



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: Remarkable Cave, Tasmania (*Your Photos are welcome*)

President's Report

Mailin Colman



Greetings members,

I sincerely hope you've all had a positive start to the year and that all wonderful things arrive as the year goes on.

AHA 70th Anniversary World Conference, Brisbane 13-15 September 2019

Registrations are now open! Please use this link to register <https://dcconferences.eventsair.com/aha2019/reg> and to view the speaker information: <https://dcconferences.eventsair.com/aha2019/speakers>. The conference committee are hard at work with DC Conferences to make this an event we can celebrate for a long time to come. I very much look forward to seeing many of you there.

The AHA national committee planning day was held at the conference venue so that we could fully explore the hotel, the venue and the location. I'm delighted to share that it's a short walk to Southbank and a whole host of other Brisbane delights and has proven to be a great choice.

A number of great things happened at the planning day but the two most pressing subjects were as follows:

- **Selecting the conference speakers** – with 63 amazing abstracts received, this was unbelievably challenging. Much wringing of hands and agonising occurred on the Friday!! The AHA national committee believes it has now chosen 21 relevant and wonderful speakers pertaining to the theme of the conference.
- **The AHA Constitution** – As many of you are aware, the AHA Articles of Association is a very old document and has required updating for some considerable time. The national committee spent most of Saturday working on this and it has since been presented to a lawyer and given the okay as far as legalities go. The next step is to make it available to members for perusal and comment, followed by a motion that it be accepted at the **national AGM which will be held in Melbourne on the 23rd of June, 2019**. Emails will go out to all members in due course including a link to the new constitution. Once this has been passed, it will then be registered with the appropriate bodies. This has been a massive undertaking and will be a fantastic achievement for the AHA once complete.

Membership renewals

Renewals are well underway and all renewals are due by the 31st of March regardless of when a member joined. Please support AHA Administration during this busy time by adhering to the following:

- Completing your online renewal and then emailing your CPD and supervision to administrator@ahahypnotherapy.org.au at the same time.
- CPD requires evidence in the way of certificates, statements of attainment, advertising etc. Please note that AHA workshops do not require documentation as they are already listed on your member profile CPD log if you have registered for a workshop correctly.
- Supervision must be signed and listed by date / duration / type of supervision.

Until next issue, I wish all members and friends the very best in life, work and everything! I also look forward to catching up with those of you attending the national AGM and later, the conference.

Warmest regards,

Mailin Colman

AHA National 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 ...



<http://www.hypnotherapycouncilofaustralia.com>



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



<http://asochaorgau.wordpress.com/>

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Advertising rates for the Australian Hypnotherapy Journal:

Full page	\$75.00
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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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Editor – Australian Hypnotherapy Journal

Book Review UNLEASHED

Mind Potential Guidebook

Author: Maggie Wilde
 Title: UNLEASHED
 ISBN: 978-1-77204-565-9
 Category: SELF-HELP / Personal Growth / Self-Esteem

How to Embrace Who You Are and Empower Yourself to Reach Your Potential – FAST!

As Maggie rightly points out - the evidence today is indisputable. Stress impacts on our emotional well-being and our physical body, our gut health, and our DNA itself.

Under the microscope, we can now see physical evidence that internal stress and conflict have immense adverse effects on our health. The way we think and our emotional states, along with nutritional and genetic factors, can determine whether our DNA is switched on or not.

Maggie's Control Program and Rewire Brain Training model help to address the internal stressors that impact our mental, emotional, and physical health with practical and simple strategies that anyone can master.

Maggie shares with us her early life of doubts about herself and the physical and emotional obstacles this caused in her life. She talks about the methods she used to overcome what felt like an insurmountable wall and shares her tactics with the reader to do the same.

The book provides therapeutic strategies and brain-training techniques to break the cycle by rewiring and reprogramming any of the seven degrees of separation in your own life. Yes, it is brain science, but you will discover the resources your brain already has and how to activate them to get what you really want.

Your brain accepts reality and imagination as equally true. This book provides the brain training strategies to; Control – Program – Rewire. The CPR Brain Training strategies will begin the change process at both the conscious and subconscious levels. How to use a variety of brain training recipes, mind mirror statements, and the CPR audios daily, are some of the change techniques described to you.

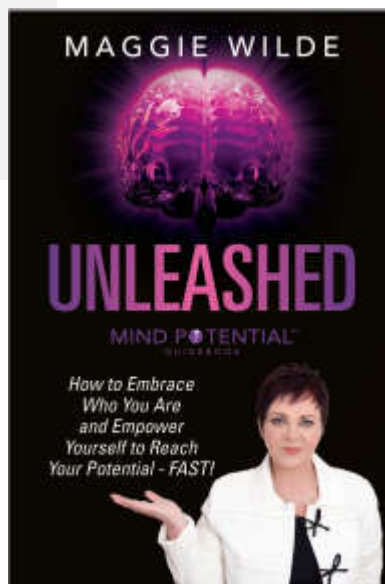
Control strategies are simple to do and easy to understand. The Brain Training Recipes were developed by Maggie to allow you to switch off and interrupt unhelpful wiring, so you can let them go and unleash your potential faster.

There are Brain Training (BT) recipe wording and instructions to release unhelpful beliefs and habits to help you on your way to embrace who you are and empower yourself to reach your potential. Eight stressbusters used once a day will help you learn **more easily and faster**.

Download a **FREE** starter kit at www.mindpotentialacademy.com/p/cprstarterkit .

I highly recommend this book to you and I will leave you with Maggie's own words;

"It's my mission to help train your brain to unleash your potential and help you switch off neural patterns of sabotage, doubt, or fear and activate the real you."



President Emeritus [AHA]*
 PEMAHA, LMAHA/CMAHA, SUPERVISOR
 website: www.bbbenefits.com.au

* all thoughts in my emails, blog articles, writings on my website or elsewhere, are my thoughts, and should not be seen to be or interpreted as the thinking of the current National Executive of the AHA.



