



# The Australian Hypnotherapy Journal

The official journal of the AHA & its member associations ASTA & ASOCHA

**April 2018**

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Letters to the Editor should be clearly marked as such and be a maximum of 200 words.

**Editor:** Chereyl Jackman

**Front Cover:** Krabi, Northern Territory Sunset (*Your Photos are welcome*)

## President's Report

## Mailin Colman



Greetings members and a happy autumn to all!

The most pressing AHA matter right now is **renewals**. Please be aware of the new system as it seems many members have missed the emails relating to the new process with the new CRM system.

- The online renewal form will not allow members to upload documents – CPD, supervision and renewed insurance, first aid and police / working with children checks must be emailed in to [administrator@ahahypnotherapy.org.au](mailto:administrator@ahahypnotherapy.org.au).
- **Payment for professional members** – there is a glitch in the system that we have been unable to rectify. This means that professional members invoices have to be manually generated. We are doing this on request and as members send in their renewal documents. Emails have been sent out to all professional members regarding this. All other levels of membership are able to pay within the online renewal form.
- **Renewal cut off:** Members who have not renewed or contacted AHA admin will be automatically shifted to suspended on the 30<sup>th</sup> of April.
- **Assistance:** Please do not hesitate to contact AHA admin on 1300 55 22 54 or [administrator@ahahypnotherapy.org.au](mailto:administrator@ahahypnotherapy.org.au) if you require assistance or have not met membership requirements. Admin are more than happy to help.

### AHA QLD – new SEO

We are pleased to welcome Greg Thompson as the new caretaker SEO of QLD. Please support Greg during his transition into this role.

### Committee members required – state and national

Members will have seen the email sent out a few weeks ago in regard to the shortage of committee members. With the AGM's coming up (please see <http://www.ahahypnotherapy.org.au/hypnotherapy-training/aha-events-calendar/> for dates), this is your opportunity to make a difference and be the change you wish to see.

Please be assured that all members wishing to join a committee will receive unlimited assistance, support and knowledge – no one will be left to flounder! As a long time committee member, I can vouch for the valuable sense of achievement, learning, contribution that I take away from volunteering my time in this way. I heartily recommend it!

Wishing you all a wonderful, prosperous and productive few months ahead.

Warmest regards,

**Mailin Colman**  
President, AHA

**NOTE: Some internet links may not be accessible from this journal and will have to be manually entered if you require more information.**

National Hypnotherapists Register Australia: <http://www.ahahypnotherapy.org.au/find-a-practitioner/>  
AHA guidelines & policies: <http://www.ahahypnotherapy.org.au/member-area/policies-procedures-and-guidelines-for-members/> (Access requires member to be logged on)  
AHA Submissions to Government: <http://ahahypnotherapy.org.au/submissions-to-government/>  
State and national contact details: <http://www.ahahypnotherapy.org.au/contact-us/>

## Keeping in touch ...



<http://www.hypnotherapycouncilofaustralia.com>



[http://www.psh.org.au/about\\_psh.htm](http://www.psh.org.au/about_psh.htm)



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**Chereyl Jackman**

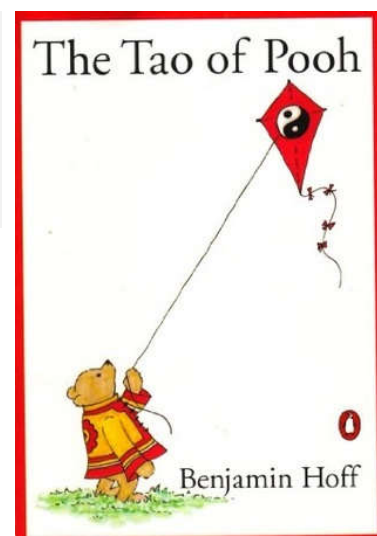
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## Book Review 'The Tao of Pooh'

Title: The Tao of Pooh  
 Author: Benjamin Hoff  
 Publisher: Egmont 2002; first published 1982  
 by Methuen Books  
 ISBN: 978-0-4161-9925-3

*Piglet is a great worrier. One day, Piglet and Winnie the Pooh were sitting under a great tree when Piglet looked up and exclaimed "oh my! What if that branch was to fall on us?" To which Pooh calmly replied "and what if it doesn't". That is a passage that I am often telling my clients who present with symptoms of worry. It is a philosophical gem. One of the many gems that are to be found in this modern classic.*



Benjamin Hoff has miraculously combined the wisdom of Winnie the Pooh with the ancient Chinese philosophy of Taoism. Taoism encourages its followers to live in harmony with the way of the universe; while Pooh lives in harmony with the Hundred Acre Wood.

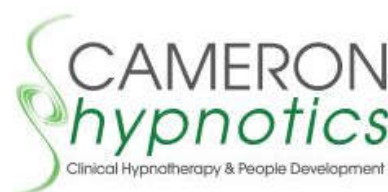
There are so many metaphors and stories that I have shared with clients or used when clients are in trance. Hoff talks about the Taoist P'u. It is the essence of the uncarved block. I invite my clients to return to the uncarved block; to find the pure essence of self. I explain that when we are born we are an uncarved block and throughout life there is always someone who is either carving your block or attaching something. Wouldn't it be enlightening to hand everything back to the other, so that you can stand in the truth of your uncarved block.

It has been argued that A. A. Milne upon returning from World War I, had great difficulties adjusting to normal life. He escaped to the country where he wrote his best works. The characters in Winnie the Pooh are all representative of mental health conditions. Pooh had an eating disorder. Piglet had anxiety. Owl was dyslexic. Tigger demonstrated what we would now label ADHD. And so forth. A day doesn't go by without one of these characters coming to my practice.

I commend this book to any therapist who is looking for interesting stories and metaphors to weave into your healing.



Brett Cameron, BA CHt,  
 Cameron Hypnotics  
 Newcastle NSW.  
 Mobile: 0403 335751  
 Email: [brett@cameronhypnotics.com.au](mailto:brett@cameronhypnotics.com.au)  
 Web: [www.cameronhypnotics.com.au](http://www.cameronhypnotics.com.au)





## Alternative Solutions

**Bruni Brewin**

[www.brunibrewin@bbbenefits.com.au](mailto:www.brunibrewin@bbbenefits.com.au)

### Irritable Bowel Syndrome (IBS)

IBS affects 10% of the Australian population at any point in time and about 40% over a lifetime, according to the *MJA* Narrative Review.

The reviewers argued that in general, the condition was not well handled within the Australian health care system, leading to “frustration and dissatisfaction in patients and doctors alike”.

Sydney gastroenterologist, Dr Katie Ellard noted that [a randomised trial at the Alfred Hospital in Melbourne](#) involving 74 patients with IBS found that gut-directed hypnotherapy was equally as effective as the low FODMAP diet at reducing gastrointestinal symptoms. (As posted in the AHA last Journal.) Ellard had referred several patients for hypnotherapy and was “impressed by the results”.

Gastroenterologist, Dr Simone Peters told *MJA InSight* that when choosing a hypnotherapist for IBS, doctors should refer to “a specialist gut-directed hypnotherapist with a thorough understanding of IBS and a background in gastroenterology”.

### Alternative Solution?

Some Members of the AHA have undergone training by Gastroenterologist, Professor Peter Gibson, Dr Sue Shepherd in the FOODMAP diet and in Gut-Directed hypnotherapy, throughout many States of Australia.

You can obtain details of such qualified IBS hypnotherapists near you, from the AHA National Advisory Line 1300 552 254 (9:00am – 12:00pm)

Ref: Colyer S. *MJA InSight*, Issue 38 / 2 October 2017.  
Ending diagnostic uncertainty about irritable bowel syndrome.

