

# HYPNOTHERAPY TODAY

ASSOCIATION FOR SOLUTION FOCUSED HYPNOTHERAPY JOURNAL ISSUE 2

**Exploring the  
Reticular Activating  
System**

**All the  
world's a stage**

**Stress, disease,  
and the power of  
the mind**

**To sleep:  
perchance  
to dream**

*also:  
Results of the recent questionnaire  
Get involved with the association  
More business tips and  
How to stay safe*





# FANTASTIC RESPONSE TO THE CLIENT RESEARCH QUESTIONNAIRE

When we first came up with the idea of conducting research amongst our members, one of the risks we identified was a low response rate. Too few responses would have rendered the research meaningless. We needn't have worried – a whopping 29% of you very kindly took the time to complete the research questionnaire! That's a phenomenal response – so thank you so much!.

Your completed questionnaires provided information about 227 clients in total – a highly respectable base from which to work.

Of the members who responded, 75% were qualified therapists and 25% were students. Thank you all!

Proportionally speaking (ie allowing for the fact that there are more female therapists than males on the AfSFH register), twice as many females responded than males. Well done ladies! There was no difference between the average number of clients seen by male or female therapists - both are equally as successful.

73% of clients seen during the week we studied were female. Interestingly there was only a slight difference between the proportion of male or female clients seeing male or female therapists, but not enough to be significant. Clients seem to be equally comfortable seeing male or female hypnotherapists, with only a small bias towards same gender pairings.

It will come as no surprise that the most common reason for seeking help was Anxiety / Stress (inc Panic Attacks), with 33% of clients presenting with this as the primary reason. In the boxed area are the full results for the main reason for seeking help.

The most common age range was 31 to 45 and the most common category of alcohol consumption was Low.

Anxiety or Stress (inc. Panic Attacks)	34.40%
Confidence	7.80%
Depression	7.80%
Phobias	6.88%
Eating Disorders	6.42%
Other (misc.)	5.96%
Other (weight loss)	4.59%
Addictions	4.13%
Sleep Disorders	3.21%
IBS	2.75%
Performance (ie focus/sport)	2.75%
Relationship Issues	2.75%
Smoking Cessation	2.75%
Unwanted behaviours	2.29%
Pain Management	1.83%
Childbirth	1.38%
OCD	1.38%
Post Traumatic Stress	0.93%

At the time of writing I am still analysing the results to see if there are any trends around therapist gender and the reason for seeking help, client age or alcohol consumption. Notwithstanding such trends, we feel there is sufficient material to be of interest to the press and, of course, we can always quote the above statistics in any news releases going forward.

Sincere thanks to all those therapists who contributed to this valuable research. We will no doubt run similar projects in the future and will take on board the feedback we have received to clarify a few areas and to make the questionnaires easier to complete. All in all a great result!

Deborah Pearce  
PR/Marketing Officer for the AfSFH

## LETTER FROM THE EDITOR

Big thank you to everyone who took the time to give me feedback on issue 1, including Mark McKergow of SFworks, (he said it looked impressive) and who's one day workshop I attended in July was also a joy to attend.

Encouraged by this I do hope issue 2 lives up to the same standard of writing, always remembering that the journal is for you, so keep me posted with relevant articles, book reviews and questions we can try and answer through our pages. This month we've more excellent articles on the workings of the brain, articles to help keep the marketing machine going and we've a special article for National Safety Awareness week in October by Andy Workman - which I asked him to write as many therapists work late into the evening, sometimes on their own.

At the moment I'm collating some interesting case studies, so if you've had an out of the ordinary case you'd like to share, please send it over.



Penny  
Penny Ling, Editor

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# Stuff:

### HYPNOTHERAPY TODAY

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



# STAYING TOGETHER

Michael Hughes explores the Reticular Activating System

**K**ee your eyes peeled, well, not literally peel your eyes, I mean metaphorically of course. The human eye, it's a fascinating thing and as a pair they help us to perceive the world in which we live. It's only when something happens that affects your vision that you pay closer attention to it and it permeates through into your awareness. A great deal of what we see and understand relates to the way we move our eyes to navigate, which helps us to understand appreciate what we are seeing.

In his recent and excellent DVD, An Introduction to

NLP with Richard Bandler 2010, he mentions a client of his that had a fear of the dark, so Bandler asked him to close his eyes and said "So, is it dark in there?" The client laughed and began the process of change and quickly overcoming his fear.

Research shows us that even the direction of which we look can impact on our thoughts too. When there is dark and miserable weather in winter, people tend to look down and reflect on feelings which are usually about the past and that glum feeling that matches the weather becomes repeated. However research has shown

that when we look up we change our physiological state and this can positively affect our mental state. Things in life can look up too so it's not just when the sun shines.

Research also shows us that the orientation of our eyes played a central role in our survival. In primitive times we would have been hyper vigilant and switched on to a constant alert state so as to be watchful for any signs of danger or the noticeable salivatory hunger pangs of a sabre tooth tiger in close proximity.

In those days we had to use our eyes, as well as the rest of our senses, to attend to a hostile world with food

scarce, wild animals, volcanoes, tsunamis, lightning, thunder, and storms. In primitive times the demands and stress from our environment coupled with survival instincts and immediate action became integrated or hard wired. In New Scientist Issue No 2817, Rob Dunn, author of a new book entitled *The Wildlife of Our Bodies*, highlights research that shows our brains are still wired to avoid predators we no longer encounter: our adrenal system responds to modern daily stresses as if they were mortal threats, and he theorises that our acute vision may have evolved specifically to avoid venomous snakes.

In a recent new study researchers have known that the brain is constantly changing as it perceives the outside world, processing and learning about everything it encounters. Researchers now understand how the brain changes when confronted with various situations. Every moment our eyes are open our brains are changing in some very sophisticated ways.

It's funny how aspects of those things still appear in the headlines today.

In some ways it's a bit like handing an iphone to someone in fifty years time with a look of disdain and saying, "Hey, it still works and does the job doesn't it?" Research from an evolutionary psychology perspective tells us that our brains have not fundamentally changed over the last 100,000 years, aside from a report in December 2010 which concluded that as increasingly complex societies emerged, the brain grew smaller because people didn't have to be as smart to stay alive. Emotion came before reason; we had to feel before we thought in order to survive. But we know that the brain changes all the time.

Of course we know that in those days we had to stand and fight, run or hide in order to survive the dangers throughout life and that we survived better within a group or network rather than in isolation. Seeing friends and having that feeling of belonging is still as important even in a world where an increasing number of our interactions take place on-line. I think face to face is still so important in today's virtual prevalence. A good friend of mine sent me a brilliant snippet of information recently reiterating that meeting people tethers the mind to the present moment and stops it wandering off into the past and drifting into the future, so we met up for coffee and of course, we laughed, we learned, we connected.

*Continued over...*

In today's terms this primitive system reactive to 'threatening situations' in a modern world can still negatively impact on us if we remain in a prolonged stressed state and especially if we remain or feel isolated.

Many people today are held back from achieving their potential by propagating fears and limitations and focusing on the negative and then looking for more of the same. In a recent book 'What's Stopping You? Why Smart People Don't Always Reach


Their Potential and How You Can,' by Robert Kelsey, he cites that too much anxiety causes a neural hijacking that Daniel Goleman, writer of Emotional Intelligence (1994) 'overrides the thinking brain' and sometimes our mind can become an incubator of anxiety, anger, depression and fear.

We do however possess something rather remarkable called the Reticular Activating System, whereby we can bring about change when we know what we want and we are focused on the desired result. You've no doubt heard many times, 'the brain has to know what it wants' and our RAS does more than we think. It also is

a part of the brain that governs wakefulness and sleep.

It is the area that notices things that we focus our attention on. For instance, if you decide that you need a new car and you like a particular make and model in a certain shade of red, after you decided what you wanted your RAS would draw your attention to all those red cars that 'matched' whereas previously your attention would have been elsewhere and essentially filtered out.

For those people who have high anxiety or negativity their RAS becomes temporarily distorted and



**I liken it to a coffee filter; if you put in bad coffee or negative thoughts from the top down mentality then that's what will filter down and you'll get a bad taste, but if you put in the good stuff then you'll get exquisite tasting coffee.**

tends to focus on the same and pattern matches to look for other high anxieties or negativity by association and conditioning. Paradoxically the same activates and propagates via relaxation and positivity and we feel more in control. Our ability to cope and happiness increases when we notice and focus on the good things.

**That's where we come in.**

In her paper 'Talking to the Amygdala: Expanding the Science of Hypnosis' by Muriel Price Warren, she cites that by talking to the amygdala, an experienced hypnotherapist can relax the autonomic nervous system, shutting down, or curtailing, the

trigger that sets off secretion of the adrenal and pituitary glands. When a patient is in an hypnotic trance the amygdala automatically shuts down the rapid alert system and turns off the stress hormones epinephrine, corticotropin, and glucocorticoids and we can then inhibit the flight, fight or freeze mechanism.