Alternative Solutions

Bruni Brewin

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Dispensing Prescription Drugs are again rising from 1 January 2019

Being on long-term medication is now the norm for many Australians. Medications for blood pressure, cholesterol, heartburn and first-line diabetes therapy are in the majority of the top 10 drugs by prescription counts and drug quantity in Australia. They constitute a large percentage of drugs delivered to the community.¹ Many of these conditions are the result of adverse events that have happened to us during our life time.

Alternative Solution?

In 1958, Joe Kamiya, a psychologist teaching at the University of Chicago, began experiments on brain wave frequencies.

When a tone sounded, the subject was to guess whether he was in alpha. The first subject Kamiya worked with was Richard Back. By the fourth day he was able to report correctly whether he was in alpha 100% of the time.

In a second experiment, the subject was able to enter or not enter the alpha state on a specific cue. This trial established that people could control brain waves which had previously been thought to be involuntary states.²

Hypnotherapist's use specific cues in hypnosis that clients use to bring back a desired state when their conscious mind is dominant.

Could this be an alternative method to control blood pressure? It works for me, why not for you?

To contact a therapist near you that may be able to help:
<http://www.ahahypnotherapy.org.au/find-a-practitioner/>

References:

¹ mja.com.au> InSight plus> 21 January 2019> Evan Ackermann

² http://www.resourcenter.net/Scripts/4Disapi9.dll/4DCGI/events/speakerbio.html?Action=SpeakerBio&&SpeakerID_W=6094

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.)

David Kennedy 1932 -2018



David Kennedy was born in 1932, the eldest of four boys. From an early age he felt called to working with people, and those of us who knew him rarely saw him without a 'flock' gathered around him. After a childhood illness that saw him leave school at the age of 13, he set his sights on a life in the Christian ministry and put himself through Bible college by working at many and varied jobs. His early work in the ministry set the tone for his later work as a teacher and healing practitioner.

David was a loved father, grandfather, a husband, a mentor, and friend to many. Over his career in hypnotherapy he worked with many thousands of individuals, and with hundreds of groups. He worked hard and he worked long hours. He was willing always to remain curious and keep learning. He really cared about people and was fascinated by our ability to grow and heal and evolve through the power of trance work.

In the weeks leading up to his death, and the weeks following, we received calls and contact from past students. Some knew of his death when they contacted us, some didn't. But the energy of his work was still vibrant. Years after the work had been done, people got in touch to 'check in' and report on their continuing success or healing, some to get copies of hypnosis recordings David had produced (and which they'd worn out from use), some called simply to say hello.

If he were here today, David would be at pains to say that this was not so much about him as an individual, but rather a demonstration of the significant impact that one person can make in the lives of many others by doing this work of hypnotherapy.

He believed passionately in the healing power of the trance state.

His work with his hypnotherapy clients was characterised by creativity, and the concept of universal love - one person helping another person, with no struggles of ego or authority. David's hope for the profession of hypnotherapy was that it would remain independent, and he wanted hypnotherapists to be courageous in their work. He encouraged his students and other therapists to work always with integrity, and an open heart.

David died at home, surrounded by those who loved him.



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Lost for Words

1st Published in Hypnopatter, January 2010. Republished with permission.

By: *Barry Thain PDCHyp MBSCH NRH Clinical Hypnotist, London UK* www.Mindsci-clinic.com

The doctor on the phone asked if I could cure stammers. I told her the truth. I didn't know. No one had ever asked me to treat a stammer. I understood there was lots of literature suggesting stammers responded very well to hypnotherapy but admitted I was wary of the claims. As it was evident that the doctor was not a stammerer, I asked who had the problem. Her son was 17 and had always stammered. He had never not stammered.

I asked what else she could tell me about him. He'd had two years of weekly speech therapy with no sign of improvement. He had been diagnosed ADHD a few years previously and ritalined. And there were dad issues.

I explained that I might not be able to hypnotise her son, in which case there was nothing I could do, and that even if I could hypnotize him I still didn't know if I could help.

The nurse said she'd spoken to a hypnotherapist in the West End who guaranteed a positive result. I said she'd better take her son there. She said the West End therapist only spoke about money, but I'd wanted to know about her son, so could she bring him to me? We made an appointment. My son sang in a choir. One of the other choristers, Alec, had a stammer. I'd ask him how he was and he'd say —I'm fer-fer-fe-fine, thank you. That was the extent of my experience of stammers. It did not prepare me for Chris. He came with his mum. As usual, I set about taking his case history from him. (I always take the case history from the patient, even when they are seven.) I asked, —When I hypnotize you, what do you want me to do for you?

—I'd lerrrrrrrr ... and it had started. I sat and watched in amazement and horror as Chris became increasingly wrapped around the word, —like, he was trying to say. His head jerked down towards his lap. His shoulders folded round in front of his chest.

His heels came off the floor and his knees drew up towards his chin. And for two minutes and thirteen seconds plus whatever time had elapsed before it dawned on me to time it, Chris was completely locked around the word he couldn't say. When the stammer let him go it literally did that; let him go, and he was able to unwrap himself and sit upright again.

It was one of the most pitiful things I have ever seen and I knew instantly, that I couldn't do anything to relieve him of his stammer – any more than I could help a patient who wanted to get on my couch with one leg and get off again with two.

I asked him if he could stop trying to say the word and get out of the stammer, but no. Once the stammer set in, he had no control. We got down to the dad stuff. He didn't want to talk about his dad. I asked his mum. Dad had gone when Chris was two. Chris hadn't seen him until he was 15, when they met in a restaurant. Dad was drunk, threw insults around about Chris's mother and, finally, hit Chris across the back of his head with a wine bottle, snapping the bottle's neck off. Chris's mum had not been aware of this.

After that, Chris went off the rails; got in with a bad crowd, did some drugs, smoked. Chris thought his dad was the cause of all his problems. His mum asked if I could help with that too.