For details of a qualified hypnotherapist near you:

<http://www.ahahypnotherapy.org.au/find-a-practitioner/>

### FOR AHA MEMBERS ONLY ... HAVE YOU JOINED THE AHA DISCUSSION GROUP?

**Nothing could be simpler**

By joining the AHA discussion group forum you gain access to the largest membership of any hypnotherapy association in Australia, a huge resource of sharing ideas to benefit our practices. It helps all members, no matter which State you are in, whether you live in a CBD or Rural District – each of us are able to communicate and share ideas and knowledge with every other member.

It's as simple as writing an email, just like you do when writing an email to a friend.

Your forum email address is:

[aha-discussion@googlegroups.com](mailto:aha-discussion@googlegroups.com).

When you are a member of the forum, you receive posting from other members, as well as being able to post yourself. You can decide whether to respond to an email to be helpful, or watch other responses, or just delete the email if you have no interest in the topic of discussion. These postings can include requests for help with clients, interesting articles, and other discussion topics of interest to your hypnotherapy practice.

The one rule we have is that you do not post advertising (your own or links that have advertising of their own or someone else's business, workshops, etc).

Advertising can be placed in the Journal. Refer Australian Hypnotherapy Journal Advertising Guidelines in 'Contents' page for details of fees and page number.

We would like to see all members being involved, so if you haven't joined us yet, send an email to my personal email address:



#### AHA Discussion Group

Jeremy Barbouttis

02 9518 9912

[jeremy@clinicalhypnotherapy.net.au](mailto:jeremy@clinicalhypnotherapy.net.au)

... and I will verify that you are an AHA member and add you on. (You are required to do this before you can receive or post any messages.)

## **Historical and Influential Masters of Hypnosis: (part 2)**

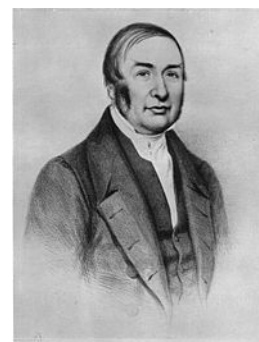
### **James Braid (1795-1860), and James Esdaile (1808-1859)**

*"A person without the knowledge of their past history, origin and culture is like a tree without roots." ~ Marcus Garvey*

I love history and I am fascinated by the history of hypnosis. In this series I will be covering the contributions to the field of hypnosis of Franz Mesmer, James Esdaile, James Braid, Milton Erickson, Hippolyte Bernheim, Emile Coue, Jean-Martin Charcot and others. Part 1 (Franz Mesmer) appeared in the 2018 Summer edition (Vol. 66 issue no.12) of the *Australian Hypnotherapy Journal*. See link below.

<http://www.ahahypnotherapy.org.au/public/21/files/Publications/AHJ%20January%202018.pdf>

James Braid and James Esdaile were both Scotsmen. They were both practising surgery in an era before the invention of chloroform and ether. They both had an interest in the efficacy of using trance in a surgical setting. However, that is where the similarities end. Esdaile had his feet set in the workings of Franz Mesmer, and he was a fervent advocate of animal magnetism and mesmerism, while Braid explored mesmerism yet pursued a more traditional course of enquiry. In this paper I will look at how the workings of these two hypnotherapy pioneers have influenced generations of therapists to this day.



James Esdaile was afflicted with chest and breathing difficulties at a young age and from his early 20s he spent most of his time in India and Egypt, in the hope that the warmer climes would benefit his health. He gained employment with the East India Company in Calcutta and fulfilled a 20 year contract there working as a surgeon, being responsible for the Hooghly Hospital. He claimed to have completed over 3,000 surgeries with 315 being conducted using mesmerism as his only tool for pain relief. <sup>1</sup> Esdaile completed 19 limb amputations with no available chemical pain relief. <sup>2</sup> Many have argued that Esdaile was able to practise his mesmeric skills due to the fact that the majority of his patients were natives. There is little evidence of him working with English patients while he was in India. Waterfield suggests that Esdaile was a living example of colonial prejudice, with his disregard for the native patients being reflected in him nonchalantly stabbing a knife into a tumour to see how deep it was. <sup>3</sup> Esdaile owed a part of his success to his belief that the native was displaying animal-like passivity and awe of the European. <sup>4</sup>

Esdaile claimed that his post-operative death rate was reduced from 50% to 5% due to his use of magnetism (mesmerism). He said that by making mesmeric hand passes over a body, vital energies mobilised the body's natural curative resources. Waterfield suggests that his success was perhaps due to the reduction of post-operative trauma as the patients were experiencing a form of anaesthesia. <sup>5</sup>

Like other mesmerists, Esdaile was not without controversy. He was met with hostility and suspicion by the medical establishment in India and in the United Kingdom. <sup>6</sup> In 1846 he was asked to appear before a medical committee in Calcutta to test the efficacy of Mesmerism. He was given a 70% success rating after working on 10 patients. It was observed that while all patients did experience trance, with some patients it took them up to four days to become entranced for surgery. Esdaile and his processes were under constant scrutiny. In 1848, the newly arrived Governor General Lord Dalhousie, promoted Esdaile beyond the sphere of hospital medicine to a role of President-Surgeon, whereby he was moved to a role that reduced his contact with patients. It can be argued that Dalhousie was acting from political pressures from the established medical fraternity. Soon after, the mesmeric hospital was closed. The era of mesmerism in surgery was coming to an end; not because the conservative medical fraternity had won, but mainly due to the discovery of ether in 1846 and chloroform in 1847, thereby making the use of mesmerism for anaesthesia redundant. <sup>7</sup> Esdaile returned to Scotland where he continued to practise medicine and died in 1859.

<sup>1</sup> Waterfield, Robin, *Hidden Depths, The Story of Hypnosis*, Pan Books, London, 2002, p. 197.

<sup>2</sup> Playfair, Guy Lyon, *If this Be Magic, The Forgotten Power of Hypnosis*, White Crow Books, Guildford, UK, 2011, p.31.

<sup>3</sup> opcit., Waterfield, p.195.

<sup>4</sup> ibid., Waterfield, p.197.

<sup>5</sup> ibid., Waterfield, p.197.

<sup>6</sup> Ellenberger, Henri, F., *The Discovery of the Unconscious*, Fontana Press, London, 1970, p.115.

<sup>7</sup> Waterfield, *Hidden Depths*, p 199.

James Braid was also a Scottish born surgeon who found an interest in mesmerism, however compared to Esdaile, he chose to walk a more conservative path. He graduated from Edinburgh University with a medical degree yet spent most of his professional life in Manchester. It was in Manchester, on 13 November 1841, that he became fascinated in the methods of mesmerism after attending a show by a French mesmerist, Charles Lafontaine. Braid was one of the medical professionals who were invited to attend to Lafontaine's magnetized subjects. Braid confirmed that they were indeed in a *different* physical state. He left that show convinced that he had witnessed something worth researching. He found that he was able to stimulate the phenomena of mesmerism on his patients simply by asking them to fix their gaze on a particular object. He demonstrated many times that by having a 'fixed' gaze, the subject would enter into a state of mesmeric somnambulism. Braid preferred his own term and thus created the word 'hypnotism'.<sup>8</sup>

Braid determined for the term hypnotism to be restricted to where "the subject has no remembrance on awakening of what occurred during his sleep, but of which he shall have perfect recollection when passing into a similar stage of hypnotism thereafter." He referred to this as the double conscious state.<sup>9</sup> Braid was of course referring to what we would now call hypnotic amnesia. He also argued that hypnotized subjects become focussed on a single idea and as such he introduced the idea with patients that they could replace a negative idea eg. hysteria, with a more life-affirming idea. Maybe Braid can also be attributed with the creation of "reframing".<sup>10</sup> He argued that the mind had an obvious effect on the body. He believed that he could occupy the mind of a patient with a healing suggestion that could effect cures.

By Braid adopting scientific approaches he was perhaps inadvertently giving the works of mesmerism a higher level of acceptability. Braid had dismissed the unscientific theories of the magnetists and mesmerists yet he was intrigued. He had renamed the phenomenon and was providing physiological theory for trance induction. His work was more acceptable to science than the mystical theories of the animal magnetics.<sup>11</sup> Yet he was not without his critics from the medical establishment.

