

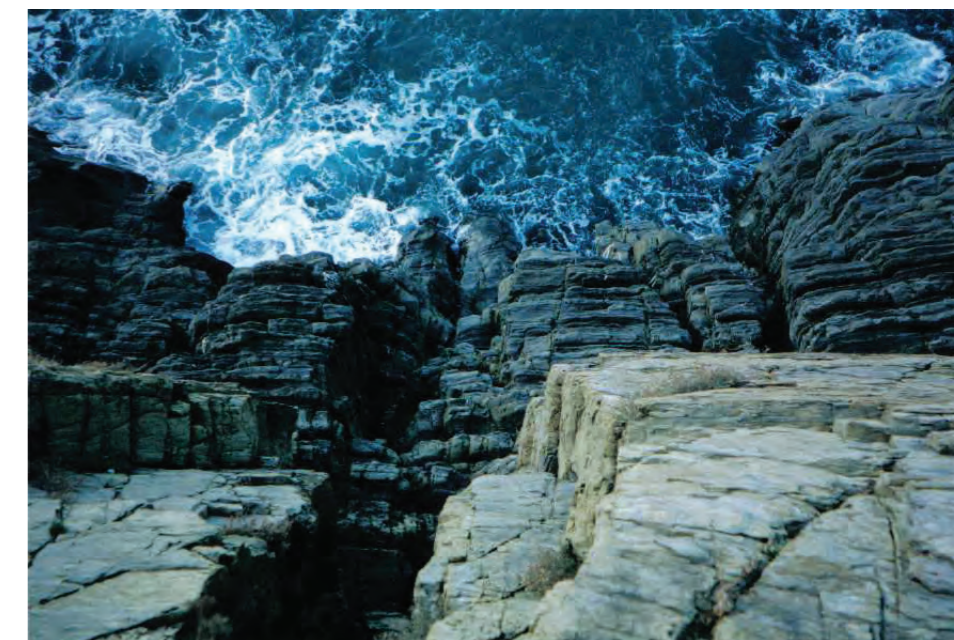
A week or so later I received this comment from her ... "Hypnotherapy has given me the confidence to get over a lot of obstacles in my life; it has completely altered my life – I am so grateful."

Over a year later I met Diana in the upstairs waiting room. She was on fine form and happened to mention there had been no sign of her previous fears returning!

Not a typical example of a phobia case study but lovely in its reinforcement of the power of belief and the ability of the intellectual mind to 'put its foot down!' ■

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CASE STUDY – ARACHNOPHOBIA



Trevor Eddolls - creepy crawley tales

With arachnophobia in at number one (as they used say) in the phobia charts, I wasn't surprised to be asked by her mum to help a 16 year old girl with a fear of spiders. What made this different from the usual phobia treatments was that the girl was going off with the school to Borneo for four weeks in the summer and there was only a very short time before the end of term and the trip leaving. In fact, the phobia-busting was all going to have to be done in a single session!

I decided that we would make it a double session with a short break. And I decided to see Sally (not her real name) and her mum together for the first half, which was pretty much an initial consultation with the focus on how our primitive brain leaps in to help us and runs through a behaviour template until we feel safe again. Why did I see them together? Because I thought they could chat over the information in the car going home, and as often as they liked afterwards – and so reinforce the information I was giving which the girl might have begun to forget without someone to remind her.

As we moved towards the end of this first session, I let Sally briefly tell me about how she behaved at the moment, and then we spent much longer looking at how she wanted to behave – particularly how she wanted to be in Borneo. I spent some time getting Sally to make the picture in her mind of how she wanted to behave clearer, brighter, and more vivid.

So, by the time we finished the first session, they knew that Sally needed to stay in her intellectual brain (like Mr Spock) and not be automatically

pushed into her primitive brain if she saw, or thought she saw, a spider.

We took a short comfort break. Both said how much they had enjoyed that first session.

For the second session, I saw Sally on her own. I told her we were going to do three things – firstly an easy way to relax (because when you relax you're more able to stay in your intellectual brain); secondly an anchoring technique (so that she could quickly recover the feeling of being confident and in control, even when in situations where she might have felt she wasn't); and thirdly, a fairly standard rewind with a brief reframe at the end.

So, I recapped on relaxation being good for staying in the intellectual brain and staying in control, and then I got her to practice peripheral vision relaxation. Usually when people use this technique you can notice that their breathing becomes a little slower and may change from chest breathing to stomach breathing. You also often notice their faces relaxing, and they may notice these things and their hands getting warmer! What's going on? It seems

that foveal vision (that kind of focused looking) is associated with the sympathetic nervous system (part of the autonomic nervous system), which is associated with activity (arousal and releasing adrenaline). Whereas, peripheral vision is associated with the parasympathetic nervous system (also part of the autonomic nervous system) that is responsible for relaxation and calmness.

The technique is to get the client to focus on a point in front of them and slightly above – I have a point in the curtain rail that does the trick. This is foveal vision, the one they use for reading and watching TV. I then ask the client to gradually become aware of what is around them, to let their vision spread out in front of them to the corners of the room, while their eyes are not moving, still looking at the same spot. I then ask them to become more aware of the periphery of their vision. I suggest that they could stretch out a hand on either side of them and find the point on the very edge of their peripheral vision where they can only see their hand when they wiggle fingers. And then I suggest that they let their awareness spread behind them. Not that they can see behind, but that they could let their senses

of hearing, touch, smell, and spatial awareness spread out to the periphery and then behind them. And as they do that, I ask them to notice the changes in their physiological state.