It's difficult to explain what happened next, not least because I'm pretty sure I shouldn't have done it and absolutely certain I shouldn't admit it here. I said we'd have to wait and see about dealing with the dad stuff as we were here to solve the stammer and that was more than enough to be going on with. What's wrong with that? Well, I thought I could deal with the dad stuff and really wanted to focus on that because I was certain I couldn't help with the stammer. So, being brutally honest, I was withholding the prospect of treating the dad stuff to make mum, at least, want it more.

I told Chris that, one day, not today but one day, he was going to have to get his dad out of his system. I used the analogy of the scene in the Cowboy and Indian movies when the cavalry officer gets an arrow in

his chest. He knows he has to pull it out, but the arrow has a barb, so he knows it's going to hurt like hell. But the longer he leaves it in, the longer it will be before the wound can heal. Sooner or later, Chris was going have to find the balls to pull the arrow out.

I finished the case history and invited Chris to lie on my couch. His mum came into the consulting room too and I sat her just out of his peripheral vision. A wrist-lift induction was followed by a 10-0 countdown which I extended to -5, and then I tried for IMRs. The Yes finger was so strong I suspected Chris was acting (that is, lifting his finger consciously). I said, —Rest and relax, which is what I usually say to indicate I've seen the response and the finger can go down. It stayed up. So, I applied a little pressure with my own finger, and his didn't budge. And that, I thought, was interesting. If he'd been acting, surely, he'd have understood I wanted his finger down. I had to press hard to get it down. I got a thumb from the same hand for No and, again, it refused to go down until forced. On balance, I still thought he was acting and not quite getting it. His mum, however, was highly impressed and digging into the tissues because her son was (obviously!?!) about to get his miracle.

I asked Chris's subconscious mind if it was ready to give up his stammer?

Yes.

(Yeah, right, of course. But mum loved it and reached for another tissue.) I tried to elaborate. —You see, I don't think there's any point in gradual improvements here. Either he stammers or he doesn't, and what I'm after is that he doesn't. OK?

Yes.

—So you're prepared to give the stammer up completely, today, here on this couch, are you? Yes. (I was trying so hard to get a NO because I knew it wasn't going to happen.) —All right then. I'll come back to that in a few minutes. But I think Chris is carrying a lot of hurt around that isn't doing him any good, and I think I'd like to get rid of that. Is that OK with you?

Yes.

—OK. So I'm going to install a tap in his neck just here (I indicated a spot on his neck which would have been his carotid artery if only his neck had been back to front) —and then I'm going to drain all the hurt away as I count down from five to zero. OK?

Yes.

I installed the tap. Or, rather, I pressed the blunt end of a small screwdriver against the forecast point and counted down. Nothing happened except mum needed, and helped herself to, another tissue.

—Now, I told Chris he was going to have to get rid of this arrow (I tapped his left pectoral) —and threw it away. Do you want to do that now? (You see, I was still after some kind of positive outcome.)

No. (Damn. OK. So, call me a bad therapist. I know it's not about what I want. It's what the patient wants. But he DID want to get rid of the dad stuff. It was just a matter of timing. I wanted now. He wanted not-now. Grrr. But it wasn't a straightforward no. It was a bit no, a bit yes, a bit more no and not a lot more yes. Indecisive. I thought I was still in with a chance.) —I know, I know. What will life be like without all that dad stuff? How about this? How about we take it out now and instead of throwing it away, you give it to me. Then come back and see me next week and, if you want, I'll stick it back in?

No.

—You just want to leave it in?

No.

—You want to take it out?

Yes.

—And throw it away?

Yes.

—Cool. Go on then. Take it out and throw it away.

His hand came up to his right pec, not his left as I had indicated, and he wrestled with it as he pulled it out. Now he was crying, and I was having to queue behind his mum for access to the tissue box so I could wipe his face.

He got the arrow out and chucked it. Chris, his mum and I were in Richmond. The arrow was in Armenia.

—Remember you said you were ready to abandon the stammer?

Yes.

—Right. Wellll (basically I have no idea how to do this, so ...) —in a moment I'm going to clap my hands like this. CLAP.

—And the next time I clap my hands like that, drop the stammer, OK? So, Chris can express himself clearly and fluently.

Yes.

—Ready, then. 3-2-1 CLAP.

And Chris jerked forwards on the couch, his back and head lifting several inches off the material he had been resting against, before dropping back. Mum was a wreck. And I was desperate. Why? Because I knew I was going to have to wake him up and ask how he was. And he was going to stammer and his mum was going to suffer the biggest disappointment of her life.

Everything I'd tried to avoid this result had failed and I was shafted. I did some other stuff of no consequence to delay the inevitable but finally I had no choice but to wake him.

—Where have I been? He asked.

—You've been on a journey, said mum.

—There was this white light. Bright white light. And pain. Such a lot of pain. Then you stuck something in my neck and the pain ran away. And I was thinking: You haven't stammered. Shut up now. Don't say another word. Don't spoil it.

—Mum? Why were you so sad?

—What do you mean, Chris? Mum had been going through the tissues but she hadn't made any noise.

—Anyway, it's all right mum. Don't be sad. He looked around the ceiling.

—It's gone. I can't stammer. Hey, mum. I can say stammer'.

That was one of several words he had been completely incapable of saying.

—Dad's gone too. Hey, I can say dad. I want to be a hypnotherapist when I'm older. Wow. I can say hypnotherapist. Shit! Oops. Sorry, mum.

We chatted, the three of us, for half an hour. No stammer. I tried to play down expectations, explaining that the good news was we now knew Chris could be stammer-free for thirty minutes. We'd have to see how long it lasted. If it was an hour, we could make it 24. If it was a day, we could make it a week, and so on.

Chris came back the next week, without his mum. Instead, he brought his girlfriend. He hadn't had one of them the previous week. In fact, when I opened the door, I found Chris, his girlfriend, and two other kids from his college who'd just come to gawp at the guy who gave Chris his miracle. I was lost for words.