In the cases she mentions in her research the technique of relaxation through hypnosis has proven to be a highly effective tool in giving the body a chance to heal itself through its own inherent wisdom system.

When we focus on what we want then the RAS will notice anything through our senses. Primarily what we see or focus on increases and the RAS can find those previously elusive solutions because we have changed from a problem focus to a solutions focus; when we change our filters our viewfinder has been modified so we can see things differently. Also when we are positive we become more attuned to noticing opportunities and we cope better with setbacks and remove obstacles.

**Trance and Hypnotherapy primes the RAS.**

In an interesting business article Katharine McLennan asks 'Can We Overcome the Brains Hardwiring?' One of the ways she cites to combat the old brain's survival instincts is to develop methods to find quiet, or calm time, during the day so that you can be inspired by intuition and insight. It reads, "It is the brain that puts out the call, but it is the mind that decides what to listen to."

Your reticular activating system cannot distinguish between 'real events' and 'synthetic' reality. In other words it tends to believe whatever message it is given.

In a blog by Steve Mycoe, Sports Hypnosis, he mentions that if we program the RAS correctly it guides us towards the people and circumstances that will allow us to achieve our ambitions. He continues 'The RAS is akin to a junction box that filters external environmental factors that influence our internal thoughts, feelings and actions. It is responsible for the lifestyles that we have and our desires for the future.' For those of you who are interested in this area, he mentions some interesting aspects regarding sports and the role of the motor cortex.

I liken it to a coffee filter; if you put in bad coffee or negative thoughts from the top down mentality then that's what will filter down and you'll get a bad taste, but if you put in the good stuff then you'll get exquisite tasting coffee. We decide what we put in with conscious control.

**When we focus on what we want then the RAS will notice anything through our senses. Primarily what we see or focus on increases and the RAS can find those previously elusive solutions because we have changed from a problem focus to a solutions focus;**

But sometimes people need a little help and from a bottom-up mentality, when we give beneficial suggestions to the subconscious mind in trance, those powerful suggestions percolate and filter up and this affects our everyday reality. Over a period of weeks the subconscious 'reservoir' can be filled with positive and beneficial suggestions and reframing so that when we open our eyes we get a win-win scenario with positivity brimming underneath to help us reflect this out in our conscious waking state and day to day living.

You could say that the RAS is the science that underpins the law of attraction, coincidentally linked to the popularity of Rhonda Byrne's astoundingly successful book and DVD, 'The Secret' which I am in no doubt that most of you have already heard of.

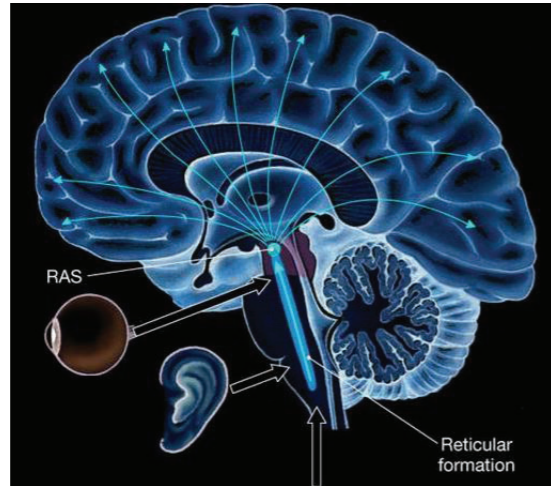
So with our inherent survival instincts and armed with thinking positively we know that we survive better in groups and when we interact better with people and when we communicate with others we can learn, develop and evolve. In our profession as hypnotherapists our work can sometimes be isolating so it's important that we take the time to connect with each other. When times are tough, especially in recessions, we can do more together and gleam inspiration than we can often do in isolation.

When things are challenging and you're out there on your own, I often say that this can create tension and where there's tension, there's attention, or in other words action is required.

*Continued over...*

So the importance of getting together with others, whether it be via continuing professional development, workshops, peer groups or supervision, it's vital for our own wellbeing and is shown to make us more effective and resilient.

I often say that it's a good idea to experience hypnotherapy yourself on a regular basis as it can often refresh the benefits that we experience first hand and this reminds us how beneficial hypnotherapy can be to our clients. Experiencing hypnosis for ourselves also reinvigorates our confidence in the consulting room; we know that it can work because we have seen it work first hand for ourselves and many others. In this way we are looking after ourselves too as I often think that we are all so passionate about helping others that sometimes we forget to help ourselves.



So in looking after ourselves we have that essential spare capacity which strengthens our consulting style and can benefit the results we get with our clients.

Hypnotherapy and the profession is constantly changing and evolving all the time and it will continue to do so. It's important that we mirror those sentiments too.

So if we get what we focus on and our RAS directs our attention to what we bring our attention to, how do we harness what we see to our advantage? How do we learn to filter appropriately and bring into reality what we want?

That is up to you.

The other advantage we have is practice, the more people we see the better we can be and the better we can be the more effective we are.

**So, what's stopping you now?**

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# STRESS, DISEASE, AND THE POWER OF THE MIND

Trevor Eddolls looks at its impact on the body and the control we possess

**W**e all know what stress is and we, at least, sometimes claim to suffer from it. But what is stress really, and how does it impact on the body? Where does illness fit in? And how can hypnotherapy help?

## WHAT IS STRESS?

So what is stress? Wikipedia suggests that stress is the failure of an organism to respond appropriately to emotional or physical threats, whether actual or imagined. [i]

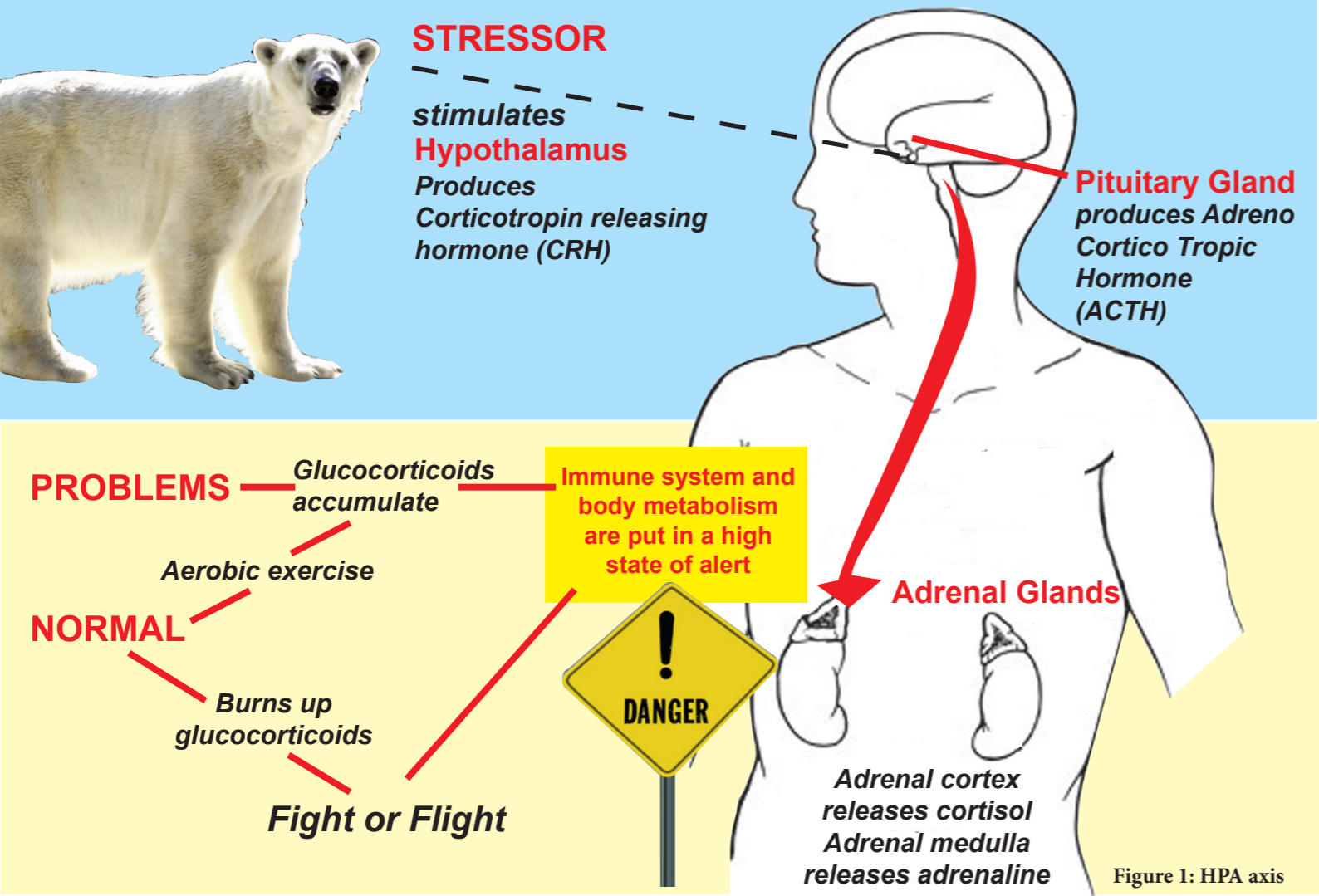
It's worth noting that according to transactional theory, [ii] anything has the potential to be a stressor and cause an individual to experience stress. It all depends on how that person interprets the stressor and the meaning they give to it. And, it can surprise some people to realise that not all events stress all people equally. Like me, you probably find that fits very nicely with what you've been telling clients: "Although we cannot necessarily control the events in our lives, we can control our response to those events. The events themselves don't cause us to become depressed, stressed, angry, etc. It is for this very

reason that learning to change our thinking habits can have such an incredible effect on our lives."

