The Australian Hypnotherapy Journal

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

Editor: Chereyl Jackman **Proof Reader:** Bruni Brewin

Front Cover: Cascade National Park, New South Wales (*Your Photos are welcome*)

President's Report

Mailin Colman

Happy new year to all AHA members and friends!!

My heart has been with all of those affected by the fires whether it be directly or indirectly. I am so proud to see several groups of hypnotherapists around the country organising free sessions for those affected, donating a percentage of their income during January to those who have lost everything and / or to the wonderful fire volunteers for their incredible hard work and dedication. Our hypnotherapy community is a wonderful thing and the AHA is proud to foster and support that spirit in all ways.

What is happening in early 2020?

The HCA Symposia / Roadshow

PART ONE: HCA HISTORY, VISION & MISSION

- State of the hypnotherapy profession in Australia
- Roadmap for safeguarding hypnotherapy as a separate and unique
- modality set out and agreed at the 2018 & 2019 HCA AGMs
- The importance of "Branding"
- Q&A

PART TWO: RUNNING A SUCCESSFUL 21ST CENTURY PRACTICE

- Defining success
- Universal Factors of a Successful Practice
- Local Factors of a Successful Practice
- Having a minute for business as well as therapy • How to engage a community
- Contemporary marketing - what works, what doesn't and why
- To specialise or not?
- How to make your website work for you
- How to make your website stand out
- Practical tips on writing, ranking and managing your website.
- What Google likes and what it doesn't

Event Dates

West Australia
Sunday 19th January 9am-1pm
Technology Park Function Centre Seminar Room 3 REGISTER FREE HERE

Victoria
Sunday 2nd February 9am-1pm
Quest Doncaster Merlot Room REGISTER FREE HERE

Queensland
Sunday 9th February 9am-1pm
Comfort Inn & Suites, Robertson Gardens Musgrove Room REGISTER FREE HERE

New South Wales
Sunday 16th February 9am-1pm
Ryde-Eastwood Leagues Club Ryedale Room REGISTER FREE HERE

South Australia
Saturday 22nd February 9am-1pm
Adelaide Meridien Hotel & Apartments Melbourne Room REGISTER FREE HERE

The AHA national and state committees strongly encourage attendance at these events. To move the hypnotherapy profession forward we must first have unity and cohesion. These events are a great step towards that end.

Stay safe,

Mailin Colman
AHA President

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 ...

Hypnotherapy Council of AUSTRALIA

http:///.hypnotherapycouncilofaustralia.com

ASTA SPECIALISTS IN PSH THERAPY Australasian Subconscious-mind Therapists' Association

http://www.psh.org.au/about_psh.htm

ASOCHA Association of Solution Oriented Counsellors and Hypnotherapists of Australia Inc.

http://asochaorgau.wordpress.com/

Advertise in the Journal

Advertising rates for the Australian Hypnotherapy Journal:

Full page	$75.00
½ page	$45.00
¼ page	$25.00

Please Note: Payment must be made in full prior to lodging your advertisement. Details are listed in the Journal.

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Alternative Solutions

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Questions of Safety of Vaccines

Scientists question Safety of Vaccines at the W.H.O. Global Vaccine Safety Summit on Dec. 2&3 2019.

Prof. Heidi Larson PhD, Prof. of Anthropology; risk & decision scientist director of the vaccine confidence project stated: 'You can't repurpose the same old science to make it sound better if you don't have the science. We need more investment in safety science. Dr Martin Howell Friede, Coordinator of Initiative for Vaccine Research: The first accusation is, is it the adjuvant? The challenge we have in front of us is: How do we build confidence in this? His advice to students is lesson 1: if you can avoid using an adjuvant, please do so. 2: use one that has a safe history, and 3: if you're not going to do that think very carefully. Prof Larson cited another trend, it's not just confidence in providers, but confidence in health care providers. We have a very wobbly health professional frontline that is starting to question vaccines. Most medical school and nursing curriculums are lucky to have a half day on vaccines. Never mind keeping up to date. [1]

The Association of American Physicians and Surgeons (AAPS) sued Republican Adam Schiff for Censoring the Vaccine Debate. The AAPS General Counsel asked "Who appointed Congressman Adam Schiff as Censor-in-Chief? No one! He no authority to censor speech on the internet. In February and March 2019, Google, Facebook, and Amazon were encouraged to de-platform or discredit what Schiff asserted to be inaccurate information on Vaccines. Twitter placed a pro-government disclaimer above search results for an AAPS article saying; "Make sure you get the best available information on vaccination from the US Department of Health and Human Services." The implication of this disclaimer is that information not on a government website is somehow less credible.[2]

Source: [1] https://youtu.be/s2IujhTdCLE | [2] https://aapsonline.org/rep-adam-schiff-sued-by-physicians-for-censoring-vaccine-debate/

This month **Alternative Solutions** voices a warning that the marketing tool of the media often gives fake news and promises. It is left to us to sort out the truth. Veteran investigative journalist Sharyl Attkisson gives an eye-opening talk about Astroturf and other fake grassroot movements funded by political, corporate, or other special interests to very effectively manipulate and distort media messages. https://tedxuniversityofnevada.org/speakers/sharyl-attkisson-2/

Happy New Year.

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.

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

… 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.

Hypnotherapy in the Successful Treatment of Intractable Pain

A CASE STUDY: by **Danielle Aitken** RN.RM. Clinical Hypnotherapist & Counsellor
Tutor & Clinical Supervisor

My client whom I shall refer to as Peter, has given me permission to share this information

Background information: Post viral syndrome *(see below)* and **Guillain-Barre Syndrome** *(see below)* have both been implicated with the **Polyneuropathy** *(see below)* and the acute pain that this client had experienced since its onset, which began on 10th October 2016. The symptoms were attributed to a post viral illness that was contracted during a holiday in Cairns in the preceding 4 days prior to him returning home. On arrival back home my client was quite unwell and began to experience his first symptoms which were treated conservatively. As the symptoms escalated so did the medical interventions and investigations, but with little effect.

Peter, who is legally blind and was experiencing reduced mobility due to extreme pain, was assisted by a carer in order to attend the sessions. He stated to me that he did not consider his vision impairment a problem. He had been vision impaired for 40 years and told me that "**he was a coper", "he was adaptable"** and **"he was happy to *do* change"**. These beliefs were noted and utilized in his hypnosis sessions. I also noted the degree of resilience he obviously possessed, to cope with his life challenges so seamlessly. I utilized this strength and ability in his hypnosis sessions.

Session 1: 04/06/19

In the first meeting Peter presented in severe pain that he described as a '*fire storm'* most of the time *, 'nerve firing', 'intense', 'shock like pains all day every day',* and as well as this he would experience several times a day what he called *"bone shattering pains"* and he never knew when they would strike. He described his usual and constant level of pain as 8-10/10. The "bone shatterers" that would come any time of the day or night, were rated by Peter as an 11/10.

He was living in desperation. The Sensory Polyneuropathy that he was constantly experiencing affected the whole surface area of his body, including his scalp, face, arms and legs. He had residual weakness in his hands. He had experienced planter fasciitis, feet tingling, hand tingling, tingling up his arms and legs worsening over time, such that there were times that he could not walk at all. His bowel and bladder were also affected. The pain he experienced in his left leg was often so severe at 11/10, that he had asked his Doctor on more than one occasion to amputate his leg so he could have some relief. He described his pain as insurmountable. He had residual weakness persisting in both his hands. He was in the habit of chewing the inside of his mouth and he was suffering from anxiety and related comfort eating which was also becoming an issue of its own. He stated he ate "rubbish" often.