I told Sally that this was the first of the techniques that she could take away with her and use anytime she wanted to relax.

The second technique was an anchor. I asked Sally what stimulus she wanted to use. Some people prefer rubbing their ear, some like pressing their finger and thumb together, or holding their wrist. She chose rubbing the

lobe of her ear. I asked her what feeling she wanted to be reminded of when she 'fired' her anchor, and she said confident and in control. I asked Sally to just shut her eyes and think about what it feels like to be confident and in control. I told her to turn up the colour even higher, and the contrast, and brightness, and see those images really vividly. I told her to notice all the positive sounds that are associated with being confident and in control, and turn up the volume on these, and notice the timbre, tone, etc. I asked her to allow herself to notice how she feels inside, and, again, to turn up all the positive feelings. When Sally looked at the peak of her confident/in control experience with all her senses and emotions engaged, I told her to rub her ear – and to keep going for about 10 seconds while she was optimally associated with the desired state. Then I told her to let go.

I immediately asked: "What's your mobile phone number backwards?" This was to stop Sally associating the action (anchor) with a decreasing feeling of confidence – which would have happened if I switched her focus (breaking state).

Continued over...



I repeated these two steps a couple of times (asking questions about carpet colour) to ensure that the anchor was linked to the feelings of being in control and confident (called the resourceful state).

I then asked Sally to rub her ear and asked: "How does that feel?" She said that it did make her feel confident and in control. She added: "That's amazing!". I told her that she could use this when she was in Borneo to keep in control and in her intellectual brain. She seemed very pleased with the technique.

The third, and the most important, technique was the rewind. Sally got on the couch and I put on the usual hypnotherapy music. We'd already said that she needed to have the first and worst examples of her arachnophobia in mind and she said that she had those memories. I told her that part of the cleverness of this technique is that if she couldn't remember all the details, she could make them up in her head. I then ran through a simple relaxation

starter and straight into a standard rewind session. I kept an eye on the numbers on the GSR monitor and she seemed to be working hard.

Once we'd finished that, I gave her an improvised paragraph from confidence scripts about how what we think can affect our whole lives. I then spent a little while reframing with some of the information, about how she would like to be, that we had talked about earlier. Finally I told her that when she was ready, and no longer fearful of spiders, she could open her eyes.

Sally and her mum thanked me and left. I found out that, later that evening, her boyfriend had been What'sApping her photos of spiders and she had been laughing at them. Her mum also sent me a picture of Sally holding a spider in her hands that she'd picked from the bath.

It looked like the session had been a complete success ■

Trevor Eddolls is our IT expert, solution focused hypnotherapist and supervisor based in Chippenham Wiltshire.

<http://ihypno.biz/super.htm>



SHARP SCRATCH?

By Alan Wick

There are so many euphemisms available for a title surrounding fear of needles that I shall allow you to carry on.....

There are several terms, of Latin origin, which can and have been used to define/describe the fear of needles, the most common (though still rarely used) being Trypanophobia, but we all know exactly what somebody means by 'fear of needles'. That a person fears or dreads medical interventions designed to deliver substances (usually drugs), or draw substances (usually blood), through penetration of their skin using a hypodermic syringe, to such an extent that they avoid the intervention altogether.

This avoidance will manifest, even to the extent of risking or damaging their own health, or even that of others, such as where a person is pregnant, or where their fear influences their willingness to consent to the inoculation of their children.

In common with most Hypnotherapists, I have seen clients with a fear of needles. In 6 years of practice, they nicely average out at one a year, though in early and then in more recent concentrations. In

common with most phobics (though most GP visits too, if research is to be believed), the visits my clients have made to me has been when the fear has finally come to stand in the way of something that they have wanted, or perceived themselves to need.

That is certainly how I remember my client presenting with a fear of needles., who I will call Emily. Emily was an Italian, living in this country with her apparently 'high flying' partner who worked under contract to the UK Government. Emily designed childrens' clothes, with some apparent success, and with interest that suggested she was going to do well. She was confident, evidently 'well off', very attractive, and had a level of confidence that could be described as going with 'the territory', until, that is, we came to discussing why she was presenting. Emily was required to undergo blood tests for 'pre conceptual' reasons by her husband's medical insurers.

By this (early) stage of my career as a Hypnotherapist I had seen a number of aerophobic clients and some anxious drivers, but when I saw just how anxious
Continued over...

WEIGHT GAIN AFTER SMOKING CESSATION DOWN TO GUT FLORA

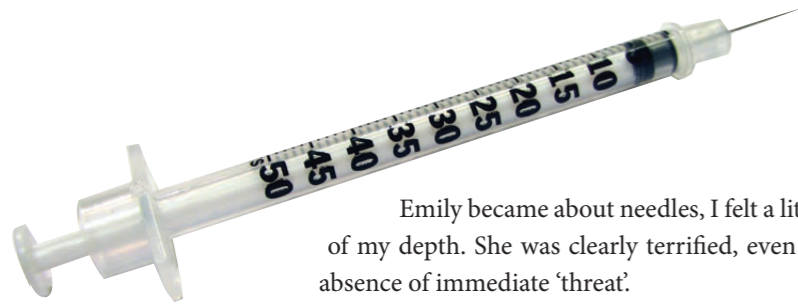
A recent article on redOrbit.com about weight gain that comes from smoking cessation has shon a fresh light on what's really going on in the body. It has been found that people stopping smoking are not replacing the smoking with another habit, but a change in the composition of intestinal flora.