We also know that using the right pre-frontal cortex to negatively introspect on past events and to negatively predict future events can add to the amount of stress that we feel.

The most common physical symptom of stress is headache caused by people tensing their neck, forehead, and shoulder muscles. Longer-term stress can lead to digestive problems, insomnia, fatigue, high blood pressure, nervousness and excessive sweating, heart disease, strokes and even hair loss. Emotional responses to stress include anxiety, anger, depression, irritability, frustration, over-reaction to everyday problems, memory loss and a lack of concentration. Psychological responses include withdrawal from society, phobias, compulsive behaviours, eating disorders and night terrors [iii].

It's important to recognise that not all stress is necessarily bad. For example, Selye [iv] (1975) published an article entitled "Confusion and controversy in the stress  
*continued over...*



field” in the Journal of Human Stress. He suggested a model that divided stress into ‘eustress’ and ‘distress’. He suggested that where stress enhances function (and this could be physical or mental resulting from strength training or challenging work) it can be thought of as eustress. Negative stress – distress – is what most people think of as stress, and this may lead to problems. But basically Selye’s conclusion was that what doesn’t kill you makes you stronger!

Selye’s research led him to a three-stage theory known as GAS (General Adaptation Syndrome):

1. **Alarm** - when a threat or stressor is first identified, the body’s fight or flight response kicks in with the production of adrenaline. At the same time some cortisol is produced from what’s called the HPA axis (see later).
2. **Resistance** If the stressor continues, the body tries to cope with it, but, even so, resources are gradually used up.
3. **Exhaustion** – the body’s resources are used up and this can lead to illness such as ulcers, depression, diabetes, digestive system issues, and cardiovascular problems.

Normally a stressor will come and then go. The body will activate its fight or flight response when it first identifies the stressor and then (slowly) return to normal once the stressor has gone.

**Fight or flight symptoms: [v]**

- ◆ Dilation of the pupils, for maximum visual perception.
- ◆ Constriction of the arteries to maximize blood pressure to muscles.
- ◆ Adrenal glands produce cortisol, adrenaline, and noradrenaline.

Let’s take a more detailed look at what happens with that fight or flight response (often extended to freeze, fight, or flee) – see Figure 1. Firstly, a stressor occurs – our old friend the polar bear appearing – and the (paraventricular nucleus of the) hypothalamus produces Corticotropin-Releasing Hormone (CRH), which used to be known as Corticotropin-Releasing Factor (CRF). This (with vasopressin) stimulates the (anterior lobe of the) pituitary gland to produce ACTH (AdrenoCorticoTropic Hormone). This triggers the

production and release of corticosteroids and cortisol from the cortex of the adrenal glands. These chemicals put the body into a high ‘readiness’ state. Heart rate, blood pressure, and respiration rise so that muscles and the brain are supplied with more blood

and, consequently, more oxygen. Blood flow decreases to the stomach, kidneys, skin, and liver. Sexual and immune functions are suppressed. Endorphins - natural opiates - are released to relieve potential pain. Fats and sugars are produced to supply extra energy. The sympathetic nervous system is stimulated. (The parasympathetic system has the opposite effect on the body – turning down the various systems.) Flight and fight burns up the glucocorticoids – and once the person is safe, the body’s chemistry returns to normal. The immune systems starts to work again as the body rests and repairs itself. Note that glucocorticoids act on the hypothalamus and pituitary to suppress CRH and ACTH production. This is a negative feedback cycle.

But what happens if the stressor continues? In this case, the glucocorticoids accumulate in the body and their action can be toxic. One way of burning them up is strenuous exercise (which it thinks is like fight or flight response).

This response system is known as the HPA (Hypothalamic-Pituitary-Adrenal) [vi] axis (see Figure 1). It’s also associated with a number of illnesses such as anxiety, insomnia, post-traumatic stress disorder, depression, fibromyalgia, and irritable bowel syndrome. Doctors will usually treat these symptoms with antidepressants. We know an alternative therapy!

The hypothalamus also produces Thyrotropin-Releasing Hormone (TRH) which stimulate the thyroid gland to secrete thyroxine. Thyroxine controls the rate of metabolic processes in the body.

The adrenal gland is also stimulated by the sympathetic nervous system. Adrenaline and noradrenaline are produced in the adrenal medulla, and they increase heart rate and respiration rate, and raise blood pressure. Adrenaline and noradrenaline positively feedback to the pituitary and increase the breakdown of pro-opiomelanocortins (POMCs) into ACTH and β-endorphins.

Coffee raises your cortisol level, increases your feelings of stress and anxiety, and raises your blood pressure. One study found that a large dose of caffeine can mimic the symptoms of anxiety disorders. Withdrawal from caffeine does too. Other studies found that people with panic disorder react more strongly to the identical amounts of caffeine than a ‘typical’ person. [vii]

So what you end up with is:

- ◆ **Adrenaline**, which tends to act more strongly on beta receptors (eg lipolysis, increasing insulin secretion, increasing heart rate, and increasing arteriolar dilation and so decreasing blood pressure).
- ◆ **Noradrenaline**, which tends to act more strongly at alpha receptors (eg decreasing insulin secretion, causing arteriolar constriction and so increasing blood pressure, contracting sphincters, sweating, and dilating pupils).
- ◆ **Cortisol and corticosteroids**, which increase blood sugar through gluconeogenesis; suppress the immune system; and aid in fat, protein, and carbohydrate metabolism.

**STRESS AND DISEASE**

So, that’s all very interesting but what has stress got to do with disease? [viii] Firstly, as we said above, stress can suppress the immune system. Now that means your body’s natural immune system isn’t doing its job – or not as effectively as it should be. Let’s just have a brief look at how the immune system works [ix] – and be prepared for more scientific naming!

White blood cells (technically called leucocytes) include a wide range of different types of cells whose job is to identify and eliminate invaders and internal cells that have become ‘alien’. Mast cells are associated with inflammation. Phagocytes engulf pathogens. There are macrophages, neutrophils, and dendritic phagocytes! Your own cells can be programmed to die in a process called apoptosis. The phagocytes clear up the mess. There are basophils and eosinophils, which along with neutrophils are called granulocytes. There are the wonderfully named Natural Killer (NK) cells.

These attack tumour cells and cells infected with viruses. T-cells are produced in the thymus. They can ‘remember’ old infections. They’re part of the innate immune system. There’s also the adaptive immune system which comprises lymphocytes. B-cells (from bone marrow) and T-cells make up most of the lymphocytes.

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In a variety of ways, they identify what's healthy for you and what isn't, and deal with the non-you parts – and that includes cancer cells.

Reduced immune levels lead to an increase in the number of cancerous body cells that can be found. Researchers have also identified what they called biobehavioural risk factors in the development of cancer.

These were:

- ◆ Social isolation / low social support
- ◆ Depression
- ◆ Chronic psychological stress.

In terms of stress, they found that it increases the risk of cancer due to the increase in the level of noradrenaline. This raised noradrenaline level also increases the risk of metastasis (that is the cancer spreading round the body). They also found that some cancer cells are stimulated to grow in the presence of cortisol. And cortisol reduces

A study of habitual coffee drinkers found that subjects produced more adrenaline and noradrenaline and had higher blood pressure on days when they drank caffeine compared to days when they didn't. [x]

apoptosis (programmed cell death).

Unsurprisingly, their results indicate that interacting with others reduces cancers (both in terms of size and number). Social isolation results in acquired vigilance (stress), which results in bigger tumours [xi]. Depression is also linked to patients having larger and greater number of cancers. And depression speeds up how far and how fast a cancer progresses. The medical profession's preferred treatment seems to be beta-blockers, which reduce cancer growth, but have other effects round the body.