By the time he arrived at my clinic he had seen many doctors including:

- A regional pain specialist in 2018: "Offering him no treatment options" according to Peter.
- A Professor of Neurology who formally diagnosed him with Sensory Motor Neuropathy.
- A specialist Anaesthetist from a Persistent Pain Clinic – connected to a Holistic Centre providing a Multi-disciplinary team approach.
- A local GP who supervised the day to day monitoring and medication maintenance.

At the time of our first visit Peter had tried multiple drug regimens, all to no avail and he confessed he was at the end of his tether. He presented to my rooms stating that he had tried to get into a different pain clinic, and had been told the wait was nine months. He candidly stated "If things continue like this he would not be here in nine months"

He was currently taking:

- Morphine patches 15ug
- Targin 20/10

- Duloxetine 30mg day and 60 mg at night.

Peter had experienced hypnotherapy before and described the outcome as *"Iffy"*. He admitted he was sceptical about the success of what we were about to undertake but he was prepared to be open minded.

Therapy session one we briefly discussed the following, which would be further discussed in subsequent sessions.

- What his preferred outcome was to be: i.e. his life in the absence of the current problem.
- How to challenge negative repetitive thoughts. CBT / Reinforced during Hypnosis
- Neuroplasticity and the brains ability to create change / function and rewire.
  - He requested that we work on "rewiring his brain" to experience and respond in new ways
- Fight / flight response with regard to the Mind body connection stressing the importance of not referring to the ***pain***, which his SC mind understood all too well, but rather referring to it as ***discomfort***.
- The importance of getting him out of stress mode and how to achieve that utilizing breath work and mindfulness

Hypnosis: I used a longer hypnotic muscle relaxation as an induction to help Peter experience a different state than the one he had been living in for so long. I did not mention pain; instead I directed his SC mind to go looking for the areas of comfort he was currently experiencing. As he gave visible signs of relaxation, I utilized what I was observing, continuously directing his attention towards relaxed mind and body.

Post session observations: He noted he was not aware of the "*discomfort*" during the session.

Homework

- Peter was taught **breath techniques** to connect to sympathetic nervous system (the opposite to stress mode) and instructed when to use them.
- I gave Peter a **7 minute muscle relaxation** recording to practice *at least* daily / or more often as required. At the completion of this relaxation recording, I instructed him to sit and to imagine his preferred outcome and step right into it for that moment and pretend he had already achieved it. (Hypnotic future pace)
- Peter was also instructed to be very aware of his thoughts **challenging Negative Autonomic Thoughts or faulty beliefs.**
- I gave Peter a recording demonstrating a **pattern interrupt technique** and instructed him to use it anytime his mind or thoughts were dwelling on the things he could not control or overly focusing on the discomfort. He was instructed to use the technique, taking a long slow breath focusing on the exhalation and relax right in to it, and then refocusing his attention on any areas of comfort he could find within his body.

Note: This put Peter in control and he was able to observe the immediate impact of his thoughts on his physical body.

Session 2: 11/6/19

What had changed?

Each session began with this question, and this is important as it builds an expectation that change was expected.

Peter walked through the door with a smile on his face proudly declaring that "I've had a good week." He had been doing his breathing exercises, the 7 minute muscle relaxation daily, and using the Pattern Interrupt often. He stated that he had not had a single "bone shatterer" in a whole week. He felt calmer; he had managed to baby sit his grandson and was able to play with him.

He was able to do mild exercise; 1 hour of ironing and his anxiety now felt like a tummy upset. Overall, he was more active and feeling positive about his observable changes.

He also stated that he had not used the word pain once since his previous session and this had also been noticed and commented on by his partner.

Therapy session 2
We again discussed the powerful mind body connection and the potential of his thoughts.

We acknowledged his progress and reinforced the principals behind what he was observing. We further discussed the principals of neuroplasticity and the potential to create change effectively rewiring his brain for increased calm and comfort.

Hypnosis session 2
I utilized an hypnotic, long slow muscle relaxation induction with suggestions of mind body connection, including suggestions about the power of his thoughts to create immediate change in his physical and emotional body. All positive changes he had observed were reinforced and stacked to build an expectation for further noticeable change.

Homework session 2
Continued as above and further instructions to specifically notice what was changing.

Session 3: 18/06/19

What had changed?

He stated he had experienced "13 great days." He said he had, "Stopped eating rubbish. *Pattern Interrupt* was working very well".

Between sessions he, with the assistance and approval of his Doctor, **had stopped the use of his Morphine patch**. *He was accepting of the withdrawal symptoms he was experiencing and said they would be lessened or gone after a week. He could cope with them.*

He said, "He was getting better in so many ways." He was sleeping better and his brain was functioning differently.

He recognised he was going through an adjustment period where he said he was "re-learning to relax and release surface tension and to relax his jaw."

Hypnosis session 3: Was directed towards relaxation, comfort, and his ability to be adaptable, happy to embrace change and we explored the idea that he was no longer just coping, he was designing and creating a new life.

Homework: As above

Session 4: 2/7/19

What had changed?

He was now weaning off Duloxetine with the approval and supervision of his doctor, however his blood pressure had gone up, so this weaning process was modified.

He stated "Anxiety was a bit of an issue". He had experienced a "mega Blow out" i.e. **full body pain** on the previous Saturday. Sunday he was fine again

Discussion session 4: Was directed toward the possibility that after Saturday he had begun to doubt his ability to maintain his outcomes. We again discussed the brain and its amazing ability to respond to every thought immediately - chemically and physically, and the fact he had simply triggered an old response. I stressed the importance of maintaining his positive mindset and as I utilized waking hypnosis, I deliberately moved the focus from what had gone wrong to all the amazing things he had already achieved

Hypnosis session 4: I used Peter's description of his discomfort and his description of his comfort in somatic body work within the next hypnotic session.

Pain: was experienced as **Black and heavy**

Calm: was experienced as **Blue.** He also had a **beautiful memory** he connected to calm. We again focused on the calm in his body and mind as we utilized this meaningful colour to assist in releasing / fading / breathing out any heavy dark areas and replacing them with beautiful blue while allowing his mind to go to his calming memory.

I also utilized a **metaphor** about riding a bike. I related it to what you can't do until you believe you can, and when you believe you can you then do it *easily and effortlessly*.

Homework: As above with continuing focus and monitoring of his negative or self-limiting thoughts.

Session 5: 9/7/19

What had changed?

He had had no further explosive pains: i.e. bone shatterers' which were the "insurmountable pains" that he previously had been having several times a day. He was walking more. His mood was better. Discomfort was now only a "back ground noise 4-5/10". Pattern Interrupt was still working well. He was still bothered by anxiety and this worried him.

Hypnosis session 5: A lengthy progressive muscle relaxation, followed suggestions about mindfulness and being here and now, not back in the past which no longer exists, or out in the future imagining things that haven't happened and probably won't, and how much more comforting it is to be here and now in the present moment.

All sessions reinforced his progress and allowed him to look back to see how far he had come and included a future pace to remind him where he was going.

Homework session 5: Continued as above: daily breath work, mindfulness and 7 minute muscle meditation, also particularly being aware of his thoughts and feelings and challenging any negative / faulty beliefs utilizing CBT.

We were always working on the principle that what you focus your attention on you strengthen.

Session 6: 16/ 07/10

What had changed?

Peter presented saying he was ***'really, really well.'*** He had **no "bone shatterers"** and his **back ground discomfort was now at a manageable 2-3/10.** He was **back to walking**. He was continuing to do his breath work and homework. He had been "**sleeping 5.5- 6.5"** hours a night (previously 2.5) "It was **easier to get up** in the morning". His **BP was now under control** and he was **no longer on Duloxetine**

He had *not* eaten ice-cream in 4 weeks and stated **no comfort food** was require." He was "**feeling emotionally better**". His "**anxiety was under control**"; he stated he could "nip it in the bud" by using his pattern breaker.