Researchers from the Swiss National Science Foundation found that about 80 percent of smokers put on an average of seven kilograms and this is linked to the change in the composition of bacterial diversity in the intestine. They found that bacterial strains commonly found in the intestines of obese people are also present in high numbers in people who recently quit smoking.

It was discovered that the composition of the diverse bacteria in the intestinal flora, changes after giving up smoking and probably provides the body with more energy, resulting in new non-smokers gaining weight.

Linked to this a 2012 study published by the University of Buffalo found that eating fruits and vegetables could help smokers quit. The study showed that smokers who ate more fruits and vegetables were three times more likely to stay tobacco-free for at least 30 days. It is possible that some fruits and vegetables have nutrients that can help balance intestinal flora and limit weight gain.

Source: Enid Burns for redOrbit.com



Emily became about needles, I felt a little out of my depth. She was clearly terrified, even in the absence of immediate 'threat'.

Nevertheless, from the Initial Consultation, I could see no justification in doing anything other than the Rewind Technique I had used for those flyers, and had been taught so relatively recently, and that is how we set about things. Emily attended for a first session in which she became acclimatised to the process, and in which I could use some direct suggestion within hypnosis. The next sessions were the rewind and reframe sessions, with which we are all familiar, and off she went.

Within just 6 months of seeing Emily I saw 2 other clients for fear of needles, and found my observation of the level of fear to be consistent with Emily's. She had reported fainting, they reported fainting, she had reported feeling very foolish, and interestingly, so did they. I also approached these clients through the Rewind/Reframe method.

At the end of my first year in practice I decided (through curiosity) to run a routine review of my clients in the past year. I was aware of the risk of introducing doubt and took trouble to stress the routine and inclusive nature of the review. Around 20% of clients approached responded (a level that has remained consistent since, as I have kept the annual review up), and amongst them was Emily (though sadly not the other two clients). I annotate her 'testimonial' on my website thus;

“Alan was very personable and there was never a feeling of unease. It helped me relax and not to stress as much over the impending blood test for the month prior....”

(Alan's note; This client goes on to describe an unhappy experience, which I have omitted out of respect. Suffice to say, she scores the overall benefit as 5 out of 10. Sometimes just coping [she had the blood tests] can be a victory. Some situations require more than one 'bite', and sometimes the best we can hope for is to cope, and thankfully Emily did cope)

I won't write here what Emily wrote about her experience having her blood tests, but it could only be seen as positive in a relative light of how it would have been should she have not gone through with them, and after all, she didn't faint, and the bloods were taken, so it was a success (of a sort). However, I was also all too ready to read negatively into the absence of replies from the other two clients who had attended for fear of needles, and so I'm sure was not looking forward to the next.

I was to spend over three years without seeing another client for fear of needles until quite recently and then, like buses, along came another two at the same time. By now I had a 'few more years' under my belt, and the experience that comes with that. My memory of the visceral fear shown by Emily, and by her two early contemporaries, remained with me, and I had seen it again in limited circumstances, most notably in a Tokophobic Client (fear of childbirth or pregnancy) and several Emetophobic (fear of vomiting, though more none specific than the name suggests) clients.

That 'primal' fear was present again in these two clients that I have described before. This time, and in the case of the first of the two clients, it moved me to take a 'belt and braces' approach, and so I suggested he should attend for 3 preparatory sessions, and then we'd do the rewind and the reframe. I was tempted to do that with the second client, but sensed that money was an issue so limited my approach to the standard 3 sessions.

The two clients are an interesting contrast, for a range of reasons. In the case of the first (male) I got caught up in the 'belt and braces' business, and found myself suggesting that I'd go with him for the blood tests. I was reasonably honest and admitted it was, at least in part, an indulgence on my part. Nevertheless he was reassured by the idea of my presence and was only too keen. The other client (female) was going to attend for her travel inoculations with her Grandmother.

By the time my male clients appointment. had

arrived, I had allowed my better judgement to go properly awry, and when I met him outside the clinic, we went to his car and I induced him, but then I 'brought him out' (whatever that means) with the strong suggestion that when I told him it was 'time to get on with it' he would find himself rapidly and comfortably back where he had been when I invited him to open his eyes in the car. We waited in reception, got called through, and as he sat down and introduced me (and he had prepared the Dr to expect me) I told him in no uncertain terms that it was 'time to get on with it'.....somewhere on the other side of the River Mersey my female client got on with it as well, without the posturing.

If I'm honest, I've been wondering for some time what difference there is between an SFH and the old school 'show' Hypnosis, in terms of capabilities.

I had become convinced that it was nothing more than a matter of confidence, or bluff, but it's hard to put down, when you've never really picked it up, and I wanted to know if I could pull that kind of thing off. Well, I could, clearly...the Doctor's only words to me, when the male's blood test had been done were 'leave your card at the desk please' (more business) and the client's annual review makes it clear where he'll come next time he needs a blood test (more business)! But but but that female client, who was just as scared and certainly younger did it with her Grandma, and she sent a note as well, but it was the sort of healthy note I've come to expect from clients, the type that's already letting you go, the type that tells you that a resourceful client has gone about their life and won't be needing you again, and so my fear of needles clients have shown me the way to carry on ■

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FEAR OF CUPS AND SAUCERS

By Sandra Churchill

I had a male client in his late 40's booked in for high anxiety levels and severe panic attacks. He was a very well educated man and was teaching 11 – 18 year olds in a well respected private school. This was a new post and was causing the anxiety to get worse. It soon materialised that the reason for this was that he had a dreadful fear/phobia of liquid, especially cups and saucers.