*"I consider the hypnotic mode of treating certain disorders is a most important ascertained fact, and a real solid addition to practical therapeutics, for there is a variety of cases in which it is really most successful, and to which it is most particularly adapted; and those are the very cases in which ordinary medical means are least successful, or altogether unavailing. Still, I repudiate the notion of holding up hypnotism as a panacea or universal remedy. As formerly remarked, I use hypnotism ALONE only in a certain class of cases, to which I consider it peculiarly adapted – and I use it in conjunction with medical treatment, in some other cases; but, in the great majority of cases, I do not use hypnotism at all, but depend entirely upon the efficacy of medical, moral, dietetic, and hygienic treatment, prescribing active medicines in such doses as are calculated to produce obvious effects" — James Braid<sup>12</sup>*

James Esdaile and James Braid were both important pioneers in the field of what we now call hypnosis. They were contemporaries yet approached their work from a different perspective. There are letters between the two surgeons where they discuss their vast experiences with patients; Braid using and studying hypnosis and Esdaile using mesmerism. In one letter from Esdaile to Braid he says,

*"I have not seen any of the papers you allude to in the journals; but am glad to hear that the doctors are, at last, condescending to turn their attention to one of the most interesting and important subjects ever submitted to the consideration of the physiologist, the metaphysician, and natural philosopher ... the Mesmeric phenomena ..."*<sup>13</sup>

*Furthermore Esdaile says " I am fully aware that there are various modes of inducing the Mesmeric symptoms,"*<sup>14</sup> yet he (Esdaile) remained convinced that the merits of magnetic mesmerism were superior.

As argued by Waterfield, the English medical establishment had grown weary of "animal magnetism and mesmerism". The phenonema had travelled from France to Britain and now it was time for it to return to France. James Braid had been tarred with the same "brush of fraud and eccentricity,"<sup>15</sup> as had been attached to the works of other mesmerists. Braid was having papers rejected by his British contemporaries while at the same time, in 1860 he

<sup>8</sup> Ibid., Waterfield, p202.

<sup>9</sup> Rossi, E. L., Cheek, D. B., *Mind- Body Therapy, Ideodynamic Healing in Hypnosis*, W.W. Norton & Company, New York, 1988, p.10.

<sup>10</sup> Waterfield, p203.

<sup>11</sup> Rosenfield, Saul, Marc, *A Critical History of Hypnotism*, Rosenfield, USA, 2008, p33.

<sup>12</sup> Braid, *Magic, Witchcraft, Animal Magnetism, Hypnotism, and Electro-Biology, etc.*, (1852), pp.90–91 (emphasis in the original).

<sup>13</sup> [www.ukhypnosis.com/2010/08/09/james-esdaile-writes-to-james-braid](http://www.ukhypnosis.com/2010/08/09/james-esdaile-writes-to-james-braid). Quoting Braid, James, Hypnotherapy, The Founder of Hypnotherapy.

<sup>14</sup> Ibid., [www.ukhypnosis.com](http://www.ukhypnosis.com)

<sup>15</sup> Waterfield, p 201.



had a paper read by the French Academy of Sciences. It would be the French who would lead the next wave of study and practice of the healing arts of hypnosis.

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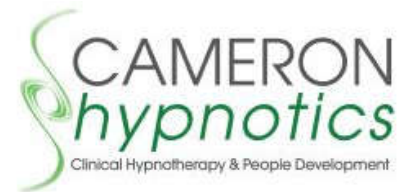


Brett Cameron, BA CHt,  
Cameron Hypnotics

Mobile: 0403 335751

Email: [brett@cameronhypnotics.com.au](mailto:brett@cameronhypnotics.com.au)

Web: [www.cameronhypnotics.com.au](http://www.cameronhypnotics.com.au)



## **Why assessing the efficacy of hypnotherapy for smoking cessation is a messy business!**

As trainers of hypnotherapists, we keep an eye on research. A look at the Cochrane Library shows that Barnes and colleagues (2010) conducted a review of randomised controlled trials and found no evidence that hypnotherapy has a greater effect on 6-month quit rates than other interventions. 'There aren't enough high-quality studies to be able to say definitively whether hypnosis is superior to any other treatment. At best, we can say that it appears to be equivalent.'

So, it may be effective but may be no more so than other interventions, and insufficient research is an issue.

### **Some problems besetting research are:**

1. Hypnotherapy is often used, in practice, alongside other therapies, such as cognitive therapy, counselling, NLP, and solution-focused therapy. So, this is messy to study because the study won't have real world validity if it isolates hypnotherapy. However, if it studies a blend of therapies, it is not isolating and testing 'pure hypnotherapy' so any effect found could be due to the other therapy.
2. Case studies abound, but randomised controlled trials are fewer.
3. To avoid bias, a study will often use a random sample. But many of us bias our sample in real-world practice. We turn away unmotivated clients because a level of personal effort is often required, or we delay, e.g., while grieving passes. We see this 'bias' as a good thing for therapist and client, not something to avoid or an irritating intrusion.
4. Researchers rightly want to control extraneous variables, so they can be sure of what they're measuring. Typically, they like to standardise the process. Each therapist is given a protocol, script, or instructions to behave in the same way. Yet, in the real world, many hypnotherapists work ideographically, i.e., tailoring everything to the unique client in front of them, following the dynamics of discussion, capitalising on tiny changes and making more of them rather than persisting with a plan that needs adapting, creating hypnotic suggestions on the fly, and generally feeling their way through it.

This generates a complex mass of variables, meaning science is probably not yet equipped with the tools to adequately measure what it purports to measure. Simply measuring outcomes across

a massive sample of therapists and clients might help but this is uneconomical and there is no profit motivation to conduct this research.

5. Is 6 months a reasonable duration? Is returning to smoking within 6 months a relapse due to ineffective therapy, or a choice by the ex-client? Hypnotherapy may have worked but it isn't mind control. What exactly is an effective outcome?

6. Are the therapists in research representative of the therapist population? If not, it should be stated which submodality they belong to (e.g., cognitive hypnotherapy). For science to be truly worthwhile and flourish, the granularity of research may need to change.

The state of research is not yet sufficient to advise the public whether hypnotherapy is a good method for quitting smoking. So, we're left with anecdotal evidence and hundreds of case studies. Clients who have not succeeded by other methods and have struggled to quit for years have quit. Some do not.

### Reference:

Barnes, J., Dong, C. Y., McRobbie, H., Walker, N., Mehta, M., Stead, L.F. (2010)  
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001008.pub2/full>



**Karen Bartle, MSc and Paul Peace, PhD**, are Advanced Hypnotherapists, Co-founders of the **Academy of Advanced Changework Hypnotherapy & NLP Training Academy**, and Co-authors of *The Advanced Hypnotherapist*. They are based on the Sunshine Coast, and their Academy runs courses in Brisbane, Gold Coast, Sunshine Coast, Sydney, Melbourne and Perth. For more information, call Karen on (07) 53 292 293 or view their website at [www.hypnotherapy-training.com.au](http://www.hypnotherapy-training.com.au)



## Treating Non Epileptic Attacks (NEA) using Hypnotherapy

By Jerry Knight Dip. Clinical Hypnotherapy & Dip. NLP

### Abstract

Many different words are used for Non Epileptic Attacks (NEAs). The more commonly used terms include non-epileptic seizures, non-epileptic events, dissociative seizures, pseudo seizures, pseudo epileptic seizures, psychogenic seizures, functional seizures, or conversion seizures.

For the purpose of this paper I will refer to the condition as Non Epileptic Attack Disorder (NEAD). It is estimated that between 10,000 and 15,000 people experience NEAD in the UK. The number of people who experience NEAD in Australia is unknown.

This paper explores using hypnotherapy to treat NEAD with a female patient we will call Emma. She was in her early 20's and had recently become pregnant. As her GP withdrew the medication for her NEAD condition, an alternative treatment option was sought by her very loving and supportive parents.