Peter was now planning a trip to Monkey Mia in Western Australia, which had previously been completely out of the question. Nil further appointments were scheduled at that time.

1/10/19: Peter returned to my clinic after coming home from a successful trip to Western Australia. He happily stated his mobility was dramatically improved, he was walking regularly, and once again had a bounce in his step. He said he was in good health and had not chewed the inside of his mouth in some time.

He was losing weight with exercise and was no longer comfort eating. His weight was now 88 kg down from 93kg when he first attended my clinic.

He was continuing to do his homework: 7 minute relaxation each week and Pattern Interrupt when required. He was meditating during the day and using controlled breathing as needed. He was now **sleeping 8 hours** at night and was feeling good.

He described his background discomfort as "manageable 2-3/10" and he had not experienced *any* "bone shatterers".

He was now on a threshold dose of Oxycontin 20mg (previously on 80mg with little effect). He wanted to continue hypnosis with a view to getting off this completely.

It is important to note the following:

- At no point during hypnosis did I ever mention the word PAIN.
- At no point did I ever tell Peter "I" could relieve his Pain. I continued to emphasise that research and evidence clearly indicates that *his* thoughts and *his* mind could influence the functioning of *his* body in powerful ways, which I would help facilitate through hypnosis and cognitive therapy.
- All medications were reduced under medical supervision and at no point did I ever encourage him to reduce or stop any medication.
- Peter was VERY motivated to achieve change and from my observations with so many clients this is essential in order to achieve this level of success.

What Peter's ongoing care Specialist Doctor had to say:

His Specialist Anaesthetist from the Persistent Pain Clinic was astonished at Peter's ***"remarkable recovery"*** *stating that* ***"people don't recover like this from Guillain-Barre Syndrome***". He has since written a letter regarding Peter's recovery to Peter's local GP who had directed the supervised reduction of all Peter's pain medications.

What Peter had to say:

"As my symptoms escalated so did the medical interventions with little effect for 2.5 years until I started Hypnotherapy with structured relaxation and CBT counselling for positive reinforcement. The strategy or goal was to reduce and hopefully eliminate acute pain and achieve freedom from drugs, especially anti-convulsant and opioid treatments that were *not* working.

"I was quite sceptical about what we could achieve, but I remained open minded. Up until I started Hypnotherapy, my pain levels were commonly 8-10 / 10 and worse at night; often 11 / 10.

"Sleep, even with drugs, eluded me with as little as 2.5 hours of restful sleep a night. Now I get ***8 hours and 10 minutes*** according to my Fitbit activity monitor. ☺

"My mobility and general presentation has improved dramatically since starting Hypnotherapy only a few short months ago with 6 sessions to date.

"I am happy for you to use the above in context as testimonial and case study"

Glossary of terms

"Post Viral Syndrome also known as ***Post viral fatigue*** or ***Chronic fatigue syndrome*** (CFS) is a condition that causes extreme tiredness. People with CFS have debilitating fatigue that lasts for six months or longer. They also have many other symptoms. Some of these are pain in the joints and muscles, headache, and sore throat. CFS does not have a known cause, but appears to result from a combination of factors". **https://medical-dictionary.thefreedictionary.com/Post-Viral+Syndrome**

Guillain-Barre Syndrome: A rare disorder in which your body's immune system attacks your nerves. Weakness and tingling in your extremities are usually the first symptoms. These sensations can quickly spread, eventually paralysing your whole body. In its most severe form Guillain-Barre syndrome is a medical emergency. Most people with the condition must be hospitalized to receive treatment. The exact cause of Guillain-Barre syndrome is unknown. But it is often preceded by an infection. There's no known cure for Guillain-Barre syndrome.
https://www.mayoclinic.org/diseases-conditions/guillain-barre-syndrome/symptoms-causes/syc-20362793

Polyneuropathy: A disorder that involves damage to multiple peripheral nerve fibres. Classic presentation is a symmetric distal burning or loss of sensation." **https://www.amboss.com/us/knowledge/Polyneuropathy**

Drugs used to treat this client's condition prior to hypnotherapy:

Anticonvulsants: Used to help relieve the pain caused by damaged nerves.

- **Lyrica - Pre Gabapentin** (***large dosages used***). Often First line treatment for pain due to nerve damage.
- **Neurontin - Gabapentin** (***Titrated doses used with nil effect***). Used to treat neuropathic pain.

Antidepressants: Used to assist pain management

- **Endep:** - A tricyclic antidepressant: ***Nil effect***
- **Duloxetine** - A serotonin-norepinephrine reuptake inhibitor (SNRI)
  Often used to treat pain. This was very effective in changing the nature of the pain from acute burning to acute stinging that was more tolerable but took 6 weeks to become effective.
  Peter identified: "**This was the only positive medication that actually did anything useful."**

Pain medications: Typical approach taken

- **Morphine** - 50-100mg *Sustained Release* tab.
- **Morphine -** 15ug Patch
- **Oxycontin** - Oxycodone *Sustained Release* - heavy doses 80 mg
- **Targin** - combo of oxycodone and naloxone as high as 60/30 mg
- **Palexia -** Tapentadol: An opioid (narcotic) pain reliever. Dose up to as 400mg daily.
- **Tramadol** – A narcotic-like pain reliever: Dose up to 400mg daily.

Drugs taken as required: **Endone:** Narcotic analgesic.

Sleeping tablets: **Zopicone 7.5 mg**: A non-benzodiazepine hypnotic agent used in the treatment of insomnia.

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The Mind in Mindfulness

by Shelley Stockwell-Nicholas

The word MIND in "mind-full-ness" is something to think about. Nobody– not even the sharpest knife in the drawer – knows what mind is, how it does what it does or can accurately measure "thought." Just ask the greatest scholar: "What's mind?" "What's thought?" "Where does it live?" "Where are thoughts when you're not thinking them?" "Is there such a thing as a non-thought?" and the masterful Einstein will look at you with a blank stare. That's because only you know what you think. Mind is a phenomenon; a subjective experience. You use it, yet exactly how this happens is mysterious. At best, mind is a non-thing that evokes YES things like concentration, relaxation, success and wellness. Scientists, Zarathustra, Buddha, Plato, Aristotle, and modern day Mindful Hypnotists reflect on mind as a mysterious invisible force-field that's said to generate thought and come to much the same conclusion. "HUH? What is mind? I'll need to think on it."*

Do This…

Ask your mind "What are YOU?"

Thought Provoking!

My friend, the late Ormond McGill said, "Brain is structure; mind is function." Perhaps his idea is thought-worthy… A general belief is that your thoughts create your self-identity, memory and habits and your self-identity, memory and habits evoke more thoughts. These thoughts can be good, bad, nourishing, toxic or utilitarian. The point is this: your amazing and mysterious mind generates intangible thoughts from an amorphous energy called mind that you are eager to learn more about… are you in or out of your mind?

What We Think We Know About the Mind

Mind Transcends Time. Your inner camera lens cave-dives into miniscule subterranean thought or expands to the biggest pictures. Your amorphous "mind" can visit parallel universes.

Mind Performs Alchemy.

Your body is an alchemical wizard! Your smile orchestrates an internal consciousness who cascades feel-good chemicals to your entire self. Food is transformed into nutrients. If you eat no fat, your natural internal awareness transforms non-fat into fat to keep you from starving. No one knows how non-material thought and indefinable awareness effects your material body. Yet, study-after-study proves that the inner laboratory of your mind triggers chemistry. That is why a placebo makes you feel better… EVEN when told "this is a placebo!" In E.L. Rossi MD's words, "the physiological changes that follow accepted suggestions defy explanation by contemporary medicine."

Mind Affects Structure and Function.