## RELAXATION AND ATTITUDE

The other important finding is that relaxation (particularly visualisations) has been shown to un-suppress the immune system. Clearly, this gives hypnotherapists an important role to play in helping people both before cancers become a problem and in reducing the scale of the problem.

Of course, other relaxation strategies are available, such as exercise, yoga, meditation, listening to music, etc.

Other studies have found that patients undergoing treatment who have a positive attitude and want to get well do so sooner than others. They usually avoid the

biobehavioural risks listed above. Studies have found a positive attitude increases the antibodies in the body, whereas emotional stress reduces the level of antibodies. Norman Cousins [xii] in 1989 identified four ingredients of what he called hardiness.

The components were:

- ◆ Positive expectations (versus negative expectations)
- ◆ Relaxation (versus stress)
- ◆ Positive emotions (versus negative emotions)
- ◆ Active role (versus passive role). [xiii]

Clearly, hypnotherapists can help people with this.

Sandra Levy of Pittsburgh Cancer Institute found joy levels to be the second best predictor of survival time for patients with recurrent breast cancer. She found more than half of the fluctuation in white blood cell levels could be attributed to psychological factors, including patients' perceived social support and how they coped with stress.

David McClelland [xiv] of Boston University (1986, 1988) found immune system activity is high:

- ◆ In people who are experiencing positive emotions
- ◆ Among those with a strong sense of humour
- ◆ In people experiencing love.

Immune system activity was found to be low in those people who are stressed or out of control.

Other studies have shown that **it takes only 5 minutes of relaxation to produce dramatic brain wave changes** [xv].

In fact, numerous studies have shown amazing results [xvi] in terms of the power of the mind to influence the body or parts of the body, including an ability to reduce bleeding and even to reduce tumour sizes. You're probably familiar with experiments where people have been able to reduce the amount of pain they feel, and others where people have anaesthetised areas of their body (indeed dentistry and medical operations have taken place using just hypnosis). This amazing connection between the brain and body comes as a surprise to some people, but surely not to us.

## CONCLUSION

Stress is a good thing provided that it stops quickly and allows the body to recover. However, excessive stress leads to a reduction in the performance of the

immune system – and ultimately disease. A person's attitude towards their recovery is affected by their support networks and the amount of stress they have experienced, and it, in turn, affects how long their recovery takes and how successful it is. Helping a person to relax and focus on the positives is one of the things a hypnotherapist can do to help an ill person on the road

to recovery. Being in control and in your intellectual brain allows you to chose how stressful you perceive events to be.

Trevor Eddolls and Jennifer Eddolls

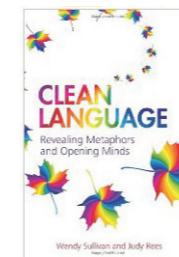
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## Clean Language

– Revealing Metaphors and Opening Minds

By Wendy Sullivan and Judy Rees

Published by Crown Publishing (2008).

ISBN 978-184590125-7

★★★★

*This is an excellent book for making you think about the questions you ask clients. The authors tell us that we make assumptions all the time. And we fill in the gaps in what people say with our own pictures, etc. So, when you say chair, you might be thinking of an armchair and I might be thinking of an office chair (my example). Because of this, they suggest there is a need for clean language – to reduce any misunderstandings and to avoid having to clarify exactly what the other person has just said.*

*The authors explain that information transmitted in language fits into three categories – sensory, abstract, or metaphoric. Sensory information relates to the (five) senses, (QI and Wikipedia show how many more senses there really are!) Abstract information consists of concepts, thoughts, and 'labels' that are not based on senses and include categorization, and expressions of beliefs and emotions. Metaphoric expressions describe one kind of thing in terms of another. When working in metaphor, the people or things that a person refers to are known as 'symbols'. The specific details of something are its 'attributes'. And the symbols are arranged in a 'metaphor landscape'.*

## BOOK REVIEW

*So, the 12 clean language questions they suggest you use are:*

1. (And) what kind of X (is that X)?
2. (And) is there anything else about X?
3. (And) where is X? Or (and) whereabouts is X?
4. (And) that's X like what?
5. (And) is there a relationship between X and Y?
6. (And) when X, what happens to Y?
7. (And) then what happens? Or (and) what happens next?
8. (And) what happens just before X?
9. (And) where would X come from?
10. (And) what would X like to have happen?
11. (And) what needs to happen for X?
12. (And) can X happen?

*The authors inform us that to be successful, it's best to ask these questions about the positive things people say. Now, all this X stuff may seem a tad confusing, but it's just a place holder for whatever the client has just said. How to use clean languages, and exercises to practice using it, are clearly explained in the book.*

*Near the end, they give four questions to use when motivating people, and they are ideal for use in a hypnotherapy situation. The therapist should ask: "And what would you like to have happen? What needs to happen for that to happen? And can you? And will you?" That last question is not one of the original clean language questions.*

*Well worth a read.*

**Trevor Eddolls**

# To sleep: perchance to dream: ay, there's the rub;

Penny Ling looks at one of her favourite pastimes...

**M**argaret Thatcher could do with between 3 – 4, most of us between 7 – 8 and teenagers around 9 or 10 – I'm talking sleep here and, as solution focused hypnotherapists, we know how important it is to "empty our buckets". We focus on REM, but other areas of sleep can be just as fascinating, and can help us educate our clients with sleep related problems, such as insomnia, sleep walking and bedwetting.

Taking an average person who works a regular day shift, does not have weight issues and is not being kept awake by screaming kids, I'm going to take you through the journey of sleep using 11pm-7am as my reference.



**8pm-11pm**

**T**he wind down. To encourage the onset of sleep most advice is no caffeine, no alcohol, little stress and reduced activity. TV is ok up to perhaps half an hour before, but nothing wildly exciting; keep computer games to a minimum. This is not just to keep brain activity at a steady rate, but the blue light given off from LED screens especially can interfere with melatonin production. Our brains think it's



morning! Lighting should be low and preferably in the red end of the spectrum. Lighting designers of wine bars and restaurants often use blue light to keep us lively as the evening moves on - great for trade but not for sleep.

Warm milk and a warm bath can also help. The body cools down faster after a bath and this can help speed up the nodding off process.



**AWAKE**



**Stage 1**

**Stage 2**

**Stage 3**

**Stage 4**



**11.30pm**

We should be in the early stages of deep sleep, noradrenaline, orexin and acetylcholine stop flowing through the brain. When awake these neurotransmitters help us focus our attention – the neurons in the thalamus and cortex produce delta rhythms. NREM dreams can occur at this stage, these tend to be more matter of fact, mundane and non emotional. Robert Stickgold of Harvard medical school believes NREM dreaming helps stabilise and strengthen memories.(ii)



Related to sleep walking are night terrors, again usually connected with children. It happens during the first deep cycle when the Delta waves are high and slow. Rosalind Cartwright's research (iii) into sleep disorders finds there is a connection with rapid physical growth and development of the neurological network sustaining new learning.



**11pm**

We slip into the first stage of sleep. The Hypnagogic state is similar to the trance state. Reports of body distortion, floating and occasionally the sudden falling sensation that wakes you up with a jump – the myoclonic jerk. This spasm is generated in the primitive part of the brain and is linked to the sudden release of muscle tension. The speed at which the brain processes the situation is a fraction of a second but the whole thing tends to become part of a dream, which includes falling

or slipping.

Other symptoms are visual imagery, starting with flashing lights, patterns, random faces and objects that appear and blend into one another. Artist Salvador Dali used the hypnagogic state to come up with new ideas for his surrealist paintings. (i)

*Duration: 2 – 30 minutes, Brain waves Alpha down to Theta.*

"Sleep walking" is most likely to happen during this first deep cycle. It was always taken as a bit of a joke in my family. My mother on occasions, usually when I'd had a particularly eventful day, would be woken up by the "boomp boomp" of me knocking a tennis ball against the hall wall with a tennis racket. It's a shame I never grew up to be another Venus Williams! Childhood is the most common time for us to experience sleep walking, and more work at Harvard concludes that there are a number of factors that lead to it. 1) Genetics – quite often sleepwalking runs in families. 2) Sleep Apnoea – snoring can force the sleeper into getting up

without them knowing. 3) Environment – staying in unfamiliar places can trigger bouts of it. 4) Emotional disturbances can move the person to all kinds of acting out the disturbance, including murder.

"Sleep eating" is also common; I had a client who came to see me about weight loss and when asked how her sleep was she confessed she would often come down in the morning to find her fridge had been raided in the night – she lived on her own! "Sleep sex" and "sleep driving" are also more common than you think.