Emma averaged between 6 and 8 seizures a week. She suffered high levels of anxiety and stress, coupled with low self-esteem and confidence due to many years of bullying.

Emma had 6 sessions of hypnotherapy. During that time, the number and intensity of her seizures reduced to a point where she had no seizures in nearly 5 weeks. Additionally, Emma and her parents saw a significant reduction in her anxiety and stress levels and an increase in confidence, self-esteem and more regular sleeping patterns.

Emma's parents were keen for her to use hypnotherapy through the birth of her child. Unfortunately, Emma had to have an emergency caesarean section before this could eventuate. She gave birth in early 2018.

This paper explores the patient's background, her medical history, the hypnotherapy approach and how she responded to the treatment she received.

## **Introduction**

NEAD can often be mis-diagnosed as epilepsy. NEAD is a condition that is not caused by abnormal electrical activity in the brain (like epileptic seizures). It is caused by the brain unconsciously shutting down in response to psychological trauma including anxiety and stress. People who suffer from NEAD often lose consciousness and loss of bladder control as a result of the seizure.

Having so many different names for the same condition can be very confusing. However, all names describe the same thing: attacks which look similar to epileptic seizures but are not caused by abnormal electrical activity in the brain (epileptic activity).

## **Current methods of treatment for NEAD**

Anti-epileptic medication will not work unless the patient also has epilepsy. Most often patients will be referred for psychotherapy, usually Cognitive Behavioural Therapy (CBT). If anxiety or depression are present then the patient will be offered medication. A definite diagnosis and the patient's understanding of the condition is often the first step in helping. Once the patient has gained an understanding to what is happening to them, the non-epileptic attacks can occur less often and may stop altogether.

## **Discussion**

Emma was born by Caesarean Section. Immediately after her birth, Emma was discovered to have a cut in her right cheek. It penetrated almost through the thickness of her lip. It was believed to have most likely occurred just prior to Emma being born when her mother was subjected to an amniocentesis procedure to check the maturity of the baby's lungs. At birth, Emma's Apgar score appeared normal. Five minutes later her Apgar score fell from 7 out of 10 to 4 out of 10.

At 4 months it was noticed that Emma only used one side of her body to reach for things. Her GP referred Emma to a paediatrician. The paediatrician saw Emma at 6 months. An MRI was conducted to determine if she had any brain damage. The paediatrician advised the parents that she had suffered a stroke, most likely on the morning of her birth. The damage caused left side hemiplegia and the right brain was effected. It was unclear if the amniocentesis procedure had been a contributing factor.

Emma had an encephalogram (EEG). It was determined that she would have severe Epilepsy and needed to be placed on anticonvulsant drugs. Emma was placed on a low dosage of an epileptic preventative treatment, Epilim. It was found that it assisted in calming her down and reduced the mood swings she had been experiencing. At six months, Emma was diagnosed with Cerebral Palsy.

Emma saw a neurologist who established that she did not have Epilepsy. She was referred to a Psychiatric Neurologist with a diagnoses of Non Epileptic Attack Disorder (NEAD). Emma did not experience any seizures until she was around 16 years old. Since then she had between 6 and 8 seizures a week. She had no unawareness of when a seizure occurred. After an attack she felt as if she has suffered severe cramping throughout her body.

The seizures effected Emma's quality of life to a point where daily functioning had become difficult. Emma had learning difficulties and needed some level of support in her everyday life.

In her early twenties, Emma took a partner and subsequently fell pregnant. Her doctor immediately took her off the epileptic preventative medications as they had the potential to harm the foetus. She was advised that the seizures would most likely increase.

An alternative treatment option was sought. Hypnotherapy was suggested due to its success in helping other patients with an array of issues.

## **Method**

Emma's first appointment of approximately 30 minutes included a discussion on hypnotherapy and to identify if it could potentially help her. Emma's parents were present. They mentioned that she had suffered bullying throughout her life and as a consequence suffered significantly from anxiety, stress, lack of confidence and low self-esteem.

On completion of the initial chat, Emma's parents were keen to give it a try. This was followed by a 10 minute conversation alone with Emma to assess if and how she could be treated using hypnosis. Emma found it difficult to talk or make herself clear, generally giving only short answers and or shrugging her shoulders. This may have been because she was alone with someone she did not know.

During the session a gentle waking hypnosis technique (Yapko, 2012) was used with her. It was decided that it was possible to treat her with hypnosis as she had a very creative side to her. The focus of the hypnosis treatments would be to reduce her levels of anxiety and stress and at the same time improve her confidence and self-esteem.

## **Results**

Short, simple sentences were used to induce a trance-like state in a way that would suit her. She appeared very receptive to hypnosis and went into trance quite easily after a slightly longer induction. Simple childlike fairytale type metaphor approaches were constructed and used for Emma. During each trance session she remained completely still with only the occasional Rapid Eye Movement (REM).

Emma had difficulty with communication and was not very forthcoming with information. In answering questions she tended to shrug her shoulders, give an occasional smile and generally was not very expressive. I discovered that she was relatively creative, liked to paint and sing. Additional background information came from her parents. They offered guidance for her and I was able to develop treatment outcomes that could be used to provide an appropriate style of hypnosis and types of suggestion that would narrow the focus of each session to improve her situation, reduce anxiety and increase her confidence as the treatments progressed.

A priority for the first session was the use of Amnesia (Yapko, 2012) to assist Emma in letting go of past trauma.

Emma was unaware of what took place throughout each trance session. Some of the positive changes directly related to the hypnotic suggestions and directions given during trance, were observed by her parents after the sessions. This was mostly noticed by the uncharacteristic modifications Emma made to her patterns of speech.

During the second hypnosis session she had a seizure. This was treated as an abreaction (Yapko, 2012). After the trance session Emma was aware that she had had a seizure due to the residual tension in her body post seizure. In discussion with her parents it appeared that using the abreaction approach may have reduced the usual 8-10 minutes recovery time of a seizure to around 3 minutes.

Throughout the hypnotherapy there was always limited conversation with Emma. Most of the feedback and input came from her parents. On occasions feedback came from Emma in the form of a visible expression which suggested that she was pleased with herself.

Interaction with Emma did improve as the hypnosis sessions progressed. She became more comfortable in the therapeutic situation and more aware of the improvements in herself as a result of the treatment. Subsequent visits improved Emma's level of confidence. Her parents reported that Emma was speaking to them in a more assertive manner than they had previously experienced. Emma also felt and noticed a reduction in her overall anxiety levels, as did her parents.

Prior to therapy, Emma had always had sleeping problems or difficulty having quality sleep. This improved after the hypnosis to the extent that she was able to go to bed and straight to sleep of her own accord at reasonable hours between 20:00hrs and 21:30hrs. Despite still having broken sleep, Emma also found it was possible to go back to sleep. This did not occur prior to hypnotherapy.

As her treatment progressed, it was noted that when Emma attended her Mai-Wel classes, the art teacher made several comments over a number of weeks that Emma was more focussed and relaxed when painting.

Emma's parents also saw huge improvements in Emma's behaviour, her self-esteem and confidence, a significant reduction in her anxiety and an increase in her ability to cope with the seizures.

Emma's seizures reduced to one a week after the first session. They increased to 4-6 a week with a reduced level of intensity after the second session. From session two through to six, Emma had occasional seizures and a period of around 5 weeks with no seizures at all. After session 6 the seizures increased in number and severity. She needed to be more closely supervised in the event she could fall.

After frequent hospital visits and monitoring by medical staff over a two week period, it was suggested that withdrawal from long term use of the epileptic preventative medication and the huge hormonal changes taking place in Emma's body due to the pregnancy, were the likely causes for the increase in seizures. Emma's and her baby's safety became a priority and the hypnotherapy treatment stopped after session 6.