Emotion changes your chemistry and chemistry changes your emotion. Structural changes change function; functional changes change structure; going round and round in a circle game. Thoughts, learning, experience and self-talk "rewire" neural pathways. Emotional thoughts are natural. In grieving, you feel sad. If something great happens, you feel happy. Being mindful of emotion allows you to express feelings now, and then sustain the emotions you most enjoy. Your internal chemistry follows suit.

Master Minds YOU.

As Prez of the Hypnosis Federation, I train students to say, "I'm master of my mind… I'm a Master Mind! What I think creates how I act. How I act creates how I feel."

Your Mind is a Great Creator or Ruthless Destroyer. Your thoughts constantly influence what you perceive, believe, do or don't do. They spark your ignition or slam on your brakes. Thoughts can be self-directed or a mindless robot, depending on how you use them. Do your thoughts bring celebration or a pity-party? Do they evoke joy or misery? Hippocrates said, "If you want good health… ask, 'Are you ready NOW to do away with reasons for illness?'"

Dr. Shelley's "You" Exercise:

Close your eyes and let your mind take you where it wants to go. Go ahead and do it NOW! … When ready, come back… THOUGHT… I'D ASK…

Where did your labyrinth of thought take you? Your body? Your hands? Down a rabbit hole to… the beach? Your job? Your lunch? Your bills? Your Sweetie?

Where did YOU lead yourself on your personal mindfulness journey?

Shelley Stockwell-Nicholas is the President of the International Hypnosis Federation and the author of 24 books including "WIN: Coaching Guide For Yourself and Others" and "Thrive: Medical Hypnosis For Yourself and Others" she invites you to join her Facebook page "free hypnosis- IHF."

* Excerpt from "Hypno-Mindfulness"

Cognitive Biases – Definitions, Uses and Everyday Examples

Cognitive biases are biases in our thinking. They are often heuristics (rules of thumb) that are applied to make cognitions more efficient. They can be useful in making thinking more efficient, but the rules are not always a good representation of the real world. We all use them, and many will be familiar to you from your work with your clients.

Availability heuristic

The 'availability heuristic' (Tversky and Kahneman, 1973) is where the availability of information at a person's disposal is taken to be an indicator of frequency or recency. A racist will typically find that one or two examples of particular ethnic groups doing something undesirable (e.g., selling drugs) will spring to mind very readily. They incorrectly take this as being strong evidence that this rule applies to *all* persons of this group. Another example is someone who is prejudiced against rich people because they can think of a few examples, very readily, of where rich people have wronged them, been selfish or trod on anyone's toes to get where they want to be. Examples to the contrary are to be found but they are not so readily available.

A smoker might readily recall how Uncle Bill smoked 30 a day and lived until he was 96 years old. They neglect the bigger picture – that smoking increases the *probability* of developing terminal illnesses such as cancer and heart disease – because the example is so salient. The media can encourage this cognitive bias by reporting sensational, extreme and statistically rare incidents. Clients with fear of flying might recall a couple of examples from the news as evidence that it is unsafe to fly. Neither the media, nor client, are as likely to report car crashes which happen every day.

Egocentric bias

Due to the availability heuristic, information about ourselves is more prominent than information about others. Possibly due to this heuristic, some people in groups tend to attribute more of a group's success or failure to their own actions than is warranted. Clients may be attributing lots of things that are going wrong at work to themselves when, in fact, a whole team is responsible. Or, a member of a team takes credit for a successful project when, in fact, it was a team effort. The bias centres around people's motivation towards a positive self-image. They take credit where it is not due and take responsibility where they do not need to (Ross and Sicoly, 1979).

Cognitive dissonance

A person experiences 'cognitive dissonance' (Festinger, 1957) when they simultaneously hold two contradictory thoughts, beliefs, attitudes or opinions. The dissonance manifests as guilt, anxiety, shame, embarrassment, anger, stress, or another negative emotional state. The dissonance is resolved ('consonance', or 'harmony') by a change of attitudes, belief, etc. or by justifying and rationalising existing attitudes, beliefs, etc.

Decisions, beliefs, and so on can threaten a person's positive self-concept, that is, the idea that they are a good person. For example, if they did something immoral, they would be dissonant with their usual portrayal of themselves as a 'good person'. The person will then typically explain away the dissonant material through justification, or apportioning blame to others.

The idiom 'sour grapes' is often used (UK) to describe someone's behaviour when they can't get what they desire (creating dissonance) so they start to play down their interest in the target of their desire, ridicule it, or otherwise make it sound undesirable. A client might say they felt romantically attracted to a particular person but 'He's a sleazebag anyway – I couldn't trust him as far as I could throw him'. This may be 'sour grapes'. According to the online encyclopaedia Wikipedia, this phrase comes from a fable about The Fox and the Grapes. The fox couldn't reach a bunch of grapes from a vine and so it said, "The grapes are sour anyway!" and walked off. Unable to obtain the desired grapes, the fox resolved the cognitive dissonance by changing its attitude to the grapes.

Smokers, overweight people and heavy drinkers all know that their behaviours might bring them to harm through cancer, heart disease, etc. Yet most want a long, healthy life. The dissonance is resolved by, for example, claiming few people really die of these habits (something else must have caused it), or that 'you're going to die of something so it might as well be something you enjoy'.

Confirmation bias

Confirmation bias is where a person has a theory or hypothesis and they selectively collect, interpret and memorise information in a way that confirms this. This prevents dissonance.

If a client thinks they are poor at exams and they get a poor result in an exam they might think 'I knew it, I'm no good at exams'. The evidence is plain to see. This is confirmation bias. Now let's say your client does well in their next exam because therapy has gone well. This causes dissonance and they do not feel comfortable being wrong about themselves. So instead, they return to the next session armed with the excuse that 'it was just luck on the day', or 'it's amazing what you can do by guessing in multiple-choice exams isn't it?!'

As well as causing problems for those with lower self-esteem, confirmation bias can also be a risk factor for overly confident people who routinely confirm exaggerated beliefs about their abilities, such as drivers who think they are safer than they in fact are, or a manager who thinks they can do no wrong.

Perhaps you have noticed how two people might initially disagree slightly and go on to disagree with increasing vigour and increasing polarisation (called 'attitude polarisation') without any new evidence for their view. For example, a couple might be arguing about something they saw on TV:

Person 1: I think we saw it on the news
Person 2: Yeah. Or was it on the breakfast show?
Person 1: No, I think it was the news
Person 2: No, it *was* the Breakfast Show… I'm pretty sure
Person 1: It was *definitely* on the news
Person 2: No, it wasn't. It was on the *Breakfast Show*.

Illusion of transparency

People routinely overestimate how much access other people have to their thoughts. If we tap out a tune and ask someone else to say which tune it is that we are tapping, in our own heads we hear the melody and probably the full orchestration of the song. The other person, meanwhile, has an impoverished version – just taps. Sometimes we just cannot believe that the other person could not guess the song (no matter how hard we tap!) They do not hear what we are hearing, and we are assuming they have access to our own private thoughts – a form of egocentrism (having our own ego at the centre of the universe).

This bias can affect our clients in their day to day lives as well as therapy. For example, they may think their partner knows what they are thinking and feeling when in fact they have not been communicating their love, frustration, etc. At work they might be assuming their team knows what they should be doing, and they feel frustrated when they are not doing it correctly. A client might think their therapist knows what they are thinking. This could lead to something not being expressed by the client and therefore going unrecognised by the less astute therapist. It could even spoil rapport, especially if the client has low frustration tolerance, because they cannot believe the therapist isn't 'getting it'.

This bias is best overcome through good communication skills. The therapist must enquire rather allow the client to assume, and the client needs to be encouraged to communicate openly to the therapist and other people. This may require confidence building, assertiveness training and practicing communication skills.