## REM

At this point we are over 2 thirds through our Ultradian cycle, now as we reach REM we stop moving – it's called REM Atonia. The eye movements associated with REM are generated by the pontine nucleus with projections to the superior colliculus and are associated with PGO waves (Ponto-geniculo-occipital waves).

It is believed our inability to move is to stop us from acting out our dreams. Experiments carried out on cats by Michel Jouvet in 1959 has shown that cats with lesions around the locus coeruleus have less restricted muscle movement during REM sleep and show a variety of complex behaviours, including motor patterns, suggesting that they are dreaming of attack, defence and exploration. (iv)

A number of sleep scientists including Stickgold believe that we're doing this too. Evidence points to future rehearsal when studying the dreams of hunter gatherer societies dotted around the world. (v)

Rosalind Cartright found that negative moods are down-regulated overnight. In her sleep clinic she carried out a study on people going through divorce. She found that the dreams helped make connections to older memories and how we organise data about ourselves – what's good for me and what's not – helps defuse our emotions and encourages the dreamer to wake feeling more positive and able to make a new start.(vi)



Stage 1

Stage 2

Stage 3

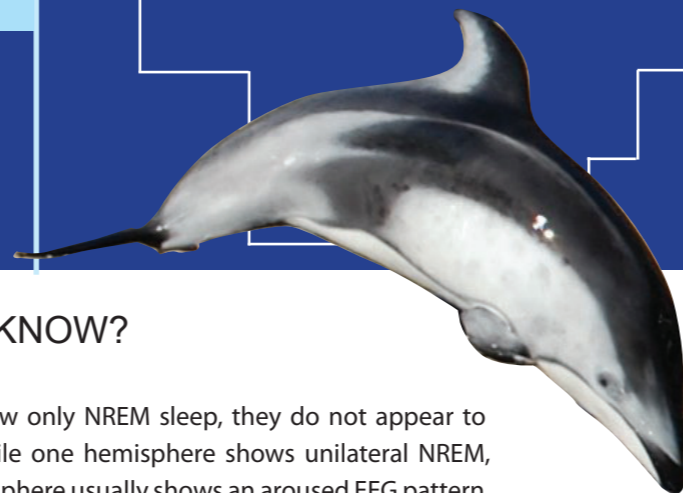
Stage 4

At this time we may wake up, and many people report wakefulness at this time, that's because (in the pre-industrial age) this used to be a natural time for us to be awake.

Known as "The Watch", history shows us that before electric light, most people went to bed just after dark. In winter this was most likely around 8pm, so they woke around 2am, some stayed in bed, others got up and went to visit neighbours! Back in bed around 4am, drifting off to about 7.30am when the sun rose. In summer they probably stayed awake. In hunter gatherer societies which share living space, many people sleep when they feel like it with plenty going on around them, chatting, animals, babies – someone is always awake - and they have the capacity to totally ignore the familiar noises around them. (vii)

## DID YOU KNOW?

Dolphins show only NREM sleep, they do not appear to show REM. While one hemisphere shows unilateral NREM, the other hemisphere usually shows an aroused EEG pattern. They sleep with one eye open, and this unique pattern of sleeping is believed to be related to the dolphin's aquatic environment. They need to swim continuously, only being able to stay under water for 15 minutes, any more and they run out of air, and also be constantly alert for predators and objects in the water like boats.



Next cycle for sleep ends around 3.30am, which is when many people wake, then 5am and 6.30am, each REM cycle getting longer and longer. If you're lucky you might even experience a lucid dream. These fantastic fantasies, which can be manipulated by the sleeper makes them so special. Allan Hobson MD of Harvard (viii) suggests the lucidity comes from the prefrontal cortex being reactivated by a kick of noradrenaline, which usually is absent in REM. Hobson suggests this is why our attention is more focused and can control them? David Luke of the university of Greenwich suggests our brains contain a highly psychoactive molecule N,N-dimethyltryptamine (DMT), which is a distant cousin to LSD – this is made in the pineal gland and alongside melatonin, helps activate sleep cycles – especially dreams. DMT also comes from South American plants which Amazonian shamans use for their visionary properties. Luke also connects the vision types to specific forms of hallucinations such as elves and greys – aliens to you – to take DMT you would certainly

experience flying, a common theme in lucid dreaming.(ix)

6.30am – Cortisol levels have been rising for some time now, to get the body prepared for the muscle exertion of getting up, these start around 3am and by now are having an effect. If you need an alarm clock, sleep researchers reckon you're not getting enough sleep. The hypnopompic stage comes in at the end of REM, parts of real life melt with our dreams, a buzzing fly may lead the brain to start bringing a buzz saw into a dream about aunt Jane????? We may wake up and still be in sleep paralysis, we may get the sensation of someone sitting on us or the bed, we hear voices, dogs barking, see people standing at the bottom of the bed. The confusion comes from the pre-frontal cortex taking about 20 minutes to reboot!(x)

Sleep inertia can last anywhere between 1 minute and two hours depending on amount of sleep.



## DREAM CONTENT

Freud believed dreams were our deepest desire surfacing, Jung associated them with the group collective unconscious, but dream content has fascinated people for millennia. Although modern science has largely put Freud's theory to bed, I propose that there is some dream content, which is personal to us - I keep a dream diary by the way – so let me elucidate.

Trains! Now we all know what trains may represent to Freud but to me as a Londoner, they were the one means of transport I have been using since my first memories developed. I loved exploring the tube system and know the geography of London from the tube, not from the

ground. Whenever I am about to go through major changes in my life I dream of trains, either being on them, getting off one and getting onto another, or getting lost in the tunnels between stations. Not all train journeys are on the tube, but the vast majority of them are – I haven't lived in London since 1984 and whenever I have a major change – move house, change job, etc – I dream of them.

Funnily most dream dictionaries say you dream of trains if you're going on a journey – well that could be true if our rehearsal system is active when dreaming! I however have never really found a connection between real travel and dreaming of trains. I once worked for Network Rail and was on the railway every day for 2 years, but it never increased the number of train related dreams.

## Sleep Apnoea

Sleep Apnoea is snoring, not just ordinary snoring but the sort where the person stops breathing for up to a minute. It's often caused by the weight of the neck pressing down on the throat so that the air cannot reach the lungs. The body gets stressed and levels of cortisol rise, the person tosses about and never gets decent sleep. This can mean they fall asleep during the day and especially doing mundane jobs like motorway driving. If you or your partner suffers with Sleep

Apnoea do something about it now, it can shorten your life, put extra stress on the heart and often make obesity worse. Hypnotherapy is not really an option for this, you need something like a CPAP machine and you'll not only sleep better but you'll be emptying your bucket, and you'll have enough energy to exercise and reduce the weight that's making it worse.

See:

<http://www.eu-pap.co.uk/>

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

## Bedwetting-Enuresis

My local GP surgery was stumped when it came to over 12 year olds suffering with bedwetting. One young chap that was brought to me by a very distressed mother, had been admonished by the nurse who told him he was doing it on purpose. When being told it was a sleep problem (a symptom of depressed sleeping), not only did it help him understand, but the stigma went too. Working on it from a solution focused perspective made him so much more positive, he had avoided the nurse but when his mother couldn't make my appointment, he made sure he got to the session.

We had to speed things up a bit though because he was going on scout camp. We established he awoke at 3am but often went off to sleep again before he was receiving the message from his bladder that it was full. I found a vibrating alarm watch that woke the sleeper gradually and quietly so the message from bladder to brain kicked in quicker and when he awoke he was able to go to the toilet quite happily. As time went by the lack of bedwetting made him happier, so his general sleep improved and that made it possible for him to wake naturally during the night.

See: <http://www.eric.org.uk/>



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# “All The World’s A Stage”



Roger Stenett examines the synergy between the dramatic and hypnotherapy worlds

To recycle a quaint Yorkshire phrase, these days “I ride two horses with one arse”. Like many members of the AFSFH I have a professional life outside Hypnotherapy. In my case it's as a Writer with more than thirty years of experience in Theatre, TV, Film, Animation and Radio Drama, stretching from Sooty to The Royal Shakespeare Company, and most things in between.

I came to Hypnotherapy several years ago, when I trained at The Clifton Practice in Bristol under the tutorship of David Newton. From the outset I began to notice the ‘synergy’ between the dramatic world I knew, and the hypnotherapeutic world I was entering. For three decades I had dealt with character, stories, personal drama, metaphor, scripts and language. Now I was entering a new world where these ‘modalities’ also existed, but in ‘real’ characters, rather than in my fictional creations.