Overall, as the hypnotherapy treatment progressed, Emma's parents saw a continued improvement in her confidence and a reduction in anxiety. They were keen to use hypnotherapy for Emma through the childbirth as well. Unfortunately Emma had an emergency caesarean section before this could eventuate.

## Conclusion

Treating NEAD using hypnosis was a challenge that required a very flexible approach and innovative ways to deliver the right treatment options. I used simple, creative sentences and metaphors to overcome Emma's limited use of language. Secondly, it was important to find different ways to measure the effectiveness of the overall treatment, especially as Emma was not very communicative. However, this issue was made easier by the support of her insightful parents who made substantial contributions to their daughter's healing. Their guidance and my own observations made the task that much easier.

Since giving birth in early 2018, Emma has not had another seizure, only minor twitching around the face. As she has not had a hypnotherapy session since November 2017, it remains unclear if the absence of seizures is due to the hypnotherapy treatment she received.

It is hoped that Emma will return for more sessions of hypnosis in the near future to completely resolve her problems with anxiety, reduce her stress levels, increase her self-confidence and self-esteem and perhaps to resolve the twitching in her facial muscles.

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Jerry Knight Dip. Clinical Hypnotherapy & Dip. NLP  
 Lake Road Medical Centre  
 Newcastle NSW




Jerry has had an extensive career in the UK military (Royal Navy) and Australian Defence Force (ADF). Jerry has travelled throughout his life. He has visited over 100 countries and lived in Germany, USA, Yemen, Norway, England, Wales, Scotland and now Australia. Jerry saw combat in the Falklands, Kosovo, Macedonia, Sierra Leone and Iraq. Jerry was invited to join the Royal Australian Navy (RAN) arriving in Australia in 2009. He served in Southern Lebanon, Israel and the Sinai desert in Egypt. Jerry fulfilled a long term ambition and trained as a hypnotherapist in 2013 at the Australian College Hypnotherapy (ACH) in Sydney. He has a key focus on PTSD, anxiety, depression, stress, phobias and sport. He works with a wide range of patients: military, domestic violence, rape, bullying, body image, confidence, self-esteem issues and children.

[www.jkhypnotherapy.com.au](http://www.jkhypnotherapy.com.au)    [jerry@jkhypnotherapy.com.au](mailto:jerry@jkhypnotherapy.com.au)    Mobile 0427 158 191

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The AHA National Executive Committee has arranged a discounted combined professional indemnity and general public liability insurance policy for our members.

This policy has been specifically designed for AHA members and offers excellent rates and cover.

Should you have any questions concerning this insurance policy or any other insurance related enquiry, we encourage you to call

**Fenton Green & Co on (03) 8625 3333 or 1800 642 747.**

Visit: <http://www.fentongreen.com.au/allied-health-practitioners.php>  
and click on AHA (4<sup>th</sup> line down).



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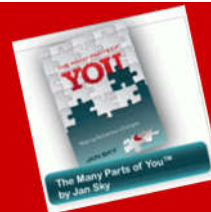
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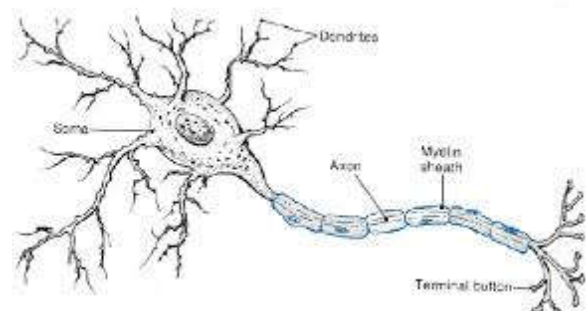
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## AHA State Workshop Reports Queensland Workshop 18.2.2018

### SOMATIC PSYCHOLOGY READING COLLECTION

By Noa Belling (Rothgiesser), MA Somatic Psychology

Noa Belling's provided a deeper understanding of somatic approaches in psychology. Her practical eclectic approach draws on findings from neuroscience to support her method. She recommended getting out of your head and into your body to facilitate getting out of our own way.

When people go to a seminar, they need to notice what they have walked in with and where it is located in their body. Then they need to ask their body to unfold into the polar opposite, something that's more supportive. Retest their original space. Then go back to the positive – allowing the body to find a more supportive, open, more engaged space. Add a smile, patience, harmony. Close your eyes. Welcome yourself back.

**Somatic Psychology:** A body experience from within ... out.

**Psychotherapeutic approach:** use the body as an assessment tool.

**Authentic movement:** The body and its movements reflect the inner workings of the unconscious.

**Implicit memory:** 2-3-4 ... at 7 years of age we create a narrative. We can remember pre-birth – procedural – we just do it like riding a bike. We have a felt experience of how life was and it becomes a State Dependent Memory.

**Reality is for people who can't handle drugs.**

What we call reality is a drug induced state only the medications are natural and produced internally, not lab-made and prescribed or bought on the street.

We all have many subpersonalities or altered states of consciousness that are happening at the level of the bodymind. We need to make contact with our body to create a deeper understanding of who we are and how we are operating to survive in our environment.

In the bodymind, change is more of a multidimensional "state change". The shift involves the whole organism. There is a simultaneous change of thoughts, emotions, physical reality and even energetic transformations at more subtle levels.

In normal people, emotions can trigger change from one personality to the next. Like light, which is both a wave and a particle, feelings become matter and can precipitate sudden expressions of gene programs i.e. inflammation or altruism, as they vibrate in the quantum field.

Much of our physical life is unconscious. We are rarely aware of body sensations, feelings, gestures, movements, muscle contractions and releases or even the way we breathe. Freud said, "Anatomy is destiny." We now understand that anatomy is destiny in many more ways. We might also say that "posture is destiny".

From a structural (osteopathic) point of view: "Form follows function". We use our bodies to survive in our perceived environment.

In infancy and childhood we develop certain deeply unconscious neuromuscular and energetic postures that arise as physical expressions of our feelings and chronic mental states. The unique qualities of our gait and mannerisms, our body language become identification markers that are clearly recognised by others.

For example, responses to fear may express themselves as habitual physical rigidity, energy blockages which restrict the life force, shallow breathing, digestive issues, frozen eyes and other unconscious behaviours.

The deep patterning of the body will undermine our most elaborate rationalizations, ideas, hopes, and fantasies.



The sciences of Yoga, Medical Qi Gong and Tai Chi to name a few, recognise the critical role of the body in the development and transformation of character. The body is the doorway to more subtle inner worlds.

## The Healing Power of Emotions

Emotions are physical, not psychological and act as a bridge between body and mind. As we alter the awareness of our emotions we alter our physical state. Managing our emotions is now considered a form of disease prevention.

Ralph Allison coined the term *inner self helper*. His colleagues evolved this into the *higher self*. It is believed that the key to successful psychospiritual therapy and/or feeling good is to train yourself to come from the highest possible “observer” or the subpersonality most closely associated with the divine or the higher self.

This can be achieved through meditation, prayer, chanting, mantras, mandalas, yantras (personal mandalas) sand painting, affirmations, sacred dance, any of the forms of yoga, etc., the list is endless.

While thinking about who we really are and the role that emotions play, lean backwards and forwards in your chair to change your posture, inviting your body to breathe in new neural networks.

People don't know until they've fallen off the wagon a few times that they have the ability to move out of a particular frame of reference. The new space must be held for a minimum of 30 seconds. These are “Mindful Body Moments.” Train your brain to have a positive response rather than a negative one to difficult situations. If you don't want to deal with a painful experience, at least learn to feel the pattern. This starts the process of changing neural networks.

At the beginning of the day, think of a positive state and reinforce it during the day. A constructive affirmation repeated 12 times before going to sleep at night reprograms the brain for the following day. Assess your effectiveness over time.

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## The Blood Sugar Challenge

by Antoine Matarasso

In the last years, more and more people have rung up saying that they are addicted to sugar. Most of us treat addictions in the old way. Refer “Lost Connections” by Jodana Hare.