An interesting review of some of the experiments in this field is provided by Gilovich, Medvec and Savitsky (1998):

Self-serving bias

Here, people attribute their successes to their own personality, knowledge or skills and failures to situational factors beyond their influence. It is similar to the 'egocentric bias' in its selectivity in favour of the self but it always puts the self in a good light, whereas the egocentric bias might also mean wrongly blaming oneself for failures. Someone who is offered a promotion at work might say it is because of their exceptional skills but if the same person was passed over for promotion, they might say the boss doesn't like them.

Group-serving bias

The same bias can be found in groups and is, unsurprisingly, called 'group-serving bias' (Tajfel, 1970, 1982). Sometimes it is called 'in-group bias'. People belonging to groups will tend to treat members of their own group preferentially – even when those groups are formed around criteria such as star sign or eye colour. The effect is often stronger when the group is a minority group.

Out-group homogeneity bias

This is where people in another group are seen as being the same or similar whereas members of one's own group are viewed as varied. Racists will typically view all Others as being the same or similar whilst acknowledging difference in their own group. Men or women might view all of the opposite sex to be useless at multi-tasking or mending cars, whilst acknowledging variation within their own sex.

Fundamental attribution error

Fundamental attribution error (also known as 'attribution effect' or 'correspondence bias') is where a person attributes the actions of others to their personality or other internal characteristics rather than providing

situational explanations for those behaviours. One theory of why this happens (Lerner and Miller, 1977) is that we like to think we live in a just and fair world. This benefits us psychologically, helping us to feel safe and secure. To maintain this belief, we need to ascribe things that go wrong to people rather than situations. We can then see those people as being at fault and we will remain safe provided we act differently, rather than situations being at fault (which could affect anyone, regardless of disposition).

Illusion of control

People often believe they have control over events they do not have any control over. Gamblers routinely believe they can affect outcomes, e.g., by wearing particular 'lucky' clothes or throwing dice harder for higher numbers and gentler for lower numbers. The illusion of control can be adaptive in the sense that it motivates people towards goals, encouraging the person to find control in whatever they can. However, it is maladaptive when a person responds poorly to feedback that would challenge their mistaken perception of control. A common feature of clients with depression is their belief they can (or should be able to) control aspects of the world that they cannot (as well as believing some things are uncontrollable when in fact they could be controlled).

Gambler's fallacy

Gamblers often believe that future events are predictable on the basis of past events. A gambler might therefore believe that if they have lost 8 times in a row, the chances of winning next time are higher, or that 6 successive 'heads' on a flip of a coin means that it is much more likely the 'tails' will occur next time. In fact, the probability of winning or losing remains stable. Even 99 heads in a row does not make tails more likely next time; the probability will always remain ½.

Focusing effect

This is where people tend to focus on one thing to the detriment of other factors. For example, in a study by Schkade and Kahneman (1998), Californians and Midwesterners both rated Californians as being happiest. In fact, there was no difference in separate tests of happiness. Both had focused heavily on the sunshine, warmth and easy-going Californian lifestyle. Both neglected crime rates and risk to property and livelihood from earthquakes in their summing up.

Our clients will often need help to spread their focus more evenly. Clients with fears and phobias exaggerate and focus upon certain facts and feelings, depressed clients focus on negatives at the expense of positives, and sports people may focus on mistakes or the other team's prowess in certain aspects of their game, for example.

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A Moment in Chiang Mai

Whenever I travel there is a part of me in search of a metaphor. I love weaving stories and metaphors into my hypnotherapy sessions. This one works on so many levels. How many metaphors can you find?

When visiting Chiang Mai in Northern Thailand I visited a particular temple where just inside was an old man who was begging. He was holding a birdcage. It wasn't a large birdcage but the bird inside it was. He was asking for money in exchange for the bird's freedom. I was thinking "how strange?" "In a temple, asking for money to release a bird that shouldn't have been there in the first place!"

As I was leaving that temple I noticed out the front, a beautiful Bauhinia tree. It had glorious orchid-like flowers in white and mauve. Some people call the Bauhinia an orchid tree because of those flowers while others will call it a butterfly tree, as the leaves are shaped like the wings of a butterfly. While the tree was quite beautiful, you could tell that it was struggling. I walked around the tree and what did I find? It had a Strangler Fig growing down the side of the trunk.

The strangler fig is an interesting tree. A bat had dropped a seed in the top of a host tree (The Bauhinia) and being the parasite that it is, it then germinated, sending an aerial root down the trunk until it hit the soil. You could almost hear it call out "yes I've made it" as it sends its roots through the soil like tentacles, sucking out the moisture and nutrients, denying the host tree what it needs to survive.

I was thinking at the time "what if I was to cut that strangler fig off at ground level, and then fertilise the bauhinia and then water that fertiliser in?" In time there would be new growth, new shoots, new foliage, new flowers, new life. People would look at the bauhinia exclaiming how beautiful, strong, robust and resilient it is. And if you could use the word confident to describe a tree, you would say "that is a confident tree!"

Nearby, there was a young child sitting on a park bench reading a book. She had an older man with her. They seemed quite close. I could only assume that he was her grandfather. She was pointing at something up in the tree and I became intrigued. I followed her arm and there was the most beautiful butterfly. It had a rich rainbow of colours that reminded me of a Monet watercolour. It was glistening in the sunlight as if the paint was still wet. It got me thinking about the life of that butterfly.

Only a month earlier there was a caterpillar on a branch just going about its life when it thought, "I'm just going to sit here and wrap myself up in a cocoon, to see what happens." So it did. It sat there waiting and waiting and waiting. If you looked from the outside then you'd probably think that nothing is happening, but we know that changes happen at a deeper level. And when the time was right, and nature always knows when the time is right, that chrysalis opened to reveal the most beautiful butterfly.

So, there was a butterfly on a branch getting ready to fly for the first time. How does a butterfly know how to fly? It doesn't have a sibling or a parent to teach it. It knows because it trusts its instincts. It follows its intuition. In a moment there was a puff of breeze and soon that butterfly was airborne. It was fluttering up through the foliage and the flowers, tasting some nectar here, some nectar there. Free and alive. I can only wonder, as you are wrapped up in that cocoon of comfort getting ready to break free, I wonder what colour your butterfly wings will be.

And you might be wondering about that bird in the cage. That is a real win-win story. A tourist pays the man to free the bird so the tourist is happy. The man gives the money to the temple, so he is happy. The bird of course is free to fly, so it is happy. And then when the tourist is out of sight, the bird does a lap of honour and hops back into the cage. It is a homing bird. That is exactly what has been happening with your unconscious mind. It has gone for a fly, searching for new solutions and new strategies, and then hops back into the cage to put them into action.

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CAMERON hypnotics
Clinical Hypnotherapy

"Living with the Dying" - Clinical Hypnotherapy in Palliative Care

The most inappropriate time I have ever stifled a giggle was when I heard the words "based on the progression of your symptoms, I would estimate that you have about 18 months to live". The voice belonged to a kind yet clinical neurologist, who was delivering his sorry prediction to my beautiful partner Peter.

We had entered these medical rooms following a perplexing few months of chasing answers to symptoms from a range of medical professionals. An ankle injury that wouldn't heal, creeping weakness in the feet and legs, and a frosty morning where Peter's hand could not turn the key in the ignition to get to work. That frosty morning's challenge expediating plans for an MRI, which led us to be sitting before this neurologist, both of us looking to each other incredulous, stifling amusement and disbelief at the diagnosis we were hearing.

Our bemusement masked the shock that our beautiful bubble had burst. We were young, madly in love and Peter was the healthiest person we both knew. He ran marathon distances, mountain biked, had a weight regime and knew the mundane and minute details on diet & foods. He lovingly shopped, prepared and cooked beautiful nourishing foods for us. Everything organic, harsh chemicals never permitted within our bodies nor home environment.