In his new post at the private school it was the norm for staff to dine together in the dining hall at lunchtimes. This raised his anxiety tremendously as sometimes there was soup on the menu and sometimes fruit salad for dessert! Basically it had got to the stage where anything with liquid would trigger off the panic attacks. He dreaded break times, when again the staff would meet up for coffee. If a member of staff had made him a drink he would decline. This had also got to the point now where he avoided, if possible, going to the staff room at breaks.

He realised that it was time to do something about this. He had pretty much been like this since childhood where his parents had high expectations of him and he was reprimanded for any errors! He therefore felt that he was always judging people, as in his eyes he was always being judged by others as clumsy and incompetent.

N (that's what I'll refer to him as, if that's ok) was a model client and responded well to the treatment. He was committed to getting better, listened to the CD every night and always came up with good things. His miracle question was never a problem as he always knew how he wanted things to be in the future.

We had a testing moment around session 6 where he had to go to the Headmasters house to meet new pupils and their parents for the evening. He was handed a rather full glass of red wine and the carpet was white!!!! When I asked him how he had coped with that, he said he just knew he had to! We spoke about normalising things in general. No doubt every single person who was handed that overfull glass of red wine with white carpet underfoot would have had the same thoughts as him, however brief! It would be the same when in a bar. We have all been handed that overflowing glass when we have to 'slurp' some off the top before we can even begin to think about picking the glass up, let alone carry it across the room. He was soon beginning to realise that in certain situations we would all spill some and that he wasn't being clumsy!!!!

N was determined to strive forwards and arranged for friends to come over to his house for dinner. Although this problem was under control in his own home with just him and his wife, he used to panic if any other people were there. He had the dinner party and successfully poured the wine, without a problem. He then decided to go out more for coffees with his wife. Although the coffee was brought to the table for him at the beginning, he soon moved on to carry two cups and saucers of coffee across the crowded café! This made him much more relaxed and he started to mingle at break time with his colleagues in the staff room. This in turn meant that he fitted in better with the other members of staff and he realised that other people didn't judge him and he then chose to not judge other people any more and take people for who they are. Lunchtimes of course were much better too and he used to take great delight

towards the end of his treatment to tell me when he had had soup for lunch without a single shake!!!

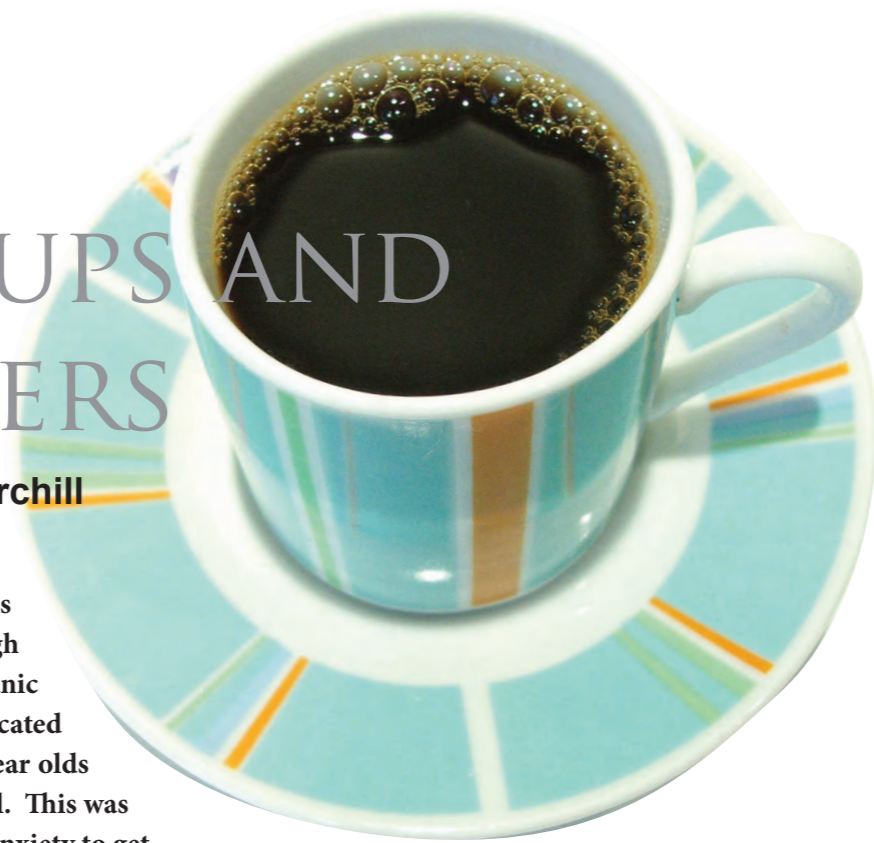
It was lovely to see such a gentle, timid man grow into the confident person he became. He could carry pint glasses across the bar now without any concern and if any did spill it would be because the glass was too full.