In 2014 25% of the population in Australia were obese. By 2025 the obesity rate will be 33.3%. Overweight statistics indicate that worldwide, people who are overweight will be 63.4%.

Today we're richer, eat more and eat the wrong kind of food. Media advertising cons us into eating more than we need. All foods are available all of the time. We used to enjoy holiday food – now, nothing is special. We must change our lifestyles.

- In 1700 the average person consumed 2 kgs of sugar a year.
- In 1800 it was 10 kgs of sugar a year.
- By 1900 it was 40 kgs of sugar a year.
- Currently the average person consumes 80 kgs of sugar a year.



Type 2 Diabetes and obesity are now in the same category as cancer and heart disease. Some of the symptoms of HBS are: Lethargy, tiredness, unable to think straight, distracted, peripheral neuropathy.

Herbal medicine and hypnotherapy have been proposed as a natural alternative to the current prescription drug to reduce high blood sugar (HBS).

A proposed study on using drugs and hypnosis to bring HBS down in 12 weeks, is seeking 180 people for six, one on one sessions of hypnosis over 12 weeks.

As part of the treatment plan, participants will be given a standard blood test by QM, receive an information pack, advice on nutrition and lifestyle changes, counselling, hypnosis scripts, an hypnosis CD with follow up text every couple of days, email support and asked to join a support group on Facebook.

### The Biggest Sources of Sugar in our Diet

The biggest sources of sugar in our diet measured by teaspoons are:

Soft drinks	33	Sugar & candy	6.1	Cakes, cookies, pies	12.9
Fruit Drinks	9.7	Grains	5.8	Dairy desserts & milk	2.6

There will be an information session and participants in the study will be required to:

- See a nutritionist for a 20 minute session
- Prepare their own food – portion control
- Eat at the dining table (people eat 12-15% more food in front of the TV) - mindfulness
- Reduce sugar intake to 6 teaspoons daily
- Eat seasonal fruit and vegetables.

It is currently believed that nerve damage from diabetes cannot be repaired.



#### Chereyl Jackman

BVA; MEd; Dip.Hypnotherapy; Dip.Kinesiology/Supervisor & Mentor; NLP, NLK & NOT Practitioner, CranioSacral Therapist. Cert IV Workplace Training & Assessment; Cert IV Small Business Management, Cert IV Freelance Cartooning & Illustration. Editor – Australian Hypnotherapy Journal



**Please note that parts of this article have been removed due to the fact that this is an ongoing study and certain aspects remain confidential at this stage.**



# AHA Information and Updates

## Workshops for 2017

<http://www.ahahypnotherapy.org.au/hypnotherapy-training/aha-events-calendar/>

### AHA NEW SOUTH WALES WORKSHOP REPORT - March 2018

It makes it such a joy to facilitate workshops when we can attract quality presenters like Yildiz Sethi. In NSW we are determined to offer our members a range of quality and diverse presenters and topics and 2018 has started well.

**Yildiz Sethi:** “The Magic of Neuroscience, Epigenetics, Psychotherapy and Hypnotherapy all in one.” Yildiz is a consummate presenter. Her presentation style is open, clear and professional. She is a wonderful communicator. Yildiz presented an all day (5 hours) broken up into two parts. In the first half she focussed on the treatment of addictions and how as hypnotherapists we would proceed with clients presenting with addictions. Yildiz introduced us to her own constructed modality Rapid Core Healing, which is a fusion of Family Constellations and Emotion Mind Integration. The focus of her approach is to quickly unlock the root cause of the ‘problem’ and to have it resolved.

I would highly recommend any other state AHA team to consider inviting Yildiz to your AHA workshop. The feedback on the day was overall positive and encouraging.

Regards,

Brett Cameron, ,  
NSW State workshop co-ordinator



### QLD State report

AHA QLD is delighted to welcome Greg Thompson to the caretaker position of SEO. This is a recent appointment via an extraordinary meeting held recently; hence the QLD report is being written by me at this time, giving Greg some time to settle in to the position and find his feet.

Mailin Colman  
AHA President

### WA State Report

What a great way to start the year. In February we had Christoffel Sneijders present a workshop on the Three Brains. The head, heart and gut. For some of us this was introduction to a revolutionary way of helping clients and for others an update on a method to help their clients. It was truly an interesting day.

WA’S AGM will be on the 19<sup>th</sup> of May and we will once again have the pleasure of having our President Mailin Colman attend. So if you have any questions to ask her make sure you attend the meeting or alternatively send them to me at [ahaseowa@gmail.com](mailto:ahaseowa@gmail.com). Our work shop on the day will be presented by Michael Tchernegovski and the subject is Unconscious Release with Hypnosis. There will be lots of hands on demonstrations and the opportunity to follow along and use the process personally on the day.

It is also the day for members to step forward and take the next step in their career and show that they are willing to take part in the change they wish to see. Therefore, I would like to ask clinical and professional members to consider taking this step forward and nominate for a role on either the Executive Committee or as a general support committee member. All positions will be declared vacant at the AGM. The current Western Australia Executive have been on the committee for at least 5 years at one point or another.

It is time for change. Please contact Linda Milburn or Miranda Diprose if you are willing to take that step or have any queries or even if you think of a member that you think would suit one of the roles. Nomination Forms will be emailed to all members. Hope you all have a wonderful Easter and looking forward to seeing you at the next workshop.

Kind Regards

Linda Milburn  
SEO/AHA/WA



## Victorian State Report

Victoria is being supported by only 3 wonderful people at present – Janine Nash (Workshop co-ordinator), Nina Shayan and Tim Falkiner (both endlessly helpful workers as general committee members). National is endlessly grateful for these 3 who are holding Victoria together and working very hard to continue workshop activity.

Victoria's AGM is due to be held on the 20<sup>th</sup> of May but unless we receive nominations for positions and actually have a committee to form a quorum, this AGM cannot constitutionally take place.

I urge Victorian members to consider nominating for a committee position. Please feel free to contact me for further information.

Mailin Colman  
AHA President



## State workshop dates 2018

	WA	QLD	NSW	VIC	SA
<b>AGM &amp; Workshop</b>	<b>19<sup>th</sup> May</b> Michael Tchernegovski	<b>27<sup>th</sup> May</b> Maggie Wilde	<b>3<sup>rd</sup> June</b> Neil Buckley	<b>20<sup>th</sup> May</b> Dr Max Lim	<b>26<sup>th</sup> May</b>
<b>GM &amp; Workshop</b>	<b>12<sup>th</sup> Aug</b> Lisa Webber	<b>19<sup>th</sup> Aug</b> Peter Smith	<b>9<sup>th</sup> Sept</b>	<b>26<sup>th</sup> Aug</b>	<b>25<sup>th</sup> Aug</b>
<b>GM &amp; Workshop</b>	<b>17<sup>th</sup> Nov</b> Rona Spicer	<b>25<sup>th</sup> Nov</b>	<b>25<sup>th</sup> Nov</b>	<b>25<sup>th</sup> Nov</b>	<b>17<sup>th</sup> Nov</b>

For further information and to register, see [AHA Events Calendar](#)



# AHA State & National Committees

## National Committee



### President

Mailin Colman

0417 184 355

[president@ahahypnotherapy.org.au](mailto:president@ahahypnotherapy.org.au)



### Vice President

Bernadette Rizzo

0401 082 077

[bernierizzo@hotmail.com](mailto:bernierizzo@hotmail.com)



### National Treasure & SA Representative

Rona Spicer

0408 816 118

[treasurer@ahahypnotherapy.org.au](mailto:treasurer@ahahypnotherapy.org.au)



### National Secretary

Miranda Diprose

0450 747 886

[secretary@ahahypnotherapy.org.au](mailto:secretary@ahahypnotherapy.org.au)

### State Executive Officer - Victoria

VACANT

[vic@ahahypnotherapy.org.au](mailto:vic@ahahypnotherapy.org.au)



### State Executive Officer – Queensland

Greg Thompson

0422 741 041

[qld@ahahypnotherapy.org.au](mailto:qld@ahahypnotherapy.org.au)



### Director & SEO – NSW

Lydia Deukmedjian

0410 327 665

[nsw@ahahypnotherapy.org.au](mailto:nsw@ahahypnotherapy.org.au)



### State Executive Officer – West Australia

Linda Milburn

0409 079 435

[ahaseowa@gmail.com](mailto:ahaseowa@gmail.com)



### State Executive Officer – South Australia

Colin Darcey

0419 808 593

[sa@ahahypnotherapy.org.au](mailto:sa@ahahypnotherapy.org.au)

### National Head Office

#### National Administrator & Co-Administrator

#### Membership, Health funds, Database

Mailin Colman & John Ward

1300 552 254

[administrator@ahahypnotherapy.org.au](mailto:administrator@ahahypnotherapy.org.au)

OR your local state membership secretary or committee member.