We were living in beautiful, compatible, synergistic love. Nuts for each other in every way, in every measure. We did not meet and fall in love, we met and recognised that in some other time and place we had been together before. Together we knew without falter that we could take on the world, and sitting in that office, hearing those words, was the beginning of that test for us.

Returning to the car, we were incredulous. Small chuckles of disbelief and breathlessness kept breaking the silence. It felt like a big tasteless joke being played on us and our involuntary reactions were our systems refusing to let the news in.

Peter had no words, but his eyes screamed, "This is a joke. I'm not f#@*g dying, I'm the healthiest prson I know". The neurologist gave us 18 months, but Peter's screaming fight against Motor Neurone Disease gave us almost three years. Three years of living with the dying. Living a daily existence and rhythm to life that changed the moment you found comfort in it. A new symptom would arise and a new part of his body would leave us. A daily existence where the weather could be beautifully sunny, yet you could never escape the grey rain cloud of impending death hanging over your head.

Determined to beat his diagnosis, he researched, ate, and breathed miraculous recovery. A plethora of exotic foods, supplements & oils arrived by mail. Books and research papers littered the dining table. Thousands of kilometres were travelled to specialists, spiritual healers and down the rabbit holes of the internet. Peter passionately believed that what the mind agrees with, the body will respond to and we began pulling apart all the recesses of his mind in hope of a cure. As a Clinical Hypnotherapist in training, he became my best and worst client.

The efficacy of Clinical Hypnosis in palliative care is well evidenced and widely available. The possibilities hypnosis offers to relieve pain and distress within the body are as individual as they are endless. Together Peter and I, under hypnosis, tackled every symptom within his body and thought within his brain. For his physical symptoms, we flooded aching legs with positive suggestion, relaxed his breathing, lungs and chest and cooled long feverish night sweats with visualisations of love and icy breezes. Some days symptom relief came easily, others it was elusive.

As time passed, what developed and surprised us was the ability of hypnosis to bring peace to mind, emotional support and spiritual comfort when life felt futile and desperately, desperately sad.

Progressive body relaxation took away the momentary symptoms and replaced them with inner calm. Body scanning, sending love and acceptance throughout the body brought peace and at times a focus so deep it provided clues to where deterioration may come from next.

Hypnosis as conduit to the inner mind, provided access to his long forgotten hurts, anxieties old and new, an opportunity to process regrets, reduce suffering, and make peace with a world of unfinished business & a life that was going to be left unlived.

Under hypnosis, Peter found and could draw on a wealth of inner wisdom. The inner potential that resides in all of us, in the subconscious mind. It gave him access to a well of strength to navigate and steer a steady ship of fighting his diagnosis. It gave him resolve to bravely face all the visitors, receive all the well wishes, and look into the grief-stricken faces of loved ones around him.

Through hypnosis and mindfulness, he could take himself to his favourite places, into his favourite activities and have joyful moments within the version of himself that he knew when strong and healthy. He escaped within his mind to run barefoot on the beach or careen his beloved bike down a bush track.

Hypnotic metaphors of connection to earth and Mother Nature came to life with a daily practice of placing his swollen, fluid filled, pink feet on the earth, bringing him great comfort. When mobility later prevented this, we continued his connection to earthly elements through beautiful crystals placed upon him and around his bedside.

At the time of his final struggled breath, it was again to the auditory beauty and comfort of hypnotic voice. He was guided for the last time to relax and visualise beautiful light filling his body and loving light surrounding him, only this time the beautiful light took him to the heavens above. Resting now in peace our beautiful Peter Oliver.

Living with the dying is equally complex for those loving and caring for someone who, in the absence of a miracle, will soon depart. There is often little time or inclination to think about life after they've gone, yet the thoughts bubble up regardless. You set the table and the thought comes that one day it will be set for two and not three. You hang the wash and wonder what will washday look like without men's undies and socks to hang? Then comes guilt for having let the mind wander to a place where your loved one is not there. Never wanting them to leave but at the same time wanting the pain and suffering to end. As a therapy modality focussed on "the now", hypnosis can support the carer to remain present for those that need them, whilst they simultaneously nurture and care for themselves. The experience as carer in palliative situations is worthy of a whole other article in itself, and in my personal experience, the benefits of self-hypnosis and practices of mindfulness were equally supportive.

Hypnotherapy uniquely and in the context of palliative care, beautifully, offers a way to access more of our inner potential for coping. Deep within the subconscious is a well of resources, resilience and tools that can be brought to the conscious mind to support us through our times of greatest need. Hypnotherapy can strengthen everything we already have, reinforce who we are, and calm us in the face of any devastating period. It can help us find strength and grace in the messy moments, and guide us to clarity and joy, even when we can't see too far ahead. For Peter and I, it was a saving grace and priceless tool throughout the experience of his illness, and our shared grief & loss.

If I can support my fellow hypnotherapy practitioners with palliative care clients, carer's and families I welcome you to make contact.

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What is Belief – What is Reality?

There are many alternative happenings in a person's life which can be purely manifestations of a person's belief system.

Many years ago, a client came to me and told me that he was frightened as the Devil would come down from the ceiling and spit fire on him. The client showed me burn marks on his arms. The client also saw 'half ghosts' walking in and around his home. For him these experiences were real - after all, he had burn marks on his body to prove it. I wondered if by the power of his mind, his fear had manifested this creature into reality.

Retired Episcopal bishop John Shelby Spong says Hell is an invention of the church to control people with fear. This fear producing mythological contrivance had clearly possessed my client?[2]

Had I argued with him about the validity of his experience – I had no scientific proof to refute his experience, especially the burn marks. Had I referred him on, a psychiatrist might have argued that the man was psychotic, hallucinating or schizophrenic. He may have prescribed medication to suppress his fears. Once again, he had no scientific evidence to support his position? Suppression of his fear would probably not have produced any long term beneficial results?

A recent article from the UK published in Psychiatry Research concluded that psychiatric diagnoses are scientifically worthless as tools to identify discrete mental health disorders. Dr Kate Allsop from the University of Liverpool, UK, said "Although diagnostic labels create the illusion of an explanation, they are scientifically meaningless and create stigma and prejudice."

The research referred to the DSM-5 - Diagnostic and Statistical Manual of Mental Disorders. Here are the four main findings of the research:

1. Psychiatric diagnoses all use different decision-making rules
2. There is a huge amount of overlap in symptoms between diagnoses
3. Almost all diagnoses mask the role of trauma and adverse events
4. Diagnoses tell us little about the individual patient and what treatment they need.

Allsop hoped the report would encourage mental health professionals to think beyond diagnoses and consider other explanations for mental distress such as trauma and/or other adverse experiences.

Method:
Prior to commencing hypnotherapy, I consulted with his Psychiatrist and requested permission to see his client. The ensuing discussion earned my respect regarding the psychiartrist's thoughts on his client's problems.[1]

The client had a belief in God. I asked who did he think was more powerful, God or the Devil? He believed that God was more powerful.

I asked if he were aware that the Devil feared the cross when it was held up to him/her? He said that he was.

I asked my client to visualise himself holding up a cross and seeing the Devil recoil and go away. I also made suggestions to drive the half ghosts from his house. I gave my client a cross to take home with him so that the next time he saw the Devil, he could scare him/her away. I have no idea how the cross came into my possession.

On the follow-up the Devil and the half ghosts had disappeared and were no longer a problem.

Conclusion:
The appearance of the Devil may have surfaced as a result of my client's overwhelming fear around his religious beliefs. To the hypnotherapist, it doesn't matter. Their job is to help the client make peace with his world and to alleviate his/her discomfort. Personal judgement or attaching

'word labels' that could stigmatize the client need to be avoided. In reality, we may be in error, even when there is convincing so-called scientific proof to say otherwise?

Psychics are aware of things most people in their current state of evolution are oblivious to. Continued meditation brings about its own manifestations. Heroin, Ice, magic mushrooms and some pharmaceutical drugs open the mind to a other realities - truthful or fanciful?

