



# BATHH Journal

## Introduction

### What's in this edition?

Welcome to the latest issue of the Journal of BATHH. The theme for this issue is "Depression". Depression is a feature associated with so many conditions that we treat as well as a cause for treatment in it's own right. The very latest statistic that one in eleven people in Britain are currently taking anti-depressants is shocking and so many doctors prescribe these tablets without doing anything to tackle the cause, so patients find themselves taking tablets for years, years that would not be needed if proper treatment were prescribed. The usual add on, in desperate circumstances, of 6 free counselling sessions, is just not enough as it usually opens up wounds and then the patients are left trying to deal with the fall out. This is what often brings people to hypnotherapy, though as mentioned depression can also feature in association with other areas such as addiction, anxiety and indeed phobia. In this issue I look at the work of Michael Yapko, the leading light in the use of hypnotherapy in treatment of depression and we have a script for depression that you may find useful. BATHH member Inge Harcourt has written two articles, one looks at nutrition and depression and the other is a depression case study. I also report on some new research that Matthew Cahill is doing with which you may wish to become involved. Beyond the focus on depression there are other delights inside like the regular "What would you do" feature and an article related to depression, that of "Grief" and there is much more besides. We do hope you enjoy this issue.

If you have something you wish to contribute to the Journal, please send it to [chair@bathh.co.uk](mailto:chair@bathh.co.uk)

**Zetta Thomelin**  
Chair

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## Study Day

The No Sex Please We're British Study Day we had planned for 4 October 2015 was sadly cancelled because Maureen Williams, our speaker feel ill.

The BATHH Committee would like to wish Maureen well for her recovery and hope that we will be able to reschedule the Day in 2016.

We will of course keep you updated for what is set to be a very interesting day.

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## BOOK REVIEWS

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### **Depression is Contagious**

**Michael.D.Yapko PH.D**

published by Free Press

This book is unlike many of Yapko's books as it is designed as a self-help book rather than for academic reference and it is packed with ideas that can help you to help your clients. We have touched on Yapko's approach to Depression already in this issue but there are other elements in here that are helpful, so I will outline some of the ideas in the book: Yapko encourages the client to take action rather than to think, citing the old Irish proverb "you will never plough a field by turning it over in your mind", he argues that most depressed people are addicted to ruminating on a situation which leads them down the "poor me" "why me" route rather than trying to take decisive action to alter the situation that they find themselves in. Yapko argues that the more someone

dwells on any situation they can begin to indulge in self-deception, he wants to challenge this trap and bring in the reality check, part of this reality check can be achieved by getting people to write down experiences, as people are less likely to deceive themselves in writing than in verbal communication. Another route to action is simply to take exercise, if things feel hard, get physical; it releases positive endorphins as well as giving the mind an alternative focus. Yapko examines looking at creating personal boundaries and why they are important as a way of enhancing close personal relationships. The book is packed with practical tips to manage depression, some you will no doubt know, but many you will not know. A helpful book both personally and professionally.

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## BOOK REVIEWS Continued....

### **The New Diary by Tristine Rainer**

Published by Penguin Putnum Inc.1978

The New Diary is clearly not very new now as it was first published in the 1970s; it is however a wonderful find if it has not found its way onto your bookcase. It is packed with strategies that will help your clients; we are not talking here about a literal chronological style diary but a journey of self -discovery and self-actualisation.

The book presents seven special writing techniques to enable people to address a range of issues, transforming the perspective on personal problems like addictions, loneliness, OCD, long term illness and grief. It presents methods to create a new approach to finding happiness; it helps the reader examine the plotline of their life and presents ideas to enhance sexual relationships through eroticism.

The ideas presented in the book are inspiring but the real joy comes in the choice of some of the illustrative diary entries. An example follows of a dialogue written by a woman suffering from loneliness who creates a relationship between her active feeling self “me” and her nurturing self “other”:


Me : You’re getting to feel like my very best friend. We’ll never be parted, you’ll never move away to another own, never die even, until I Die too. It’s what everyone looks for in another person. And I have found it right here.

Other : It feels good. Very relaxed. I like being with you this way.

Me : Thank you. I Feel like I .....I really love you. Very much. And, I know how important it is for us to be together. It has an effect on all my loving and on all the people I love too.

This book is a pleasure to read as well as providing you with much material to work through with clients; I have used techniques presented here with OCD, addiction and low self-esteem to great success.