Although at the beginning of the treatment N used to decline a drink it was lovely to see him progress and accept the offer of a cup of coffee towards the end. Sometimes maybe a little too relaxed as he used a lot of hand gestures when he spoke and I was the one sat there wondering if the coffee was going to go all over me or him – but he never spilt one drop!!!!

He said the sessions for him were life changing. It was sad that this one thing had blighted his life for so long and held him back in many ways. N can now go anywhere to eat and drink and doesn't even think about it. His social life has also greatly improved as he accepts the invitations offered to him ■

Sandra Churchill is a Solution Focused Hypnotherapist and Supervisor practising in Warminster and Trowbridge.

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TO NICHE OR NOT TO NICHE – THAT SEEMS TO BE THE QUESTION!

Wise words from Nicola Griffiths

For some reason or other over the last few months I've had quite a few students and experienced hypnotherapists contact me asking for advice about becoming an expert in a certain field within hypnotherapy, i.e. sports (especially); insomnia; children.

My advice has been the same to one and all. In today's market, if you start marketing yourself within a niche area you stand a chance of alienating the masses if you're not very careful.

Let me tell you a very short story: Back in the late 80s/early 90s I ran an advertising agency. It was crazy days and deadlines used to whizz past our ears with alarming regularity. "Ha, did you see that one go by" was a constant cry from the studio! We were a general business to business agency, we didn't specialise, we were general, appealing to all companies. We had a variety of clients, some who'd pop in occasionally and some who we'd be dashing to see daily. The daily ones tended to be the bread and butter sort, low hourly cost, quick turnaround work. But as we started to specialise we started to drop the bread and butter clients.....to our regret eventually. When the Thatcher recession kicked in our business went through the floor and that's when we needed those regular clients, but we'd ditched them in favour of the upmarket specialist clients."

I do understand the draw in becoming a specialist. Not only does it allow you to focus on an area that you particularly enjoy or feel you are good at, but it

can make you feel good and, for some, it can even be an ego boost.

I clearly recall when I was training I wanted to focus on sports. I could see how it would be great to work with motivated people getting them even more motivated. Funnily enough, in becoming a general-practice hypnotherapist, I now work with a number of sports people –not because I focused on getting them, but due to word of mouth travelling and they found me. Whose word of mouth made that message travel? Well, let me think about this for a moment, oh yes, Jo Bloggs Public – the general client that acts as my marketing machine. I don't see myself as an expert in sports motivation – I just do bucket emptying and focusing. I'd say that gradually over the years a natural niche that I have fallen into is clients suffering with anxiety, so a pretty big niche which means plenty of clients!

We do have a choice being self-employed as to how we wish to proceed. However, I would urge caution when it comes to niche areas and for one very good reason. When you focus on a particular area you WILL take your eye off the main game and as I've experienced, on more than one occasion, your main business may dip as a result. Don't ask me how this works, but I've seen it happen time and time again. It could be that the therapist starts marketing their potential niche area so clients who don't fall into that category obviously don't respond; it could be you change your website to focus on your niche so that people arriving for general hypnotherapy don't feel you're wanting them; or possibly it's a wacky energy that makes things go out of kilter, who knows?

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But imagine you wish to focus on one of the following: sports motivation, weight loss or insomnia. A question – how much of your existing business does this amount to now? Stand back and think about it. Be very wary you're not about to leap into a business decision which could alienate your existing clients if they see you moving away from your main line of business. Think of that therapeutic alliance, they strongly feel you're there to help. If they see you moving away from this area what message does that send them: 1. That you're bored of it? 2. There's a more interesting area of work you'd prefer to be doing? 3. I'll leave you to fill in this one!

If you are building a new business or expanding an existing business, you need to get the masses in to generate the income. Once you have this healthy turnover, that's when you can focus on expanding into a niche area.

This is a very strong personal opinion that I'm giving you here based on a number of therapists I've watched over the years and also based on my own business. I kept my business very general for the first 3-4 years and then I added an additional page on my website called "Working with Children". I then added a page on "Sports motivation". I did this once my business was well and truly established as I know from past self-employment, it's the bread and butter stuff that pays the mortgage.

Please don't think I'm saying don't touch a specialist area, what I'm saying is make a business plan and don't alienate your existing clientele. Do it sensibly and with your intellectual hat on.

Good luck! ■

Being careful when buying advertising

Recently one of our members was contacted by Becky from the Spark magazine in Bristol - well known for its holistic content. She advised us that some of their advertisers had received phone calls from businesses claiming to sell advertising when the publication doesn't exist, only appears online, or only prints a tiny amount of the copies they claim to. The sales staff often offer you deals which seem 'too good to be true.' and this is because they probably are!

There have been reports of a very aggressive call from someone claiming that they owed them money for an advert which they hadn't placed. The caller wouldn't say what the publication was and hung up when questioned. **A legitimate business will always tell you who they are and why they are calling.**

Whilst we cannot make a judgment about the legitimacy of every company that calls you we strongly suggest that you do not buy advertising from a company you have not heard of before without checking them out for yourself independently first.