Be silent, listen and learn. Individuals create their own reality but with our current knowledge of Neuromodulation, any unpleasant reality can be modified with the right help, i.e. hypnosis and belief in one's own powers. It may be as easy as changing your mind.

Important: If you are currently diagnosed with a medical condition, it is important, especially if you are on medication, to check with your qualified health provider to discuss the above research.

"What lies behind us and what lies before us are small matters compared to what lies within us."
Ralph Waldo Emerson

Source:

1. https://www.sciencedaily.com/releases/2019/07/190708131152.htm
2. https://youtu.be/LAEa-ZYi37g

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Listening

Summarised by Chereyl Jackman (Editor AHA Journal)

This is a Summary of Rob McNeilly's Community Hypnosis Call 25/26th September 2019

BREAKING THE ICE

Rob McNeilly commenced the session with an apology for being late. He had been cleaning his teeth. He explained that if he had introduced himself with a long string of qualifications and experience he'd be making noise that demonstrated his self-importance and arrogance. He would have expected to lose half his listeners with such an attitude. Cleaning his teeth was a common, everyday occurrence that everyone could relate to.

Listening skills are very idiosyncratic. Anytime we think we understand what a person is saying, this is missing the point. Do you know the difference between when we listen to our own experience and when we only listen to our interpretation of a client's experience?

We never learn anything new, we just learn new connections. When a client says: "I can never do that!" They are stuck, helpless, resigned. They need to be reminded of that.

We don't need to be an expert technician. People aren't faulty pieces of equipment that need more and more maintenance.

Hypnotists are a group of people who are psychotically optimistic. Experts are people who don't have the humility to have some doubt about what they do.

Hypnosis is subversive so continue at your own risk. It is about not having a definite answer of certainty but one of exploration.

HYPNOSIS ON ZOOM

The question was asked if hypnosis could be used on Zoom. Rob responded as follows:

"If you being to focus your attention on my face, my words and the sound of my voice … and if you allow that focus to be something that comes from you … that you don't have to listen to me … or pay attention to anything I'm saying … you could do that or just let your mind wander. Then, as you're doing that … there can be for any person … a natural tendency if you allow … to become more absorbed in your experience. And as you're absorbed in your experience, and allowing yourself to be absorbed in it, there may be some very subtle changes that start to happen. You don't even need to notice … and you know what I'm doing with you … you know in the way I'm pulling your leg in … in the way I'm playing. I wonder if you noticed any changes in yourself … and the way you're nodding your head?"

I'm not saying anything now, I'm helping you to connect with something in a way you can make use of.

The Primary Reality does not seem to matter when using Hypnosis.

USING A TECHNIQUE

If a technique, method or induction work, then use them.

It is difficult NOT TO INTERFERE WITH THE CLIENT SOLVING HIS OWN PROBLEM.

You need to stop at a red traffic light but if there is an emergency, you can through it. There is a law in the NSW Police Manual that lists the times when it's okay to break the law. Whether or not you use a technique is not important. What matters is that it works.

There is a tendency for us to interfere (often with the best intentions), and it doesn't help. We need to listen to our approach. I optimistically assume that people can find their own solution. If we can listen for that then we can learn something useful.

Clients see themselves locked into a situation and don't see a way out, so we could say "Welcome to the World of Adults! Welcome to the world of the client." If we start with, this is the world the client is living in, then we're in a place of reality. Then we're in a place of not interfering but hearing the question of what can be done. What would be useful – what can you do? What can you as a client do? What can you as a therapist do?

Often when we're working with clients who are stuck, they start to see a glimmer of hope. Often there are tears and sadness. These are tears of relief, of being touched; moved. The outpouring of emotions is an indication as is their sadness, that they now have an avenue to resolve those issues instead of being stuck in their problems or emotions. Smiling and gratitude are emotions too.

DYING

If a person believes they're going to die, there's nothing you can do about it. We're all going to die.

Life is a sexually transmitted universally fatal condition.

Never let dying be the problem. Jay Haley

"What is it about dying that's a problem to you?" If we ask that question, people will say: "I'm frightened of the unknown. I don't know what is going to happen to my children? Who's going to look after my cat? I'm worried about the pain."

It is never about death itself. There's something about death that's causing the suffering and when we explore with each individual what is it about this situation that's a problem, then we've got something to do, something to contribute.

When a client says I'm dying, it is natural for all of us to say: "Oh my goodness, this is too big an issue. I can't deal with this." As human beings, most of us have a default or reaction to death. To make sense of death and to be able to help, we have to get some connection to our own death

and most of us are not too keen about that. If we stop listening to our own reaction to our death, if we start to listen to the client and their issue, then there's that possibility of helping them reconnect, to be reminded of the vast experiences they've had of uncertainty.

It's a functioning of our listening that with certain diagnostic labels we get intimidated i.e. psychosis, alcoholism, anorexia, suicide attempt. We hear those labels and we become overwhelmed, we get paralyzed. Most human beings find themselves intimidated by death. It is a default response of human beings to be scared of death and to want to avoid it.

A student said to Erickson one day: "Are you dying?

Erikson replied, "That's the last thing I want to do!"

Erickson gave Rob McNeilly a recipe for long life. "Every night drink a large glass of water. That way you've got to wake up to go to the toilet."

When we argue with reality, we lose, but only 100% of the time.
Byron Katie

Mostly it is our default mode when listening to a client to be listening to our own interpretation of the client's reality. We need to be aware of this and shift our view. When a client has the experience that they are being listened to, that we're really listening to them and understanding their experience, it can be transformational, it can be healing.

In the medical model when the doctor is listening for a diagnosis, the client, the person, the human being, is not listened to anymore and they become frustrated as hell or they become institutionalized. Really listen to your listening when talking with another person.

EXERCISE

Find a partner. Ask them what do they like doing? What do they like about it? How come they like what they do? Is it beneficial to have another person really listening to them?

Don't use this as a therapeutic exercise, just listen. Be aware of your own experience as you listen to your partner. Create space between your own reactions. Listen to your own listening.

Many therapists wish to increase the effectiveness of their work. Milton Erickson said the three most important things for us to learn if we want to do good work is to Observe, Observe and Observe. We could translate Erickson's advice for the sake of this session to Listen, Listen and Listen. There's something magical about listening and it requires learning on our part in whatever we do.

If you wish to view Rob McNeilly's video recording of this session or any other of his Community Hypnosis Calls, join his group of worldwide professional hypnotists and enjoy the psychotic optimism.

References:

Brief Therapy with Intimidating Cases: Changing the Unchangeable, by Richard Fisch and Karin Schlanger Jossey Bass 1999

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https://robmcneilly.simplero.com/page/93488

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I qualified as a trainer 25 years ago, after attending 40 days of training at the prestigious training/consultant firm Krauthammer International.