As a fierce individualist ( i.e. ‘awkward’) one of the first areas I decided to ‘make my own’ was the issue of therapeutic ‘scripts’. I'm never reliant on scripts. While accepting that there are many excellent scripts ‘out there’, but from the beginning I was sensitive to the quality of the writing of therapeutic texts. I wasn't judging them as works of literature, but some material was simply lazily constructed, and while it might have managed to convey some therapeutic point, it was written with a distinct lack of style, and a shortage of awareness of the inherent beauty and power of language. That seemed a real shame. So I wrote my own, or improvised, whichever seemed most appropriate to the individual client. Years of attuning my ear to the nuances of speech, dialogue and

the ‘delivery’ of lines left me unable to ‘parrot’ phrases that clashed and clanged in my mind. I'm sure I'm not alone in this, and my point is that more people should be prepared to trust their own creative judgment, and adapt and personalise material.

Maybe part of the required CPD of all Hypnotherapists should be a visit to the local creative writing class.

As I started to see clients, I was struck by the parallels and similarities between Drama and Psychotherapy. The phrase ‘initial sensitising event’ as psychological trigger for future behaviour, found its partner in the dramatic notion of ‘inciting incident’. As I look at the lives of clients, and the obstacles presented to them on their real life journeys, I am reminded of the dramatic concept of ‘The Protagonist’ setting out on a dramatic ‘Quest’, and needing to overcome forces of ‘Antagonism’, and sometimes a literal ‘Antagonist’ before they can move towards resolution, and the concluding ‘Third Act’ of their personal ‘Play’. All this led me to devise a day workshop called “Life Scripts” where we examine personal stories as if analysing scripts of a life ‘movie’, using a combination of therapy, creative writing, dramatic improvisation and role playing.

As a therapist I was trained in the Solution-Focused school. As such, I don't dwell unduly in The Past, and I always have the words of David Newton ringing in my ear, pressing me to look at Solutions rather than Problems. But the dramatist in me can't resist sometimes putting on my ‘Freudian slippers’, and tiptoeing back through the years, in search of what an actor playing

*continued over...*

one of my clients would call their “motivation” to act in the way they do. Whilst never forgetting that we are dealing with real lives, and real pain, I suggest that there are valuable insights to be gained by applying some of the ‘tools’ of drama and dramatic fiction to real life actuality. Human beings are natural story-tellers, and story-livers, and whether we realise it or not, we are often ‘acting out’ an interior monologue, or life script, and broadcasting it out on the stage of the world.

So, another reason for your CPD to include going to the Theatre sometimes. Or even watching a movie.

As therapists we can sometimes learn more about human motivation, archetypes and universal ‘truths’ by watching “Hamlet”, or even “Star Wars”, than can be found between the covers of weighty tomes of supposedly insightful psychological analysis.

I’ll conclude with a quotation about creativity and therapy from no lesser source than Dr Natalie Rogers, the daughter of Carl Rogers, one my therapeutic heroes

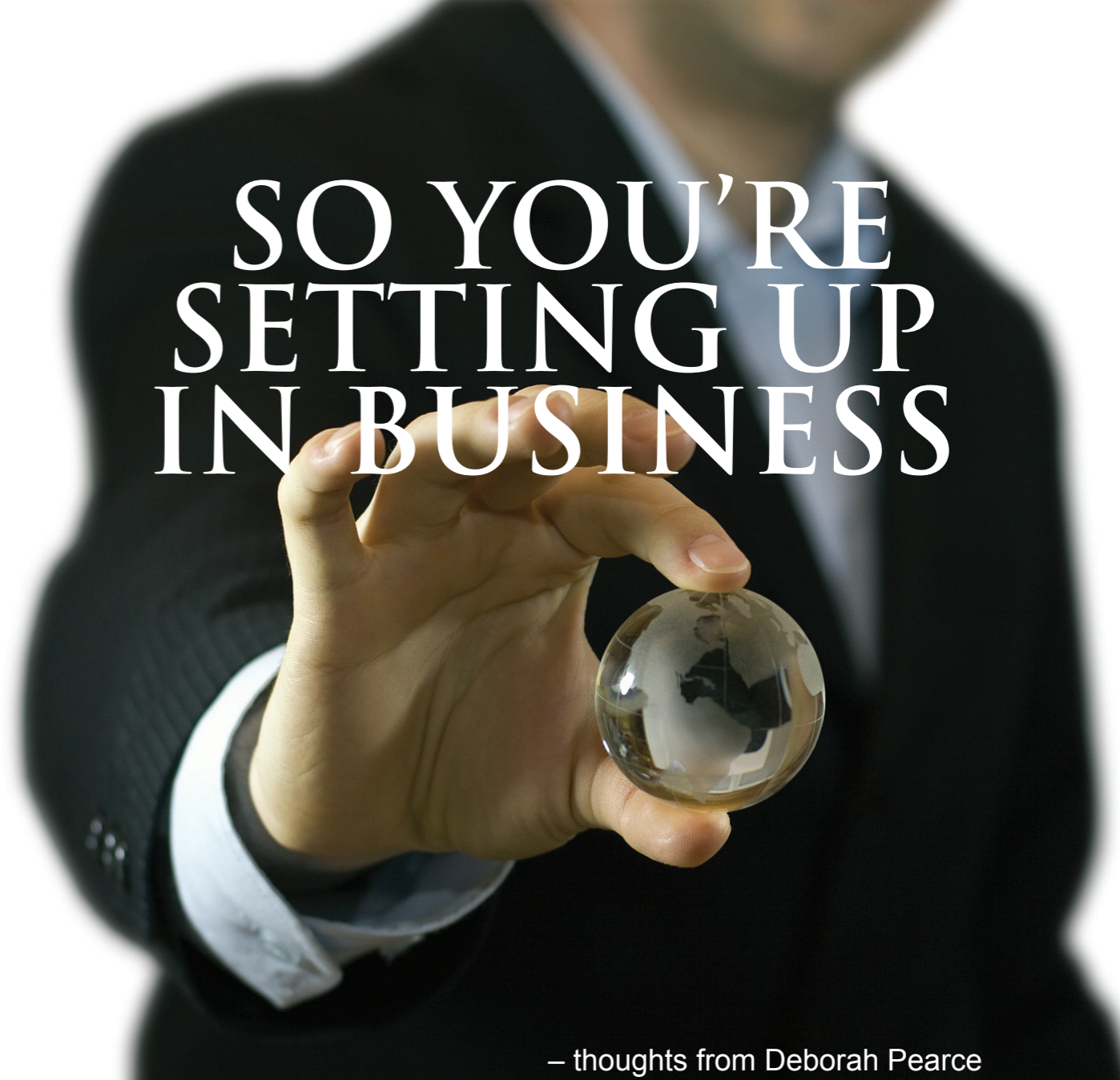
“Part of the psychotherapeutic process is to awaken the creative life-force energy. Thus, creativity and therapy overlap. What is creative is frequently therapeutic. What is therapeutic is frequently a creative process.”

In my therapy work, and hopefully in my life, I try to let the synergy between the creative and the therapeutic unfold. As we all develop in our careers as facilitators of individual change and personal re-empowerment, it seems we’re missing a trick if we don’t regard our clients, and their growth, as a shared creative act, as well as a healing one. And, as time goes by, those two words, and worlds, might become synonymous, as we share and explore true life scripts, hopefully most of them with happy endings ....

If anyone would like to find out more about Life Scripts as a way of developing their work as therapists, then please get in touch :

roger.stennett@gmail.com

# SO YOU'RE SETTING UP IN BUSINESS



– thoughts from Deborah Pearce

Following up from Nicola Griffiths’ wise words in the last issue, I thought it would be helpful to describe how I got started.

First – it was extremely fortuitous that I came across the HPD course at CPHT. My prior research had identified a course in Exeter much closer to my home in rural East Devon, but when the time came to book a place I couldn’t find their website. Google threw up CPHT and I liked what I saw – I am a real brand junkie and the fact that their course had oodles of credentials really attracted me. And when David told me that it’s not necessary to focus on people’s problems, it’s more about helping them find solutions, I knew this was the course for me (despite the fact that David was extremely rude about people from our native Plymouth – 20 watts indeed!)

I’ve had a varied career – my Physics degree led to a 13-year career in IT working for prestigious software

houses, which was complemented by a parallel life as charity volunteer. When a vacancy for the job of my dreams arose I ditched the corporate life and have spent the last 16 years working at a senior management level within major national charities. Much of this time has been spent in Fundraising and Marketing, so I have gleaned a wide range of skills and contacts that proved to be extremely valuable to the next phase of my life – complementary therapy.

I qualified as a Massage Therapist and Aromatherapist (the latter because I wanted to make it perfectly clear what type of massage I offered!) and for several years ran a mobile practice. This ticked along nicely and gave me valuable experience in what type of advertising and promoting works. But I was somewhat hamstrung by trying to promote the business whilst not drawing my employer’s attention to the fact that I was daring to

*continued over...*

## GET INVOLVED!!!!!!

Nothing gives you more of a buzz than making a real difference, volunteer with AfSFH and you could do just that.