Positive and Negative Language use in Therapy

Whether it is in our heads, out loud in front of clients, or with our colleagues, we need to be careful about our language use. Therapists' language can easily err towards blame, defensiveness, disappointment, and so on. Much of what follows was initially inspired by Michael Heap's article on his website: 'They told me I'm unsuitable: the language of responsibility in the mental health services' <http://www.mheap.com/unsuitable.html>, as well as our own concerns about the use and abuse of power by therapists.

Negative language	Problem	Positive alternative
She's very resistant	Blames the client for lack of progress. Absolves therapist of responsibility	I need to work in new ways with her.
John has failed to engage with therapy	John is seen as a failure. Responsibility is all John's. Engage with 'therapy' or 'this particular therapy/ist'?	I need new ways of engaging John with my therapy.
Susan is not ready for change	She probably is because she presented to a therapist. We can help her get ready if not.	I'm currently working on the best approach for Susan
He didn't want to get better	Possibly, could be secondary gain, but he <i>did</i> present to a therapist.	I didn't find a way to motivate him to get better or we didn't define what getting better meant and any requirements.
Angela is a mind-boggling case	Clients are more than just a 'case'. They are people. Did <i>she</i> really do the mind-boggling?	I need more thinking time, supervision or peer help to understand Angela from her frame of reference.
I think he is in denial	a) Client is not denying, rather, the therapist is imposing what <i>they</i> think. b) Denying with good reason e.g., too painful to think about	a) I think I may be imposing and then finding he does not recognise this imposition b) He needs a 'safe place' and gentle introduction to the memory, perhaps on a screen
Janet is expecting me to do it all	Maybe she is trying to please by following the therapist's ideas, but she needs to do it for herself in her own way.	Current methods are not working. I'll ask her if she has a preferred method. This will also highlight any dependency on me.
Mark is undoing everything I've done	Assumes therapist is responsible for maintenance of change. Mark's changes were not sustainable.	Mark did well to change even temporarily. I wonder what wasn't right about the last approach from his viewpoint? What needs to be factored in to obtain sustainable change?

These will not always be examples of incorrect, or correct, language use because context is important, and they are mere snippets of speech. Sometimes, for example, negative comments about clients are in fact

correct and any objective onlooker would agree. But there are some phrases bandied around by therapists that can be disadvantageous or even harmful to clients. And even if such phrases are kept in the private cognitive space of the therapist, they affect the questions they ask and their general demeanour towards the client.

We also need to be thinking about our language use in terms of the posthypnotic suggestions we provide. Should we use positive or negative language? In the absence of definitive research, it comes down to the individual decisions of practitioners. Which would you prefer as a client: 'Would you find yourself enjoying a healthier life and treating your lungs with a gentleness and respect?' or 'If you ever smoke again you will see green gas billowing out of those dirty, smelly lungs and it will taste like diesel'?

Our view is that both would work but why be negative unless you must be? In our practice, the authors tend to start positive and resort to negative posthypnotic suggestions on later sessions if things do not progress, or where a client says that they generally learn best through a 'stick' rather than 'carrot' approach. As well, if they have mentioned prior to trance that they find something negative about their current way of doing things we might aim to make this resonate more powerfully.

One of the issues we have with negative suggestions in hypnotherapy is that it can be disempowering. Imagine being a client trying to lose weight and the hypnotherapist, with your agreement, made chocolate taste disgusting. Now, every time you so much as look at it you feel nauseas. Firstly, it makes life miserable, and secondly, it has not empowered you. Rather than *choose* not to eat chocolate, you feel you have been told not to by a hypnotherapist. It becomes a form of avoidance rather than a mature relationship with chocolate. It is also likely to be all-or-nothing when, in fact, there is no harm in eating a sensible amount. There are a lot of polyphenol antioxidants in bitter dark chocolate (Gu, House, Wu, Ou, Prior, 2006), which have many health benefits, including prevention of heart disease – something obese people are at risk of. As hypnotherapy comes of age, this kind of subtlety and multi-disciplinary approach will become more important.

Briefly, we would like to touch upon something misleading that we have heard hypnotherapists say. Some therapists and trainers would have you believe that you cannot use negation. Their example is 'try not to think of a blue tree'. The person they are talking to obliges and finds it is true that you cannot do this. The more you try not to think of a blue tree, the more necessary it becomes to first think of it, in order to dismiss it, creating a paradox. But the assertion that typically follows is 'therefore, you cannot use negative suggestions with clients'.

This is a leap of logic and complete nonsense. When you ask someone to 'not think' (e.g. of a blue tree) you are creating a paradox, since you cannot try to not think when the act of trying involves the very thinking you are trying to avoid. This is not of the same order as suggesting that a client will not eat chocolate. Here, you have not prohibited *thinking* itself, you have merely asked that the thinking be in a healthier direction. There is no paradox in these kinds of negative suggestion. So, although we would not normally use negative suggestions, it is not for this reason.



Karen Bartle MSc, Co-founder of [Academy of Advanced Changework](http://www.hypnotherapy-training.com.au). Specialising in mental health and behavioural change for over 20 years. Her Academy provides attended Diploma courses in Clinical Hypnotherapy & NLP on the Sunshine Coast, Brisbane, Gold Coast, Melbourne, Perth & Sydney, Australia, and a range of CPD courses (online, distance & attended), including an [Advanced Diploma in Hypnotherapy course](http://www.hypnotherapy-training.com.au). www.hypnotherapy-training.com.au

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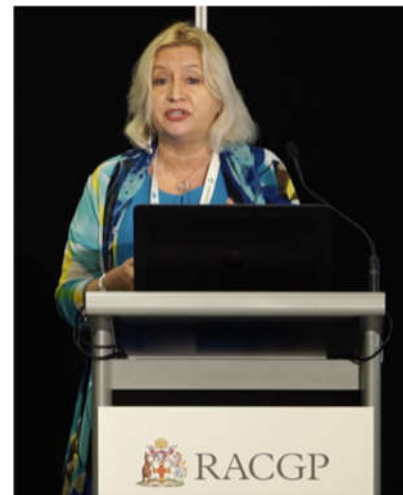
To access supervision with Karen Bartle please click: <https://www.hypnotherapy-training.com.au/supervision.html>



Assisting Clients Develop Resilience

The theme for the upcoming 70th Anniversary AHA World Conference is *Resilience* so it seemed appropriate to provide readers with the following. One of the truths I share with clients struggling with one or more life challenges is this:

It is not about the challenge, it's always about how you deal with the challenge. That difference between you, the next person, and me is how we handle our challenges – the purpose of struggle.