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Christoffel Sneijders

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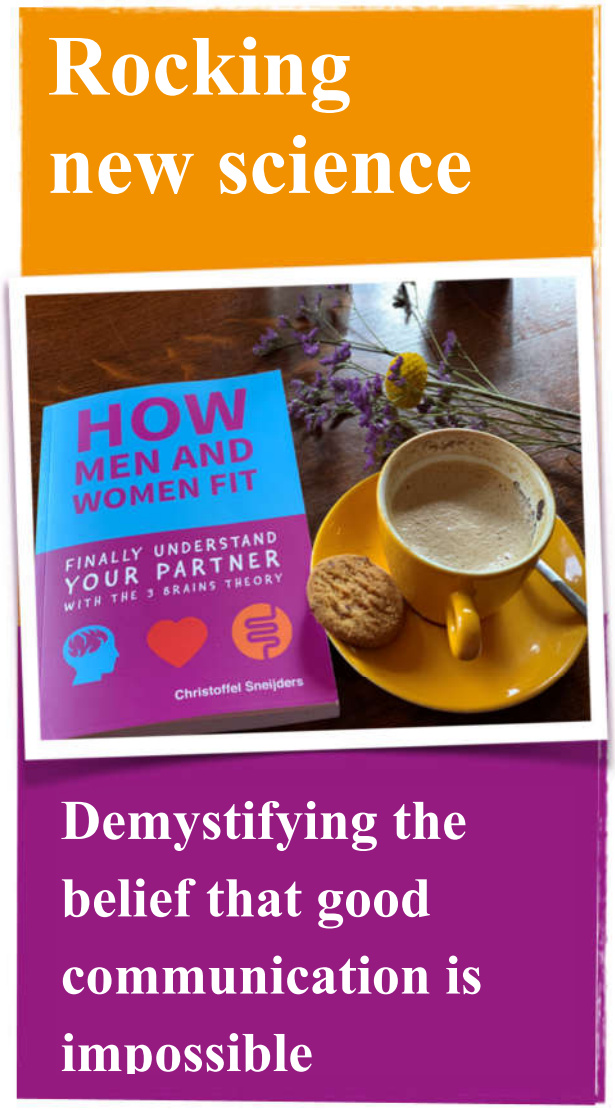

My experience:

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- Executive business coach

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AHA Information and Updates

Workshops for 2020

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

AHA workshop information

AHA workshops are suitable for hypnotherapists, NLP practitioners, Counsellors and psychotherapists etc. They are aimed at areas such as skill development, personal development, business, health, and overall wellbeing.

We encourage all members to take advantage of these workshops as you are not only able to continue your learning, you are also networking and involving yourself in both the association and the profession.

AHA State Workshop Reports

AHA NEW SOUTH WALES / ACT – Spring State Report 2020

What a great year for hypnotherapy that was! Last year was jam packed with hypnotherapy workshops, visiting international hypnotherapists, and then we had the AHA World Conference in Brisbane. 2020 has loads of promise already. We can rest assured that Hypnotherapy is well and alive. In December, the NSW AHA had a positive workshop experience with:

- *Katina Gleeson*: Neurocounselling, Using modern counselling skills and neuroplasticity to achieve life-changing results.
- *Jiten Damudre*: Obesity; a medical perspective.

Both presenters received encouraging feedback.

Next workshop in Sydney March 7:

Brett Cameron and Greg Elsey: "So you are in business … establishing a successful hypnotherapy practice"

Lance Baker: "The Swan". A hands on class teaching Bob Burns' The Swan technique.

Invite emails will be sent out shortly to AHA members.

Brett Cameron
AHA NSW State Executive Officer
M: 0403 335 751
Email: nsw@ahahypnotherapy.org.au

AHA QUEENSLAND - Summer State Report

Last November at the QLD AHA workshop we met Gavin Hyde. Gavin has worked in the health and wellness industry for over 20 years. He has integrated and blended many natural healing modalities. Hypnosis, NLP, Kinesiology, Time Line Therapy, Counseling, EFT, Sports Nutrition, and massage to name a few.

At the workshop we focused how to use astrology (natal charts) in a very practical way to help hypnotherapists to accelerate transformation in their clients.

He brought attention to a particular aspect of a natal chart and how just understanding this one thing would enhance our ability to tailor sessions and get the best results for our clients. I'm sure that one of his intentions for us was to stretch us a little (or perhaps a lot). I have to commend his genuine, nonthreatening way of doing this.

As a result we came out with a few more tools to help understand, speak to, and clear negative patterns of behaviour.

On the 9th of February we will have the HCA presenting a free event looking at the hypnotherapy profession as a whole. It plans to build and improve public opinion so that hypnotherapy is taken seriously as an effective alternate therapy. Following this there will be a presentation on running a successful practice in the 21st century.

In March we will have Rob McNeilly present in Queensland. Rob studied with Milton Erickson. Keep an eye on your inbox in the coming weeks for this workshop.

Have a wonderful 'right now'

Greg Thompson
State Executive Officer, QLD
Australian Hypnotherapists' Association
M: 0422 741 041
E: qld@ahahypnotherapy.org.au

AHA VICTORIA/TASMANIA - Summer State Report

The Victorian/Tasmanian membership count is 164, up by 8 on last report. This comprises:

Clinical	54	unchanged
Professional	65	up 5
Affiliates	7	unchanged
Associates	1	no change
Students	37	up 3

The November Workshop at Mulgrave was a terrific presentation by Chandell Labozzetta on Getting to Yes, how to ethically get more clients. Her ideas on how to design and build conversational Elevator Pitches that work in lots of situations were really insightful.

On Sunday 2 Feb there will be a free Symposium presented by the HCA at the Quest Doncaster, Antoine Matarasso will deliver a worksop; CPD points attach to this.

On Sunday 1 March Gordon Emmerson will present a Trauma Informed Workshop using Resource Therapy. We are particularly grateful to the good Professor, as he has stepped up to cover the Elmans cancelling due to Larry's health issues consequent upon our Victorian bushfire disasters.

Tony Ahearne
State Executive Officer AHA Victoria/Tasmania,
Mobile: 0419 190 542
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AHA SOUTH AUSTRALIA - Summer State Report

Our workshop held in November of 2019, where Joy Anasta once again had the attendees riveted with her clear and comprehensive presentation on Grief and Loss as experienced for both adults and children was well attended. We were very grateful that Joy was able to reschedule after a setback in the same month. This has enabled our workshop organization to remain on schedule. Thank you in many ways, Joy.

Our next workshop is to be held on February first of 2020. Trish Palmer and John Pellen are presenting a Social Media and Marketing hands on full-day experience. This workshop caters for the needs of hypnotherapists and similar modality practitioners. We look forward to developing our individual social media plans and gathering tools for marketing and trending.

Thank you also for the work of our SA committee, as well as the AHA members who step in and assist so cheerfully at our workshops on the day!

Kind Regards,
Marilyn Peterson
State Executive Officer, SA.
sa@ahahypnotherapy.org.au

AHA WEST AUSTRALIA - Summer State Report

The committee in Western Australia wish everyone a wonderful 2020.

We had a very interesting workshop in November with Enrico Crosina and Gail Rogerson teaching us about the three brains.

Our next workshop is 8th February 2020 Hypnotic Language with Geordie Thompson, which we are very much looking forward to.

Our planned meetings and workshops for the rest of 2020 are as follows:

- 24 May 2020: AGM followed by Trish Palmer on how to get your hypnosis service online, and working with international clients
- 15 August 2020: Peter George: Complex trauma; psychological and energy-based issues and their treatment with Clinical Hypnotherapy

Many of us will be attending the HCA symposium on Sunday to learn more about what we can look forward to in the future with Hypnotherapy Council of Australia as well as a workshop with Antoine Matarasso.

Our membership for WA is:

20 Clinical	4 Associates	1 Fellow
22 Professional	30 Students	

Kindest,

Hope Wesley
State Executive Officer, AHA WA,
National Treasurer AHA
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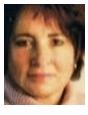

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Spring: Submissions received by **20th September** for publication beginning **October.**

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.**

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- https://www.ahahypnotherapy.org.au/find-a-practitioner/
  This includes:
  - "find a Hypnotherapist" search by postcode, suburb or name
  - 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** inclusion (where applicable) in the *Foreign Language Speaking Register*
- **Free dedicated referral facilities** from the AHA Advisory Line by an experienced, specialist hypnotherapist to all professional and clinical members (our 1300 552 254 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
- The publication (within the AHA website) of regional information to Registrants seeking peer group or personal supervision arrangements
- 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: https://www.ahahypnotherapy.org.au/member-area/your-membership-details/

- 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.

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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.