Here are some tips:

- ◆ ask to have a physical copy of the publication sent to you - so you can judge it's quality, content & whether you want your ad to appear in it, as well as whether it actually exists
- ◆ ask how many copies they print & where and how they are distributed
- ◆ do your own independent search via the yellow pages or online (don't just follow a link they give you, search for them yourself)
- ◆ If you DO buy an ad don't pay over the phone there and then – have an invoice sent to you and check the details on the invoice. Scammers have also been known to take money from your account without your permission once you have given your payment info. At The Spark they insist they do not keep your card details. Plus NEVER give your PIN number to anyone.
- ◆ Use your instincts and trust your gut! If you've got a bad feeling or feel uncomfortable about a call don't be talked into anything, however pushy the caller may be. It's OK to say you will go away and think about it and end the call.
- ◆ Becky assures the customers of The Spark that they "NEVER share or pass on your details to any advertising agency or magazine or anyone at all – if someone tells you they have passed your information on to them this is absolutely not true – they may have seen your advert in our magazine or on our website and got your contact info from that."

She goes on to mention that there is an on-going investigation into a collection of businesses known as the Western Counties Telegraph, the Southern Times and a range of other names, who try to sell advertising and claim big circulations on publications that are rarely, if ever, printed. You can see some personal comments from people who have had dealings with this organisation here:

- ◆ www.complaintsboard.com/complaints/southern-counties-times-c432627.html
- ◆ www.blogger.com/db4/company_id/1103/companyname/JPC---The-Journal-Publishing-Company.html
- ◆ <http://whocallsme.com/Phone-Number.aspx/01788544687>

I have to admit I agreed to advertising with this company when first starting out, and although I only took out a £70 advert it not only lead to no interest what so ever, all I received after that was tonnes of sales calls from real newspapers including the one I was working at at the time.

So be careful when being approached by any company you have not heard of before, trying to sell you anything. If you have any experiences of dodgy practise please let us know so we can warn other members, and thanks to Julia Croft for highlighting this to the association. I only advertise in local journals or publishing that regularly comes through my door or is lying around waiting rooms locally.

Penny Ling

SELF CARE

By Donna Adlington with intro by Nicola Griffiths



Over the last few years I've had the opportunity to talk to a lot of members, both at our events and when they call me up for a chat. This means I get to see certain trends and similar messages coming through which gives me a feel for what's going on out there in the big wide world.

Something I've always batted on about is the need to have reciprocal hypnotherapy sessions, for more than one reason. Not only does it keep us as the therapist balanced, but it also reminds us of the value of that which we're giving. If you have hypnotherapy and suddenly find yourself springing into action in a different way, it reinvigorates you when working with your clients – at least that's what I find.

A few of the AfsFH Committee have come across people who have been struggling with working solo, especially having come from corporate or team backgrounds. Even if you work in a clinic then you may be like ships in the night when it comes to bumping into other therapists unless you make a concerted effort.

With this in mind, we have decided to up the ante when it comes to self care. I'm delighted to say that Donna Adlington has volunteered to look after this area for us and will be writing regular articles in the Journal as well as giving us occasional ideas on how to keep mentally healthy (and possibly physically too!!) in our monthly e-newsletter. So why not skip across to our website, login and check out the Self Care tab to see who else is looking for reciprocal sessions?

Now I'm going to hand you over to Donna who explains why we sometimes have to put our foot down, not only for the

clients' benefit but our own too!

I'm sure that those of us in practice for a while will have come across the occasional client who seems to be so far into their primitive minds that they are so anxious, so wrapped up in their 'dangers', that either they don't appear to be able to concentrate on the initial consultation, or don't seem to want to play 'the game'. You know the ones I mean, you ask them 'so what's gone well for you?' and they respond with everything that has gone wrong for them. You ask them 'what small thing would show you that things are getting better?' and they respond with all the reasons that they think it's all beyond repair. Sound familiar?

I had been trying to help a client who somehow believed that she could come to a session, dump all her anxieties and expect that I could (despite her total negativity through the whole session) make her life the way she wanted it to be. Initially, I struggled on and kept reverting back to how the brain works and why it is important to think about and discuss what she did want, but a few sessions on I realised that she either hadn't got it (Had she been so distracted

by stress during the IC that she hadn't been able to process / understand what I was explaining?) or was it that she didn't want to play the game? This frustrated me because I saw a beautiful caring (even over caring) wonderful human being who I didn't seem able to reach and who I knew would benefit so much from the hypnotherapy if only she 'got it', but I also felt depleted, failed and exhausted every time she left.

Eventually, I decided that I actually wasn't helping her as much as I'd like and she was also unwittingly harming me. She booked in for another session and I accepted on one condition. I told her that I didn't think that she had got the IC, so I would do it again. She'd have to listen and not speak for a whole hour!!! This obviously made her think. She reassured me that she had listened, but agreed to go ahead.

She turned up with the expectation that she would have to go through what she had already listened to, but I had been thinking... how could I let her know how important it was that she actually participated in her preferred future and took responsibility for her own life without her switching off because she already knew in her mind the IC?

I decided on a metaphor and instead of another basic IC, I explained it was similar to taking a cookery lesson, where the teacher asked her what she wanted to learn to bake. What would happen if she replied "I don't want to bake cookies" or "the last time I tried to bake gingerbread, this went wrong"? How would that chef know what you did want to cook? You may also want to learn how to cook 10 things, but you need to prioritize, i.e. cookies first....as we only have one hour. You can learn how to bake everything you want one hour at a time, but one thing at a time and only if you know what you want to bake next.

I said if the cookery teacher gave you a recipe to follow and told you to crack 3 eggs and cream together sugar and butter, what would happen if you chucked 4 eggs with shells in the bowl and instead of sugar and butter, you threw in mouldy mushrooms and ham? I asked her what kind of result would she expect?