Granted that clients often don't want to hear the above, especially when they are in the depths of their struggle(s), whether they are mental, emotional or physical in nature – or a mix of these. It may be that they cannot process that message delivered as a statement or receive it at that time. So, I created a *metaphorical story in rhyme format*, which I relay to such clients in hypnosis, as well as pre-hypnosis - enabling their subconscious to grasp this message and make lasting change. It works beautifully. Why wouldn't it? When as hypnotherapists we know the power of storytelling, metaphor, rhythm and rhyme*. So, I wish to share this creation with you in the knowing that it will help your clients too in building resilience. *Read the post-note to derive optimum results.

Butterfly Breakthrough: Resilience

Skippping along the pathway – The little child stopped to glare...
Upon a hanging structure – With a creature in despair

For the child could see these butterfly wings – Inside a chrysalis' shell
Through a split that it had made – As far as the child could tell

This child had a most caring side – And wanted to bring relief
To the struggling butterfly – Making the struggle brief

So, the child picked away – At the butterfly's shell
Until there was - Much less shell – And then the butterfly fell...

Onto the pathway where the child – Stood and watched it wriggle
For its wings were still shut tight - Looking frail and crippled

The child was shocked and tearful – Unable to understand
For the innocent child's intention was - To give a helping hand

Unaware that when you care – You also have to know
Another's struggle may just be – The way for them to grow

For the wings of the butterfly – Needed to grow strong
That is why struggle is there – Which might be short or long

How long the struggle lasts – Depends entirely on you
Knowing to keep going – And you will breakthrough...

Into a new dimension – A new reality
A life of splendour and wonder - A life where you are free.

*Note: The rhythm¹ and rhyme² are two elements, which reinforce the hypnotic nature of this metaphorical story (another two elements: metaphor and story). Therefore, knowing the rhythmic tone of this rhyme (termed a uniVerse™) i.e. how to deliver the uniVerse™ to ensure it flows rhythmically (with knowledge of the pauses and inflections) comes from listening to the audio recording. I have found that optimum results are achieved when I give my clients a recording of the uniVerse™ (all uniVerses™ are infused with various audible and inaudible frequencies known to enhance the experience in various ways). In 1989, prior to my training as a hypnotherapist, I began experimenting with tones and frequencies to shift client's perceptions. Mind and body entrainment using theta tones was my starting point and I recall going into a professional music-recording studio in Sydney to get the tones 'just right'.

If you would like to know more about this uniVerse™ such as the three core perspectives it delivers and other ways you can interpret and incorporate this uniVerse™ into your hypnosis sessions for powerful results, please email me at HypnosisAndHealth@gmail.com

Also email me if you would like to be notified when my forthcoming book, a collection of ten caterpillar and butterfly uniVerses™ is published. All of these can be used both pre-hypnosis and during hypnosis for effecting specific and non-specific deep and lasting changes/transformation in your clients.

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1. Life Rhythm as a Symphony of Oscillatory Patterns: Electromagnetic Energy and Sound Vibration Modulates Gene Expression for Biological Signaling and Healing – David Muehsam, PhD and Carlo Ventura, MD, PhD - Glob Adv Health Med. 2014 Mar; 3(2): 40–55.
2. Alan J Pegna - The University of Queensland – Rhyme processing in the brain: An ERP mapping study – Article in International Journal of Psychophysiology 63(3): 240-250 April 2007

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Perth WA



A Case Study using Hypnosis and Ego State Therapy to Resolve long term excessive Crying (EC) in an adult Female

Edward John Fearn

Abstract

The following is a case study involving the therapeutic use of hypnosis to address excessive crying in an adult female who had experienced this condition since early childhood. Although current medical literature often associates excessive crying (EC) with mood disorders such as depression (though strong empirical data on this association is somewhat lacking), (1) as well as certain neurological disorders (2), the client in this case seemed otherwise both physiologically and psychologically healthy. Furthermore, the client's symptoms appeared to have no connection or association to these disorders and likewise the medical history seemed largely uneventful.

This case study describes the treatment strategy including a combination of "Ego State therapy" and "Hypnosis" that led to a positive resolution of (EC) in this subject.

Case Study

The client was a 58yr old female who was experiencing frequent episodes of excessive crying (EC). This had been going on for as long as she could remember. Hearing others talk about sad or distressing experiences, either about themselves or others, or even reading or hearing media stories were all reported

triggers for this behaviour. A secondary issue was feelings of strong emotions such as, annoyance, frustration and some feelings of anger when witnessing disrespectful behaviours in the workplace.

(EC) occurred frequently at least on a weekly basis and these symptoms could present themselves basically anytime and anywhere including in the workplace.

Therapy

The 1st Session

Using “Ego State Therapy” the client was regressed to the initial sensitising event which was that of a 5 or 6-year-old, being read the story of “Peter Rabbit” for the first time. During one part of the story where Peter was lost, she started crying. The client also noted that the other children present were not crying. In therapy when the client was asked to give a name for us to call this 5 or 6-year-old child ego state, the name chosen was “Anxious”. Later the name “Anxious” was replaced by the subject’s actual name.

In the trance state we created a protector part as a form of self-empowerment, to both watch over the client and to replace the role that the Anxious part formally held.

Hypnotic suggestions were also given to change the body's reaction to hearing or experiencing triggers formally associated with episodes of (EC).