People volunteer for a wide variety of reasons, especially wanting to help others. But it’s also OK to want some benefits for yourself from volunteering.

Instead of considering volunteering as something you do for people who are not as fortunate as yourself, you could begin to think of it as an exchange.

### Your Motivations

Think about how much you receive when you give and consider why you want to volunteer. You may have several different reasons. Here are just a few of the many possible motivations identified by other volunteers:

- to share a skill
- to demonstrate commitment to a cause/belief
- to gain leadership skills
- satisfaction from accomplishment
- for recognition
- to donate your professional skills
- to have an impact
- to learn something new
- to feel proud
- to make new friends
- to explore a career

- to do something different from your job for fun!
- to keep skills alive
- to feel good
- to be part of a team
- to test yourself
- to build your resume

Volunteering with AfSFH is unique. You’ll be dedicating your time to the first ever Association for Solution Focused Hypnotherapy.

It’s a big challenge and takes real commitment, but the benefits are amazing, not only for the people we help but for yourself as well. You might find you’re capable of more than you ever imagined!

You’ll learn new skills and boost your job prospects, maybe even find you’re calling in life. You’ll learn more about yourself and make friends for life. Above all you’ll leave with the knowledge that you changed someone’s life for the better.

For Further details and an application form please contact:

**SHARON DYKE**  
Assistant Secretary & Vice Chair  
Email: afsfhas@gmail.co.uk

earn some extra readings on the side – a difficult balance doomed to be self-limiting.

I got over that when I met David Newton – from day one on the HPD course there was no doubt that we were going to be successful hypnotherapists. Unlike some courses where technique is everything and then you're left to fend for yourself, or others where it's all hype and no substance, this course gave us confidence that we were competent practitioners and some of us had set our businesses up by the time we handed in our portfolios.. All that was needed was to ensure the marketing wheels continued apace to get clients coming in.

**when my husband and I went out for a meal on our wedding anniversary, the restaurant owner enquired after my hypnotherapy business. She recognised me from the photo in my adverts.**

**I AM a celebrity!!!**

**Here's how I started:**

**Full-on:** We were tasked with seeing 50 clients during the ten months of our course. Being a settler all-or-nothing kind of gal, that's what I did. It was pretty manic - a full-time job, keeping the Aromatherapy going, volunteering for the local hospice, teaching for Devon Adult and Community Learning and doing the HPD – such fun!

**Solid Foundation:** I rented a therapy room above the local health food shop, placed my "trainee hypnotherapist seeks volunteers to practise on" advert in the local Gazette and I was off. Seeing those 50 clients has really paid dividends; not only have they referred me to their friends, but now three years on, some are coming back for a top-up.

**Bootstrapping:** An American term meaning to set up a business with no money. In the early days my posters and business cards were photocopies of my Gazette advert. I decided to use my home telephone number and private mobile for the business. I figured if things got out of hand I could always get a second home phone line or separate mobile. Personally I'm suspicious of businesses that don't show a land-line number, to me it smacks of being fly-by-night. But I know that's a by-product of my extreme age! I signed up to BT Call Minder which sent me a text if anyone left a message on the land-line. I could then dial in, pick up the message and get back to them within hours.

**Early networking:** One of my clients gave me an

introduction to the owner of a new therapy centre. I was too late to have a plaque outside the centre or be part of the combined advertising, but now I'm the only one still practising there – the others seem to have relied on the centre to attract their clients, whereas my own experience is that referrals from the centres are few and far between. I have never relied on the therapy centres for leads and have continued to promote my business independently. I imagine, though, if you work for a centre with a very high profile, eg The Clifton Practice, the situation might be different.

**Promotional literature:** As soon as I qualified I had professional business cards and leaflets printed. I used a local print company, partly

because it's part of my marketing strategy to tap into local businesses and partly because they are design professionals. Microsoft Publisher and Vista Print are great, but if, like me, you've got the creativity of a swamp creature then you need professional input. I cringe when I see some therapists' leaflets. And don't get me talking about spelling... if you're going to use the word complementary then please check that you're not implying you're going to simply flatter all your clients by complimenting them. At this stage I didn't have a website and wasn't sure where I would be practising (note the spelling – verb practise, noun practice) but decided to produce the literature anyway. Far better to appear professional and keep momentum going than hold off until every last piece is in place. Go for it, that's my mantra!!

**Getting known:** I needed the certainty of knowing that my businesses was being publicised, so I paid for regular advertisements in the local papers and magazines. Living in a rural area, means that the circulation figures are lower and so the cost isn't as high as going in a paper covering an area the size of Bristol. In true CPHT style, I have tracked the source of my clients and all of my adverts more than cover their costs. They also gave the impression early on that I was more established than was the case. I took the decision to include my photo in all of my advertising. I know Penny Ling is covering this elsewhere in the Journal, so I won't go into the whys and wherefores of using a good photo here. Suffice it to say, that I do get recognised in the street – in fact when

my husband and I went out for a meal on our wedding anniversary, the restaurant owner enquired after my hypnotherapy business. She recognised me from the photo in my adverts. I AM a celebrity!!!

**Focusing:**

Life threw me a few lemons around the time that I qualified and forced me to reassess my priorities. I gave up Aromatherapy, after finding replacement therapists who would look after my long-standing clients, which also meant that I gave up being a volunteer therapist for the Hospice (they don't yet recognise the benefits of hypnotherapy). I also decided to give up teaching for DACL – they were finding it difficult to get sufficient student numbers for courses to run (but not before I ran a couple of hypnotherapy workshops which have since provided valuable referrals). I decided to focus all of my spare-time energies exclusively on Hypnotherapy. Last year I was fortunate enough to negotiate a change in working hours at my day job, which has given me a day free in the week. My goal is to double my Hypnotherapy income every year until I can give up the day job completely. It's looking good...

**Establishing credibility:** One of the advantages to paying for advertising is that it opens the door to the publications in question printing articles or press releases that you send them. I regularly submit articles and, of course, seeing as I write the AfSFH template press releases, I issue those too. I also run hypnotherapy workshops (it's amazing how long you can string an initial consultation out for...), give talks to the WI and have promotional stands at local Health and Well-being days. This meant that when a third therapy centre in a nearby town was looking to fill a vacancy when their previous hypnotherapist left, they approached me to see if I was interested. Within a few months I was established there and have since become the centre's Therapists' Co-ordinator. (I know, I really meant it when I said I was going to focus exclusively on hypnotherapy).

**What's next?**

Having cracked traditional media I am now turning my attention to beef up my on-line activity. I've been on Yell.com and Google Places since the beginning, and my membership of various professional organisations has

given me valuable on-line signposting. All of these directory entries have yielded clients, and have helped enhance my credibility. I also email a newsletter to former clients three or four times a year. I now plan to get my ancient head around social networking! I've also recently taken the decision to develop my own website. Although my original web designer is a lovely chap, he has other interests to pursue, not least of which is his own therapy business, and updates are taking too long to implement. The sainted Nicola Griffiths suggested Moonfruit.com as being an easy to use web design tool and, given the fact that I used to be a computer programmer, I decided to give it a go. The result is at least as good as my previous site and I can update it within minutes.

If I had to give one piece of advice to a newly qualified CPHT practitioner – it would be GO FOR IT! You'll never look back.

**Deborah Pearce has a thriving practice in East Devon with therapy rooms in Axminster, Ottery St Mary and Sidmouth. She is the PR and Marketing Officer for the AfSFH**

(now look, that is still focusing on hypnotherapy!)

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The Good Life, Ottery St Mary  
The Awareness Centre, Axminster  
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# ARE YOU SURE YOU ARE SAFE?

With National Personal Safety Day being 10th October, our own policeman Andy Workman explains how to increase your security when working alone with clients.

**S**olution focused hypnotherapists tend, in the main, to be a gregarious bunch - friendly, caring and fun. You only have to attend a course to know by the volume of excited chatter that most of us enjoy each other's company.

It is a bit strange, therefore, that we have chosen a career where we spend a good deal of time working alone. Yes, we have the clients to speak with and we are, as solution focused practitioners, inclined to view our clients in a positive and optimistic way. Even so, as we well know, some of them can be suffering from issues that can make them quite volatile.

Imagine if you will the following scene: You are working late, perhaps at home, perhaps in premises which you rent. Maybe it's a new client that you haven't met before or someone that's had an upsetting week. Perhaps it's a client that you have been working with on drug or alcohol addiction and they have turned up under the influence. Whatever the reason, you become aware that things may be a little worrying. Perhaps you are not confident that you can keep control of the situation. Maybe the client even flairs up. What do you do?

The truth is that if you only ask this question when you find yourself in this situation you have already left it too late. Working alone can have implications for our personal safety. What can you do to lessen the risks or get help quickly? Who would know if you had problems? What happens if things go wrong and you are on your own? Are you safe being the last person to leave the building at night?