I explained that the hypnosis process is a bit like

these lessons. When I asked her a question like "what WOULD be better", she needed to answer that question, then the hypnosis part is almost like the baking part. (Gas mark 5 for 30 minutes!). If she followed the recipe, she would get the results she wanted because I'd 'bake that'. If she continued to create her own negative recipe, then that's what I'd be baking – her choice. I explained that it would be a waste of her money and would also undermine the sessions if we continued as before.

I then reminded her of the one time she had come to me saying 'whatever you did last time, please do it again, I've had a fantastic week' and I explained that that time she had followed the recipe.

I saw that lightbulb illuminate. She'd got it!!!

Now she is really making strides in her life and is like a totally different person, and just as importantly, I am not carrying her stress. Phewww

I thought I'd share this metaphor because it got results. It not only solidified why following the process (or as David would say) 'playing the game' is so important, it helped my client to realise that she couldn't just throw her problems at me as a therapist, SHE needed to participate in creating her own happiness. I would guide her with a recipe AND bake it for her, but she was responsible for what was being created, and I am now enjoying that difference without taking my work home with me ■

Donna Adlington is a solution focused hypnotherapist based in Cheltenham. She is the self care coordinator for the AfsFH.

<http://www.happinessfromwithin.co.uk>





THE INLAND REVENUE DESCENDED - ALMOST

Nicola Griffiths's subconscious cartwheels

I'm not a Google expert, let me state that clearly from the off, but over the years I have tinkered with it and had 'OK' results. I say 'OK' because at times I have followed Google's lead by upping my budget, only to be inundated with sales cold calls from companies wishing to do the job on my behalf, hoping I haven't a Scooby doo how Adwords work.

It was during a networking lunch that I met Claire Jarrett, who calls herself a Google Adwords expert. She convinced me I should buy her book and sign on to her email newsletter. As I don't have products but just one service – hypnotherapy – much of what she says in her book is irrelevant to our industry. However, I was very pleased she gave me the following tip at the beginning of this year: use Clicky! She was talking about Clicky.com in the context of being able to see if your competition was using up all your Adwords money, because it allows you to see the IP address and location much better than Google. You can then put this IP address into "Exclude IP addresses" in Google Adwords and block these naughty individuals. I wanted to see if this was going on, so I duly copied and pasted the code from www.clicky.com into my website – much like the Google analytics code (don't forget, if you're going to do this you need to have a privacy policy on your website for cookie use) and started to watch the results come in.

Thankfully, it never showed this behaviour was happening but it did highlight one important fact – my adverts were being

shown on certain sites which, to be honest, I really didn't want to be shown on - despite Google asking me the type of site I wanted my ads to be on. I also noticed that most of these clicks were happening late at night and showed up a lot of bored surfers who either weren't paying attention or, like me, sometimes click on a page as it is loading and miss the link you're actually trying to use.

Although Google Adwords/analytics has lots of data, I think it's too much and you really have to search around for it. Clicky has it all there in one dashboard for you to get a quick overall impression of site usage. You can also see when people are looking at your site in real time. You can then use this information to set up Adwords campaigns or find out which networks create the most successful "click throughs" and which don't. You can usually tell those that don't as the person only hangs around the site for about 10 seconds before moving on (bounce rate).

If you find that you are spending a lot of money on Adwords then do try Adwords Express. Express uses geography to highlight where you are – if you go to Google Maps and put in your postcode, then save this to 'My Places' you can go on to save this as your map; you can then generate code for your website and can create an Express advert. Alternatively, you can click on Google and go to 'Business' at the bottom and then click on Adwords Express and create an advert there. You will then be asked to pay – now there are a number of ways to pay for an account, but the best is to pay in advance. The reason

being if you have a budget (please tell me you have a budget!) then you need control over this part, or you could end up with a very nasty surprise at the end of the month. You will be able to see how much you are spending then and adjust accordingly.

One of the problems with online advertising is that you bid on keywords, which means if all hypnotherapists in your area are bidding high, you too may find you have to bid high. As people tend to search on "Hypnotherapy"+"Location" then these are going to be high scorers. If you bid on "Help for Anxiety" you may get more hits but the person may not want hypnotherapy – so it's swings and roundabouts. I stopped advertising for several months because I wasn't getting any joy around Christmas and then started again in March and had a sudden rush of interest; but how much of that is due to the normal ups and down of client interest – who knows!

The bottom line is, if you want to understand how it all works and spend a fair amount of time doing it, then read up on it – Claire Jarrett is a good start – if you don't, then you have the option of paying someone else to do it for you – but how much of your budget goes on the Adwords campaign and how much of it goes towards the company doing it for you? You make the choice...

We'd love to hear about your experiences - not just with Google but with other online 'pay to click' campaigns, so please get in touch! ■

Having just come back off holiday, all relaxed and raring to go, you can imagine my dismay at opening an envelope from the Inland Revenue advising that my little business had been selected for a Business Records Check. They advised me this would take the form of a 15-minute telephone conversation at the end of which they could determine whether I needed someone to descend for a full audit!

So, my lovely relaxed state somewhat disappeared. Given my late Father had been subject to an in-depth audit by the Inland Revenue and the negative effect this had on the whole family at the time, I've always been highly motivated to keep everything above board when it comes to my accounts. So if someone pays me by cash, it goes through the books. I only claim what I know I can claim for and I went on one of the free Inland Revenue half-day workshops, which really do keep you up to speed from the horse's mouth on what you can and cannot do. But even though I knew everything was okay, this phone call and the thought of the Inland Revenue turning up had me phoning one of my clients who is an Accountant to ask for advice, on what I should say, before I called.