An example of this approach is given below:

In order to cry ... one needs to hold oneself, ... needs to breathe a particular way. ... Also the way one uses ... the facial muscles to cry. If one hold one's posture, ... if one breathes differently..... one cannot cry.... It would be impossible to cry...impossible to do so..... A curious thing? Holding oneself ... Differently ... breathing... differently ... makes it impossible to cry ... The facial muscles held differently the lack of tension in the throat.... One cannot cry... one just cannot cry ... such a curious thing ... To notice ... to feel ... Just cannot cry.

Often the shedding of tears demonstrates empathy and caring. However, in the case of excessive crying this may actually be counterproductive in demonstrating these qualities. In order to create an alternative model of behaviour, an example of a headmistress was chosen to exhibit a less emotional approach to caring.

An example of this approach is given below:

A headmistress cares a great deal... for the children under her care... but remains strong ... almost stoic. She doesn't show too much emotion ... but under that tough exterior she still cares cares greatly for those children.

They need ... the right balance ... of discipline ... and caring ... that she provides.

The right balance ... of empathy ... and strength ... That is needed the right balance.

The 2nd Session

There was a big improvement from the previous session. The client claimed a 50% reduction in crying in respect to both the number of episodes and overall intensity. She also claimed to be much less emotional than usual and was extremely happy with the response thus far.

In the next phase of therapy, the client was asked to think of an extremely annoying person, the most annoying person that they could possibly think of. That person could be someone they know personally, or it could even be simply a public figure, or celebrity. The important thing is that intense feeling of being really annoyed by that person.

Initially the patient chose a well-known athlete that she really couldn't stand, then another person came to mind. A real control freak that happened to be the most annoying person she had ever met. With this person in mind we returned once more to the story of Peter Rabbit.

In a trance state the subject was regressed to that 5 or 6-year-old child, being read the story of “Peter Rabbit” again, just like she was hearing it again for the first time. But this time as she was listening. That annoying

person would be there as well. The client was asked to experience that incredible feeling of annoyance while trying to listen intently to the story of “Peter Rabbit”.

An example of this approach is given below:

You're really focusing on listening to that story ... beginning to feel for that character then noticing that annoying person again ... how rude ... you're trying to enjoy the story ... Really wishing they were not there ... focusing again on that story ... Such an incredibly annoying person.

When “Peter Rabbit” got lost just wishing that annoying person would just go away. So hard to get immersed in that story with them there. One can hear the story ... understand the words ... but now with some emotional detachment.

The 3rd Session

Client claimed to be feeling ‘in her words’ pretty darn good, and more tolerant with others. No more obsessive crying episodes. Only on one occasion, where she had noticed a slight tear when hearing a client discuss a death of a loved one. Just a healthy appropriate empathetic reaction, perfectly normal.

Overall the client had the feeling that they were stepping back a bit emotionally. A good example of this stepping back emotionally, is the detached observance of disrespectful behaviours.

Formally strong emotions, such as annoyance, frustration and anger were triggered when witnessing disrespectful behaviours in the workplace. Now the client had found the workplace to be more harmonious without the burden of the former emotional outbursts.

Therapy was discontinued due to the apparent resolution of the long-term excessive crying.

Discussion

The case study combined a number of different strategies which led to the resolution of long-term excessive crying. The “Ego state” or “parts therapy” component led to the discovery of the probable “initial sensitising event” and various other approaches were utilised in the hypnotic state with good effect, most of which were presented in this case study.

In the case study I have discussed a client that had been experiencing long term excessive crying for a period of 52 years and is now no longer doing so.

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- (1) Rottenberg J1, Cevaal A, Vingerhoets AJ. Do mood disorders alter crying? A pilot investigation. *Depression and anxiety* 25 (5) E9-15 May 2008
- (2) Nieuwenhuis-Mark RE1, van Hoek A, Vingerhoets A. Understanding excessive crying in neurologic disorders: nature, pathophysiology, assessment, consequences, and treatment. *Cognitive and Behavioral Neurology*. 21(2):111-23, June 2008



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The Laughing Gas Parties of the 1700s — How They Sparked a Medical Breakthrough

By [Anna Kelsey-Sugg](#)



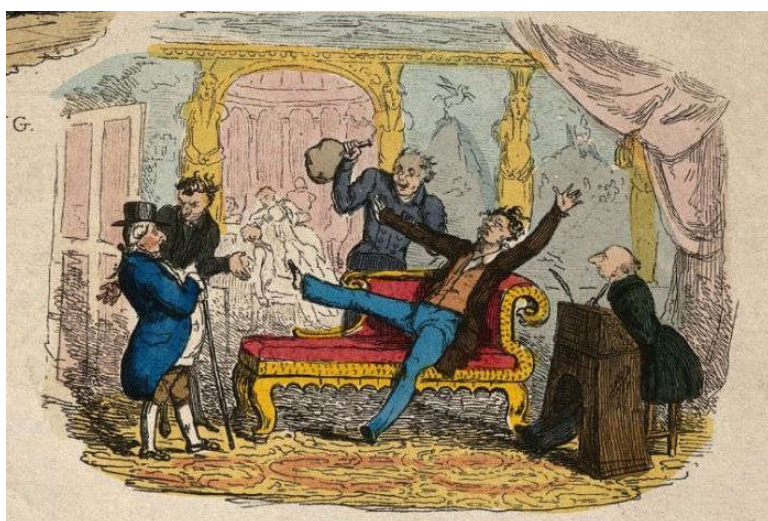
[Nitrous oxide frolics led to one of the most significant medical advances of the 19th century. National Library of Medicine, London](#)



[Humphry Davy invited friends to try laughing gas so he could observe their responses. National Portrait Gallery, London](#)

We can recall them, though, as Davy asked his friends to record their experiences. He collated their responses in a [book of research](#), published in 1800.

In it, Peter Mark Roget, who went on to publish Roget's Thesaurus, wrote: "I seemed to lose the sense of my own weight, and imagined I was sinking into the ground. Thoughts rushed like a torrent through my mind, as if their velocity had been suddenly accelerated by the bursting of a barrier which had before retained them in their natural and equable course."