## NSW / ACT Committee



### NSW SEO & Workshop Co-ordinator

Lydia Deukmedjian

0410 327 665

[nsw@ahahypnotherapy.org.au](mailto:nsw@ahahypnotherapy.org.au)



### NSW State Secretary

Katherine Ferris

0414 585 595

[ahasecretarynsw@gmail.com](mailto:ahasecretarynsw@gmail.com)



### NSW Treasurer

Kelly Buckley

0426 117 917

[ahanswtreasurer@gmail.com](mailto:ahanswtreasurer@gmail.com)



### NSW Membership Secretary

Lydia Deukmedjian

0410 327 665

[nsw@ahahypnotherapy.org.au](mailto:nsw@ahahypnotherapy.org.au)



### NSW Peer Group Supervision/Co-ordinator

Amanda Joubert

0411 399 828

[ahasupervisionnsw@gmail.com](mailto:ahasupervisionnsw@gmail.com)



### NSW Workshop Co-ordinator

Brett Cameron

0403 335 751

[ahaworkshopnsw@gmail.com](mailto:ahaworkshopnsw@gmail.com)

## Victoria /Tasmania Committees

### Vic State Executive Officer

VACANT

[vic@ahahypnotherapy.org.au](mailto:vic@ahahypnotherapy.org.au)

### Vic State Secretary

(VACANT)

### Vic State Treasurer

(VACANT)



### Vic State Workshop Co-ordinator

Janine Nash

0488 692 722

[janine@acceleratelife.com.au](mailto:janine@acceleratelife.com.au)



### Vic Committee Member

Tim Falkiner

0417 107 440

[timothyfalkiner@optusnet.com.au](mailto:timothyfalkiner@optusnet.com.au)



### Vic Committee Member

Nina Shayan

0412 444 821

[ninashayan@me.com](mailto:ninashayan@me.com)



### Tasmanian Representative

Noeline Robinson

03 6224 2060

[noelinerobinson@bigpond.com](mailto:noelinerobinson@bigpond.com)

## South Australian Committee



**SA State Executive Officer**  
Colin Darcey  
0419 808 593  
[sa@ahahypnotherapy.org.au](mailto:sa@ahahypnotherapy.org.au)



**SA State Secretary**  
Marilyn Peterson  
0408 825 932  
[ahasecretarysa@gmail.com](mailto:ahasecretarysa@gmail.com)



**SA State Treasurer**  
Dianne Bradey  
0402 831 716  
[ahatreasurersa@gmail.com](mailto:ahatreasurersa@gmail.com)



**SA State Workshop Coordinator**  
Carolyn Guerin  
0414 497 771  
[ahaworkshopsa@gmail.com](mailto:ahaworkshopsa@gmail.com)



**SA Committee Member**  
Jane Fielder  
0433 293 913  
[jane@adelaidehypnosiscentre.com.au](mailto:jane@adelaidehypnosiscentre.com.au)



**SA Committee Member**  
Toni Edward  
0410 613 923  
[toni@tonieverard.com](mailto:toni@tonieverard.com)

## Queensland / North Queensland Representative & Northern Territory Committees



**QLD State Executive Officer**  
Greg Thompson  
0422 741 041  
[qld@ahahypnotherapy.org.au](mailto:qld@ahahypnotherapy.org.au)



**QLD State Secretary**  
Lynne (Rice) Lumley  
0438 411 551  
[lynne@phoenixhypnotherapy.com.au](mailto:lynne@phoenixhypnotherapy.com.au)



**QLD State Treasurer**  
Bernadette Rizzo  
0401 082 077  
[bernadette@ahahypnotherapy.org.au](mailto:bernadette@ahahypnotherapy.org.au)



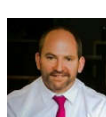
**QLD Membership Secretary**  
Marie Element  
0421 396 994  
[marie@marieelement.com.au](mailto:marie@marieelement.com.au)



**QLD Supervision Co-ordinator**  
Lee Barnasson  
0411 075 445  
[lee.barnasson@bigpond.com](mailto:lee.barnasson@bigpond.com)



**QLD Workshop Co-ordinator**  
Brian Smith  
0423 112 322  
[ahaqldworkshop@gmail.com](mailto:ahaqldworkshop@gmail.com)



**North QLD Representative**  
Jeffrey Mack  
0428 968 777  
[tsvlmodernhypnosis@gmail.com](mailto:tsvlmodernhypnosis@gmail.com)

**Northern Territory Representative**  
VACANT

## West Australian Committee



**WA State Executive Officer**  
Linda Milburn  
0409 079 435  
[ahaseowa@gmail.com](mailto:ahaseowa@gmail.com)



**WA State Secretary**  
Miranda Diprose  
0450 747 886  
[miranda@soulworkstherapies.com](mailto:miranda@soulworkstherapies.com)



**WA Treasurer**  
Hope Wesley  
0430 224 130  
[hope@mindmattershypnotherapy.com.au](mailto:hope@mindmattershypnotherapy.com.au)



**WA State Workshop Co-ordinator**  
Karen Easter  
0499 555 791  
[ahaworkshopwa@gmail.com](mailto:ahaworkshopwa@gmail.com)

**WA State Membership Secretary**  
VACANT

**WA Committee Member**  
(VACANT)

**WA Committee Member**  
(VACANT)

**WA Committee Member**  
(VACANT)

# AHA Journal – Benefits of Submitting Quality Articles

## The Australian Hypnotherapy Journal Benefits

Getting published in the journal, especially now that it is recognised and stored at the National Library, boosts your credibility and begins the trust cycle with your readers, as well as:

- **Boosts Your Personal and Business Credibility:**

For many authors, being published in the Journal is an excellent way to get started. Having your articles in The Australian Hypnotherapy Journal allows them to pre-sell your ideas without you having to make any cold calls or face-to-face sales appointments to advertise your services.

- **Builds and Markets the Brand Called 'You':** Having your articles published in the Journal builds 'you' as a brand name, builds your business, and advertises your expertise. It begins or reinforces in your colleagues and prospective clients' minds what you can do for them.

- **More Effective than Regular Advertising:** Publishing your article in the Journal means you become known as the expert by the reader and this encourages trust by potential clients, before they even visit your website. There is no better way to "pre-sell" you, as the expert, than by article marketing.

- **Exposure to the Hundreds of Readers:** Your articles may be viewed by the hundreds of AHA members and other associations' members as well as the public that visit the AHA website every month! We work very hard to deliver a positive, fast and reader friendly experience that keeps readers returning for more.

- **Receive Quality and Relevant Leads to Your Website:**

People who read your articles and then click on your website link at the end of each of your articles, for further information; are highly-motivated prospects by the very nature of how they initially found your website.

- **Increases Traffic to Your Website:**

This is caused by the various e-zine publishers who regularly scrutinise the latest copy of the Australian Journal throughout the year to pick up quality articles for their email newsletter or website in addition to our hundreds of members who are looking to immediately benefit from your expertise. When your articles get picked up for reprints, you will often get a surge of traffic to your website, as your articles are introduced to other associations' email list members, etc.