She advised that they'd be looking at

motoring expenses, the split between personal and business mileage (bear in mind traveling to/from work is not an allowable expense); my sundry expenses; if there were any employee costs etc. So I duly looked at these figures before calling the Revenue to make sure I was up to speed on what I'd put through. Luckily for me, I don't have any employee costs; my sundries are extremely limited (a bit of postage and cost of parking). My business mileage comes to approximately 60% with 40% deducted for personal use, which I can justify from my diary.

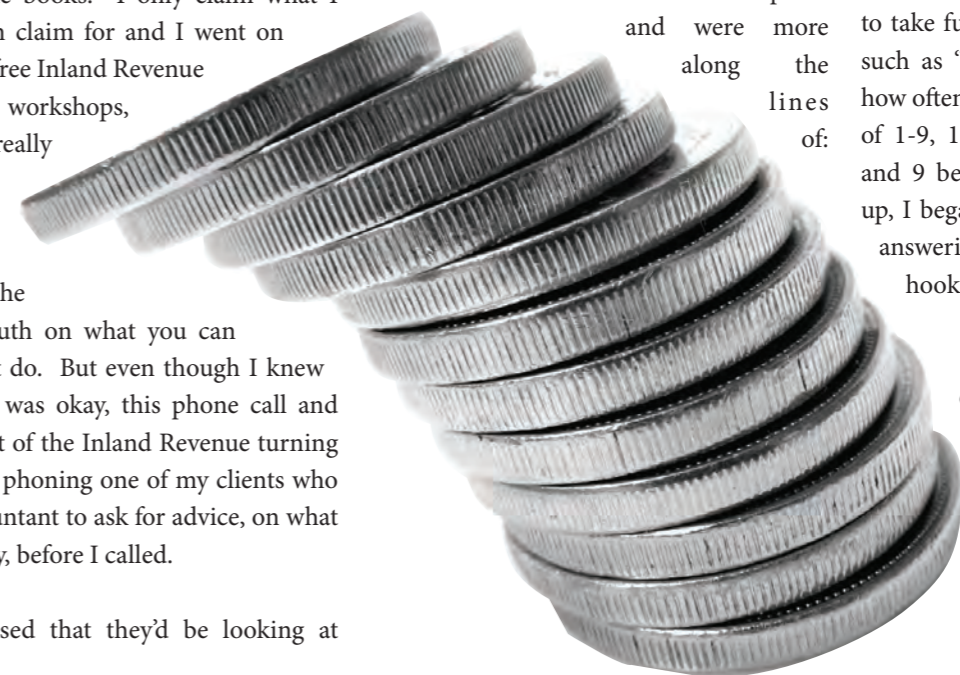
It took a day and a half for me to actually get through to them on the phone and once I did I was surprised to hear this very nice sounding lady at the other end, rather than the gruff male voice my subconscious had conjured up. Once I was connected it was relatively straightforward, the questions weren't what I'd anticipated and were more along the lines of:

- ◆ how many sales did I make in a week
- ◆ what proportion were cash
- ◆ the same as above for purchases
- ◆ how often did I do my books
- ◆ did I know what was required when completing my tax return
- ◆ did I have any help completing my books
- ◆ etc etc.

At the end I was delighted to hear that they were happy with my answers and they didn't need to send anyone to see me. My clients that day must have wondered what had hit them; my subconscious was turning cartwheels around the room!

As long as you're keeping good records and disclosing all you need to, or alternatively have an Accountant who keeps an eye on you, there's no need to worry should you get a similar letter. I don't actually know what made them decide that they didn't need to take further action, but when questions such as 'When completing official forms, how often do you need help, with on a scale of 1-9, 1 being you don't need any help and 9 being you always need help' came up, I began to feel slightly hopeful that by answering 1 I was letting myself off the hook. But who knows?

To conclude, they were human on the other end of the phone, it wasn't as bad as I'd expected, but it could happen to you. So make sure you have your books in order! If you can view one of their webinars, do so, it'll make a difference! ■



Next issue:- Working with children

We're always looking for volunteers to write and proof read

Contact Penny Ling on journal@afsfh.com



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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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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

AfSFH.com

Association for
SOLUTION FOCUSED HYPNOTHERAPY



Chairman and Trustee: David Newton

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



Company Secretary and Trustee: Nicola Griffiths

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



Trustee: Susan Rodrigues

Susan is our mainstay who oversees our Executive meetings to ensure we're on the right track! Her knowledge ensures that our 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 Focus Hypnotherapy. He also helps us optimise the Association's web site so it appears on Google.



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!! Additionally she wears our Legal hat, keeping an eye on things such as Data Protection etc.



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.



Communications & Membership 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. Whilst doing that with her right hand, she's managing the Membership side of things with her left hand - we're not quite sure how she pulls it all off!



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!



Treasurer and Events Co-ordinator: Denise Barkham

Not content to organise our Events, Denise also has the responsibility of keeping us in line when it comes to spending money, keeping a tight hold of the purse strings and balancing our books!



Website Manager: 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: Shelley Sanders

Shelley is our lovely Administrator who deals with website enquiries, membership applications and she has the unenviable task of taking minutes at our meetings!