A sensible approach is to minimize the risks and ensure you have a back up plan in place. Think through the issues in advance and you will be able to prevent situations like the one above from arising.

## Risk Assessment

Firstly, carry out a "Risk Assessment" of your working practices. This is NOT another case of Health and Safety gone mad. It's sensible to take a few moments to assess

what could go wrong and what you can do to negate or lessen the risk.

### Some examples might be:

◆ *Problem - Main entrance is dark when leaving the practice.*

Solution - Install a Security Light

◆ *Problem - Working alone in a separate room.*

Solution - Fit a simple doorbell as a panic alarm where someone else can hear and respond.

◆ *Problem - The clinic is quiet and obviously empty.*

Solution - Keep lights on in unused rooms and Radio 4 playing to give the impression of conversation. Calling into a room (or up the stairs at home), "I'll speak to you about that meeting after this session Steve" gives the impression of a colleague or family member on the premises.

### The solutions do not have to be expensive.

#### Two Diaries

If you work away from home, keeping two diaries can be useful (as long as you update both). One is kept with you and the other is left at home so that anyone who becomes concerned about you has details of your expected whereabouts and times. Remember to leave contact details too.

#### Lone Working System

A great system, utilized by many local authority workers, particularly within the caring services is the following:

1. Ask a partner, family member, friend or colleague to act as your "Contact Person".

2. Let them know where you are going, what you are doing and who you are meeting. This can be in the form of a diary entry or list rather than a time consuming discussion.

3. Update your Contact Person at certain times during the day, particularly if your expecting problems or after dark.

4. At those times, call your Contact Person to check in' with them.

5. At the end of the day, text or fax your next day's contact plan to them.

### What happens if you DON'T 'check In'?

1. Your Contact Person tries to call you
2. If unsuccessful, your Contact attempts to call the last person or premises you were listed to visit. This may be a clinic or surgery or in the case of Home Visits, it may be the client (so ensure those contact details are shared with the Contact Person).
3. If still unable to speak to you, and your Contact Person is NOT family, your Next of Kin should be informed (if relevant).
4. In the event of all the above failing to contact you, the Police should be informed that there is a 'Concern for Safety' relating to you.

A couple of very important things to note in this system.

1. If you decide to use a system such as this you must be organized enough to remember to 'check in'. Your Contact Person will only tolerate you forgetting to do so a couple of times before losing interest and assuming that you've been "a numpty" again.
2. You MUST ensure that your mobile phone is charged and turned on and functioning on at least vibrate. Not having the 1812 Overture going off mid trance is a great idea but turning the phone OFF is not.
3. If possible, have your Contact Persons number on speed dial 1. In an emergency you just press and hold the 1 key and they are called without any more effort.



Personal alarms are available from the Suzy Lamplugh Trust. <http://shop.suzylamplugh.org/> at £7.60, safety is not as expensive as you think.

### If you do get into difficulties

If the worst does happen and you do have problems, you should either call the Police or your Contact Person. In either case, you should remain as calm as

possible and explain where you are.

You can do this, even without your troublesome client knowing it. Dialling 999 or Speed Dialling 1 in your pocket will get you an answer. You can then speak to your client saying, "I need you to calm down (as appropriate). We at the Clifton Practice (or wherever) do not tolerate this sort of behaviour". This identifies your location.

Many people do not realize it but their mobile phone has a small nipple raised on the 5 key. This is because it is a recognized distress signal to repeatedly press 5. Of course if you have an all singing, all dancing, touch screen, button free phone you are not afforded this facility (something they don't advertise as a feature - I wonder why?).

There are also companies who offer GPS location and immediate Police response to problems if you pay to use them as an official Contact Person. Be wary of anything that offers Police Response. What they mean is they will call the Police for you. They cannot guarantee any response, immediate or otherwise from the emergency services.

### How to test your system

In order to ensure that your system is fit for purpose you should carefully consider whether you answer true or false to the following statements.

- ◆ My family/colleagues will know where to start looking should I not return to base on time.
- ◆ We have a system for me to raise the alarm discreetly/covertly in case of emergency while working alone.
- ◆ We have a clear procedure to follow in case I do not return at the expected time.
- ◆ I am confident that an appropriate person will pick up the phone if I call in an emergency.
- ◆ If I decide to change my plans during the day someone would be aware of this.

*continued over...*

# FLASH BANG WALLOP WHAT A PICTURE

If you want to get ahead, get a good photo! It's all very well having the best written advertising literature when the accompanying photograph makes you look like a vampire. When putting together a website or leaflets, think about the image you want to portray, or more importantly perhaps from the AfsFH perspective, what image would a potential client feel more in tune with? If, as an organisation, we strive to promote the scientific aspects of our work, to get other health professionals on board, then we too would benefit from appearing that way.

Before redesigning my website I spent a lot of time researching. The pose you see, below right, is one of many I felt indicated my confidence in being a therapist and helping people, I'm smiling, almost laughing and I dyed my hair red to stand out a bit more. Not that I'm suggesting for a moment it's something everyone should do, but I did think blonde and purple hair may have been a bit too hippy dippy.

When it came to my photographs I was lucky. I come from a media background and the last publication I worked on before becoming a therapist was a music magazine – the photographer who took my picture was more used to taking photos of Slip Knot and Motorhead. I wanted that to come through to a degree too and it has worked as he has made my age a bit ambiguous.

Find a professional photographer - I know they do cost a lot of money but not looking professional will cost you even more. A professional photographer will be able to get the lighting right, they can hide your double chins, they can make you look taller or younger.

Compare the two photographs below; they were taken only days apart but one was at home the other in a studio.



- ♦ When I am lone working out of office hours, we have a system to monitor my safety.
- ♦ There is information available so that my Contact Person could contact my partner, family or next of kin (to ensure my safety) should I fail to return from an appointment.
- ♦ My partner, family or next of kin would have contact details of a colleague should I fail to return from work, even if this should happen after office hours.
- ♦ If I do not follow my team's agreed tracing system, there will be consequences and I know what these are.

If you take time to think about your safety and plan for the worst-case scenario you will probably not need to use your emergency system. It is better to be safe than sorry. I hope that, if you are concerned about working alone, these tips will help you gain some peace of mind.

Take Care

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If you have any case studies, scripts, metaphors, book reviews, news, areas you feel we need to

## CALENDAR

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

**October 22/23**  
SFBT Skills for Hypnotherapists 2  
Clifton Practice Bristol

**Starts 23 October 2011**  
Solutions Focus Business  
Professional 16 week online  
course with Univ of  
Wisconsin Milwaukee  
Mark McKergow on SF in  
the workplace - coaching,  
consulting, team building  
Full details at [http://www4.uwm.edu/sce/course\\_long.cfm?id=22222](http://www4.uwm.edu/sce/course_long.cfm?id=22222)

**November 20**  
Drug Addiction: Biology  
or Belief Phil Harris @  
Clifton Practice Bristol

**January 21 2012**  
AfsFH AGM with CPD tba  
@ Clifton Practice Bristol

investigate, then don't hesitate to get in touch.

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

### Submission deadlines

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

### Issue Dates

January, April, July & October

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### \*Note about CPD from the NCH

Under the new NCH scheme (based on what the CNHC are asking for), it is up to the individual to decide the specific activities you will undertake each year to meet your personal development needs and it's the evidence of your PERSONAL LEARNING that is the key factor. Each member's learning needs are different, and of course it also depends on which areas we want to specialise in.



## **Chairman and Trustee: David Newton**

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



## **Company Secretary and Trustee: Nicola Griffiths**

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



## **Trustee: Susan Rodrigues**

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



## **Assistant Company Secretary: Sharon Dyke**

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



## **Journal Editor: Penny Ling**

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



## **Marketing: Debbie Pearce**

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



## **Member Benefits Officer: Andrew Workman**

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



## **Research: Michael Hughes**

Mike looks after our research area which includes writing articles and metaphors as well as producing book reviews. He has his finger on the pulse of pretty much everything to do with hypnotherapy in that big outside world.



## **Social Secretary: Clementine O'Shaughnessy**

Ah, the wonderful Clementine. She's in charge of looking after us! Clementine laid on a beautiful feast for our launch party and will be working hard when it comes to our AGM!



## **Treasurer: Stephanie Betschart**

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



## **Website Officer: Kathryn Fletcher**

We're not sure how Kathryn keeps on top of things sometimes as we've thrown an enormous amount at her given she's in charge of liaison with our website builder. We have huge development plans going on behind the scenes and Kathryn is researching ways we can deliver the improvements over the next year – as long as she stays sane. . .

.....STOP PRESS.....Claire Rodrigues is our new Administrative Secretary.....STOP PRESS