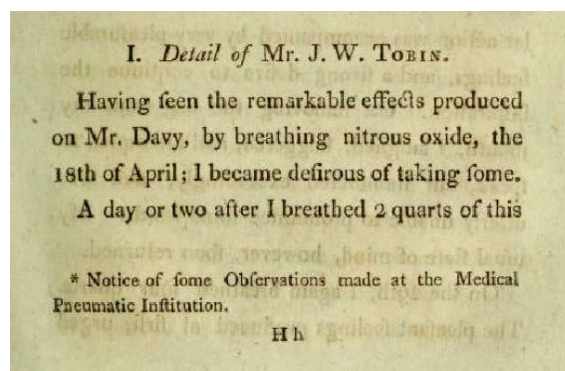
[Those attending the parties described states of calm ecstasy and involuntary laughter. \(Wellcome Collection\)](#)

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Another unnamed party-goer explained: "I felt like the sound of a harp."

Poet Samuel Coleridge describes a state of calm ecstasy, "like returning from a walk in the snow into a warm room".



[In this excerpt from Davy's book, a friend recounts his experience inhaling laughing gas.](#)

Davy collected around 30 such responses, many detailing feelings of intense joy — but he had more on his mind than parties.

A fascinating discovery

At the beginning of the industrial revolution, Davy and his boss, English physician Thomas Beddoes, were preoccupied by the increasing number of factory workers contracting lung conditions and tuberculosis.

"It was a big killer," said Mr Jay, and Beddoes was driving research into new treatments. Oxygen had already been isolated as beneficial to the lungs, but Beddoes and Davy wondered if there might be others. Nitrous Oxide was later isolated. The gas had never been breathed until Davy gave it a go.

The dangerous effects of nitrous oxide

- Nitrous oxide can relax reflexes and inhibitions, and lead to **loss of consciousness** and anaesthesia.
- Its disinhibition effect can stimulate laughter (hence its common name, laughing gas).
- It can also have a **depressive effect**.
- With frequent use, there is a **risk of permanent and irreversible physical damage**, i.e. paralysis.

(Source: Professor Barry Baker)

Davy was just astonished to find this incredible wave of euphoria and energy. He started leaping around the laboratory, shouting and screaming and laughing, so it was a total surprise. The revelation also sparked some "really big questions" of the existential kind. The prevailing views of the time were that the higher functions of the human intellectual were divinely inspired.

Davy and Beddoes were perplexed that a gas synthesised in a laboratory could produce "these amazing ideas and wonderful moods". Thus, the parties began, so Davy could observe how the gas affected others.

A significant medical breakthrough



[Laughing gas parties were also an attempt to find answers to existential questions. \(Wellcome Collection\)](#)

The parties led to one of the most significant medical advancements of the 19th century. Davy was first to note, at the end of the 18th century, that nitrous oxide was analgesic, or numbing. By 1840, at nitrous oxide and ether parties happening in both England and the US, people were noting the analgesic properties anew.

They included American dentist Horace Wells, who noted that someone felt no pain after hurting themselves. He decided to take nitrous oxide while he had a tooth removed.

He was so impressed with its numbing effect that he shared his experience with surgeons to persuade them to try nitrous oxide on patients.

"He didn't get the dose right and it was a complete disaster, so nitrous oxide got pooh-poohed as a result," says Barry Baker, University of Sydney Emeritus Professor and former cardiovascular anaesthetist.

But all was not lost.

A colleague of Wells, who had witnessed the failed surgery experiment, suggested to another dentist, William Morton, that ether could be a better anaesthetic than nitrous oxide. After experimenting on his dogs and himself, he performed a successful public demonstration in 1846, using ether as a pain-killer.

"That really launched anaesthesia," Professor Barker says. "It took off ... it was like a lightning strike."

"So, these frolics were basically the set-up for the development of anaesthesia."

And what of the man responsible for the frolics?



[An 1850 reenactment of the first successful operation under ether. \(US Library of Congress\)](#)

"Davy got very into the gas," reported Mr Jay, which could be why he stopped taking it after he published his book of research.

"I lost all connections with external things," Davy wrote after one gas experiment.

Yet, recovering his "former state of mind", he recalled a discovery he'd made, one of many throughout his research with the gas: "Nothing exists but thoughts. The universe is composed of impressions, ideas, pleasures and pains."

References:

<https://www.abc.net.au/news/2019-02-20/laughing-gas-parties-discovery-of-anaesthesia/10811060> 27.2.19

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[Bruni Brewin](#) JP

President Emeritus [AHA]*

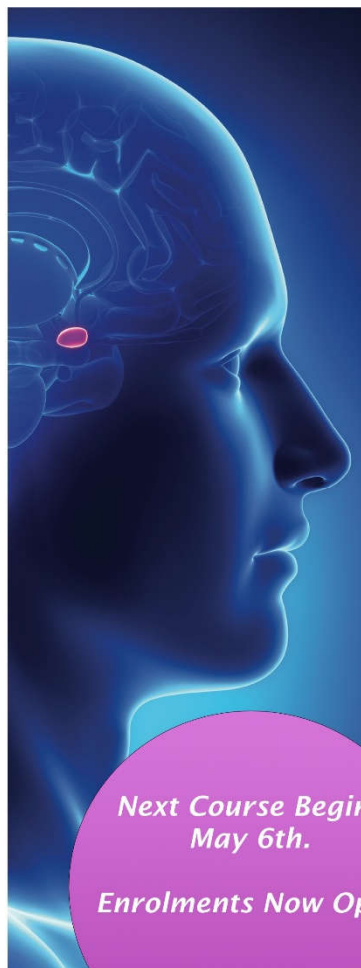
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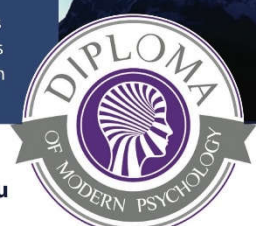
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70th Anniversary Australian Hypnotherapists Association World Conference

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RESILIENCE – BEND OR BREAK? HYPNOTHERAPY CREATING STRENGTH WITHIN

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Who should attend?