- **You May Receive Free Ads in other E-zines:**

When other e-zine publishers come to the Journal to pick up and reprint your articles to their newsletter base, this is essentially a free ad in their newsletter. The better quality you put in your article, the higher your chances are of increased distribution by other e-zine publishers who use the Journal to find quality content to send to their readers.

- **Optimise Your Existing Article Archive:**

If you have already produced a series of quality articles, why not submit them to get even more readers and promotional mileage for your efforts? After all every article you submit to the Journal will reach new readers that would have never found your articles or website before.

- **Get Continual Traffic to Your Website for Many Years to come for Free:**

Your articles will be stored in the Journal archives on the AHA website for many years. They will also be stored at the National Library of Canberra digital archiving section:

<http://pandora.nla.gov.au/tep/114491>

- It is also the case that many e-zine publishers will pick up your articles for reprints and this could mean continual traffic over the next decade or more.

# The Australian Hypnotherapy Journal

## Advertising Guidelines

### Submissions - News and Articles

We welcome your feedback and input in the form of news, views, poetry, letters, articles etc. Please forward these to the editor, Chereyl Jackman at:

[ecs\\_nt@bigpond.com](mailto:ecs_nt@bigpond.com) by the date/s noted below.

#### Schedule of Issues

**Spring:** Submissions received by **20th September** for publication beginning **October**.

**Summer:** Submissions received by **10th January** for publication at end of **January**.

**Autumn:** Submissions received by **20th March** for publication early **April**.

**Winter:** Submissions received by **20th June** for publication early **July**.

### Advertising Guidelines

1. The Journal will refuse an advertisement if we do not consider it suitable.
2. The inclusion of an advertisement in the Journal does not imply endorsement of the product, the company advertising the product or the service being advertised.
3. It is the responsibility of the advertiser to ensure they don't offer products and/or services that are unsafe or defective.
4. Advertisers are responsible for complying with the relevant Australian guidelines for advertising their products and must be able to substantiate any claims they make.
5. Advertisers are responsible for ensuring that all claims about your goods and services are accurate. Do not claim that your goods and/or services have any special sponsorship or affiliation that it does not have.
6. When advertising the price of goods or services, the total cash price, including GST, must be provided. You must show the full price, including any commissions, charges, or postage and handling.
7. Advertisers should not advertise goods or services at a specified price if they are aware, or should be aware, that they are unable to supply reasonable quantities at that price for a reasonable period. Advertisers must not make false or misleading representations about the products and/or services being advertised. Misleading behaviour includes any kind of conduct or behaviour in business that could give a customer the wrong impression or may potentially breach the Trade Practices Act.
8. Disclaimers should be specific, clear and highly visible.

9. Advertisers do not exert any influence on the editorial content, selection of content or presentation of material in the Journal.
10. If you follow a link from an advertisement you may be taken to a third party website. The Journal does not review or control the content of third party websites and is not responsible for the accuracy of the information contained, or the views expressed, in those sites. If you supply information to those sites, or access their products and service you do so at your own risk.
11. Advertisers should not accept payment if they know, or should know, that they cannot provide the kind of goods or services promised.
12. Comparative advertising is acceptable as long as it is legal, truthful and does not mislead in anyway.
13. When the disclosure of qualifying information is necessary to prevent an ad from being deceptive, the information should be presented clearly and conspicuously so that consumers can actually notice and understand it. The Journal Advertising Policy may be revised periodically.

### Artwork

Artwork is the responsibility of the advertiser and needs to be sent to the editor as an email attachment. Preferred document type is **Word**. Graphics should be submitted as **JPEGs (300 dpi resolution)**. Graphics can be resized to full page or as required. Entire article including graphics should not exceed **2,000 words** or **5 MB**.

### Bookings and Payment

Please provide your advertisement together with your payment to [ecs\\_nt@bigpond.com](mailto:ecs_nt@bigpond.com) before the submission date as the AHA only accepts a limited amount of advertising for inclusion in each issue of The Australian Journal of Hypnotherapy.

Please note advertising will not be accepted without the accompanying payment. Payment details are listed below.

### Direct Deposit

The Australian Hypnotherapists Association,  
CBA, Paddington, NSW  
BSB: 062 220  
A/C: 10012818

### Advertising Rates

Full Page	\$75.00
Half Page	\$45.00
Quarter Page	\$25.00



# Benefits of AHA Membership

Once you are a member, the AHA offers you a unique combination of benefits.

**These benefits include:**

## Professional Opportunities:

- The prestige of being part of the oldest and largest professional hypnotherapy association in Australia recognised nationally and internationally
- The opportunity to attend international and national hypnosis conferences at reduced registration costs
- The circulation of details of forthcoming AHA workshops and seminars giving you access to advanced specialist hypnotherapy training
- The opportunity to be published in the Australian Hypnotherapy Journal
- Free subscription to 4 issues per year of the Australian Hypnotherapy Journal – this journal is subscribed to by universities and libraries around Australia
- Free publication and distribution of regular *News Bulletins*
- Upgrading to higher membership levels as soon as you qualify.

## Promotional Opportunities:

- Free listings on the “[find a practitioner directory](#)”
  - “find a Hypnotherapist” search by suburb
  - Free active link to your own email address and website(s)
  - Personalised description of your qualifications and specialities
  - Able to update any time for no cost
- Use of *AHA Logo*
- Free dedicated referral facilities from the AHA National Advisory Line by an experienced, specialist hypnotherapist to all professional and clinical members (our 1300 55 22 54 number is available to members and the public between 9:00 am to 12:00 pm Monday to Friday)

## Professional Support:

- Strong support network – access to professional supervision with trained AHA supervisors willing to support your career progress
- Access to AHA administration support willing to assist with clinical and administrative information / support
- Receive all membership mail outs
- The Forum – online case discussion where you can ask questions of other members about any issues you may encounter
- As a member of the AHA you have the opportunity to establish professional relationships with hypnotherapists throughout the world

## Professional Security / Credibility:

- Access to **discounted Professional Indemnity & Public Liability Insurance**
- Health fund provider numbers allowing rebates for your clients (the list of health funds can be found here: [http://ahahypnotherapy.org.au/aha\\_members\\_area/](http://ahahypnotherapy.org.au/aha_members_area/) )
- Advice with regard to obtaining *Criminal records bureau disclosures* (WWC and Police checks)
- Ongoing updates with regard to government legislation concerning the hypnotherapy field
- Opportunity to create positive change in the industry by becoming a committee member
- Representation to and dissemination of relevant information from the Department of Health and Aging and other relevant agencies



- The provision of relevant information on all aspects of the profession to registrants, the media and public

#### **International reciprocal alliances:**

- Automatic acceptance under an *international reciprocal alliance* into either the General Hypnotherapy Standards Council (GHSC UK), the Association of Registered Clinical Hypnotherapists (ARCH Canada) or the New Zealand Association of Professional Hypnotherapy (NZAPH) if relocating to those countries. **Please also note that the application process and standards apply if you are entering Australia.** Please call 1300 55 22 54 for further information.
  - [The General Hypnotherapy Standards Council \(UK\)](#)
  - [Association of Registered Clinical Hypnotherapists \(Canada\)](#)
  - [New Zealand Association of Professional Hypnotherapists \(New Zealand\)](#)

**Access to the above benefits in individual cases is always at the discretion of the AHA Executive**

#### **Member Associations:**

- The AHA is a member association of the Hypnotherapy Council of Australia (HCA)

For details on how to become an AHA member go to:

<http://www.ahahypnotherapy.org.au/join-the-aha/join-the-aha/>

and download the prospectus and application forms.



### **The AHA a Facebook page!**

**Please visit and 'Like' the AHA Facebook Page**

<https://facebook.com/Australian-Hypnotherapists-Association-1831236970460290/>

**NOTE: Some internet links may not be accessible from this journal and will have to be manually entered if you require more information.**