Hypnotherapists, counsellors, psychologists, psychotherapists, medical professionals and other mental health and family therapy professionals.

Important dates

- August 2018** Abstract submissions open
- 31st January 2019** Abstract submissions close
- 11th March 2019** Registrations opens
- 31st July 2019** Early Bird deadline
- 13-15 September 2019** Conference

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AHA Information and Updates

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<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 – Autumn State Report 2019

AHA NSW State Report: Autumn 2019

There seems to be a real buzz of energy in NSW AHA. At the March GM, I had the pleasure of welcoming Greg Elsey to the position of NSW Workshop Co-ordinator. I am now seeking a volunteer to step up to manage the Supervision/Peer co-ordinator role.

We had over 60 registrants for the Maggie Wilde workshop. It is encouraging to know that over 20 of those attending were doing for either the first time or had been absent for a long period of time. It was also encouraging to have many people pass positive comments about the positive energy in NSW AHA.

Maggie Wilde (The Potentialist)

Wow! What a vibrant, expansive, informative, interactive and relevant workshop. Everyone left the room feeling inspired to take their business to a new level.

Part 1: CPR (Control Program Rewire). Maggie presented a lot of information in a short 2 hour segment. Her generosity of spirit shone through as she delivered and shared many resources to help hypnotherapists as they move clients from being out to control to be in control.

Part 2: Facebook and Social Media marketing: I previously had thought I had a handle on Facebook marketing. My knowledge is just a splash in the ocean. Once again, Maggie delivered in spades. From the novice to the experienced, most left the workshop with their heads spinning with new marketing possibilities.

Next workshop June 3:

Dr Sarah McKay: Refire to Rewire: 6 steps to rewire your brain
Richard Hill: Mirroring Hands.

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AHA QUEENSLAND - Autumn State Report

The March Queensland workshop saw Katina Gleeson present a very diverse presentation on Neuro-counselling. Katina is the principal educator for the David Kennedy School of hypnosis and works closely with David's daughter Rachel in presenting neuro-counselling seminars for hypnotherapists.

Katina covered many important basic material as well as some more advanced concepts and how we can use them in the real world to assist our clients achieve lasting change.

There was invaluable content regarding the way the RAS (Reticular Activating System) sorts information, and I loved the way she explained that trauma is 'forced immobilisation'. Katina touched on REBT (Rational Emotive Behaviour Therapy) and the Seven Stages to Change, as well as the Five Stage Creative Process.

There were many things Julie spoke of, that work, that I had forgotten, and concepts she could only scratch the surface of that definitely got me (and I imagine others) thinking about further research and studies in those areas.

Thanks again Katina for your wonderful presentation.

Have a wonderful 'right now'.

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AHA VICTORIA/TASMANIA - Autumn State Report

On February 17, Dr Steve Carey presented a Workshop around our Orientation as Hypnotherapists, illustrated with some excellent diagrammatic representations that clarified my appreciation of this topic. The video case study was also enlightening.

On June 23rd, National will piggyback their AGM on Victoria's AGM/ Election, followed by a Workshop on Gambling with Tim Falkiner, perhaps Australia's most expert commentator/theorist and regulatory participant in the field.

Membership at Clinical level is unchanged at 62 (57 Victoria, 5 Tasmania). Professional is down 2 at 59 (57 Victoria, 2 Tasmania), one less Affiliate at 8 (7 Victoria, 1 Tasmania), but Students are up 5 at 36 (34 Victoria, 2 Tasmania) for a net gain of 3.

Tony Ahearne
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AHA SOUTH AUSTRALIA - Autumn State Report

The committee continues its focus on three main areas. Quality workshops, developing supervision in SA, establishing a community for hypnotherapists in SA through a Facebook presence. Since the last report our very capable workshop co-ordinator, Carolyn Guerin, has stepped down from the committee for personal reasons. We bid her a sad farewell and wish her all the best for the future. Rosalie Cronin has stepped forward to take up the role, and once Rosalie had had the opportunity to become confident in the role, we can start to gain the benefits of what she brings to the position.

Our most recent workshop was on Mirroring Hands presented by Richard Hill. The workshop presented an overview of a technique developed by Ernest Rossi and Richard. As the technique is informed by Rossi's involvement with Milton Erickson, this was an opportunity to hear about the Ericksonian style. The next workshop, and AGM, will be held on Sat 4th May, presented by Peter George. Peter is an experienced hypnotherapist and educator amongst other things and so we are anticipating an informing day.

Kind regards,
Colin Darcey
AHA SEO



AHA WEST AUSTRALIA - Autumn State Report

Having just returned from a very productive 2 days of Planning with the National Committee, Miranda and I went almost straight into our February workshop.

Maggie Wilde drew a comparatively large crowd for WA, with 30 very interested attendees who enjoyed the workshop and the information passed on.

We moved venues from the building we have used for some 3 years to a smaller venue due to cost considerations, so our limit had to be 30. We were snug but comfortable, sadly the State Tennis Centre won't be available for our AGM and workshop in May due to a tournament, which means we will take temporary space in a close by suburb of Mount Hawthorn.

Our local membership is currently

- 4 affiliate
- 22 clinical
- 1 fellow
- 24 student
- 24 professional II

We look forward to the upcoming trainings for 2019 as we start to plan for 2020.

- Saturday 18th May 2019: Katina Gleeson – Neurocounselling
- Sunday 17th November 2019: Gail Rogerson – Our three brains (MBIT) introduction.

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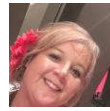
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AHA Journal – Benefits of Submitting Quality Articles

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 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 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
- 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 AHA Practitioner Directory
<https://www.ahahypnotherapy.org.au/find-a-practitioner/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* (for professional level and above)
- 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
- 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/membership-documents/>)

- 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 has 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.