**Zetta Thomelin**



**Have you read any really great books recently?**

**If you have please tell us about them.**

## Treating Depression with Hypnotherapy and/or Anti-Depressants

I am taking the basis of this article from a piece written by Michael Yapko in the American Journal of Clinical Hypnosis in 2013 (issue 55 pages 272-290) and using it as a springboard for wider consideration. There has been much debate regarding the efficacy of anti-depressants which is important to consider, given the level of prescription currently in the UK and the growing cost to the NHS (an increased cost of 30% from 2013-2014), with four million people taking anti-depressants in 2014. Irving Kirsch, a leading American psychologist sparked much controversy with his statement that “The difference between the effect of a placebo and the effect of anti-depressants is minimal for most people...People get better when they take the drug, but it is not the chemical ingredients of the drug that are making them better. It is largely the placebo effect”.

There is no real agreement within the mental health arena as to the truth of this statement; there are heavy weight professionals in the camp for and the camp against pharmaceutical interventions.

A difficulty we consider as hypnotherapists is the role of placebo in hypnosis. Yapko quotes psychologist John Kihstrom who “cautioned against identifying hypnosis with placebo because hypnosis should be considered an active psychological treatment whereas placebos are inert”. I would like to add to this statement that through hypnotherapy we utilise the power of suggestion,

which we can relate to placebo, to achieve therapeutic results, but within the context of hypnosis we also utilise a wide range of therapeutic interventions which then become enhanced when combined with hypnosis. So, yes I agree fully with Kihstrom’s conclusion that Hypnotherapy goes beyond placebo, but we cannot ignore its role within the process.

There is significant clinical research to back up the argument that depression does respond to placebo, too much to detail here, therefore this leads to the inevitable conclusion that Yapko makes “depression is largely a disorder of perspective”. If this is so, then is not hypnotherapy well-placed with a variety of interventions and techniques combined with the power of suggestion to be unarguably an effective treatment? In Yapko’s article the passage that is most enlightening and stimulating I feel I must quote in full as it highlights the real crux of the matter for the treatment of depression: “What causes depression? How one answers this fundamental question is the single most important determinant of how one will design and deliver treatment as well as how one will respond to the data and divergent positions of experts. Is depression caused by genetics? A biochemical imbalance in the brain? Psychological stressors? Cognitive distortions? A lack of environmental and social rewards? Social Inequities? Cultural and or family influences?”

## Treating Depression with Hypnotherapy and/or Anti-Depressants—Continued....

Dietary issues? A lack of physical exercise?” I am with Yapko on this one, all of the above can cause depression or can be influential factors on depression. Ergo, a purely pharmaceutical intervention is never going to be enough, this is why so many people find themselves stuck on anti-depressants for years because they are doing nothing to alter the underlying problem. I find many clients frightened to start taking anti-depressants as they fear they will not be able to come off, this is fuelled by stories of people being on them for years which have now become part of our collective conscious.

Yapko argues that depression is a “disorder based on passivity” and that anti-depressants lead people further into the role of passivity, just keep taking the tablets and you do not have to do anything else, you can keep all your bad habits, thought processes, life situation that lead you into depression, just keep taking the tablets. I take Yapko’s argument further than passivity. I feel it is indicative of the laziness of our modern society and the demand for a quick fix solution to any problem, the lack of responsibility for our life situation/actions/thoughts/feelings. We know as hypnotherapists that we can control our thoughts, we can change our perspective, but it does take effort and commitment, many people do not want to make that effort it is just simple to opt for the passive or perhaps we can say lazy route of just masking the problem by taking the tablets. It is like hitting your head repeatedly against a brick wall and taking pain killers to take the pain away, rather than stopping the head banging process.

Yapko raises the inevitable concerns about the influence of the pharmaceutical companies in all this, they want people healing themselves and able to manage without medication. He

also raises concerns about the long term influence on the health of children being prescribed anti-depressants as we have no way of knowing yet the long game. Since he wrote the article that this piece is based upon we have had the revelation that long term use of some anti-depressants could be contributing to the increase of Dementia and Alzheimer’s disease. He raises further concerns about the side effects of anti-depressants and the ecological impact, due to the reported presence of drugs in drinking water.

Where do all these concerns lead us as hypnotherapists? What do we say to our clients? We all know we cannot contradict the directions of a doctor, if our client has been prescribed anti-depressants we cannot tell them not to take them. We can however tell them that the tablets will help them reach a level that enables them to work with the underlying cause through hypnotherapy or other talking therapies so that they can come off the tablets and not need to be in that now perhaps, urban myth world of taking the tablets forever, we can help them affect change in their lives and alter their perspective.

As Yapko states : “.....medication cannot teach depressed individuals better problem solving skills, more adaptive coping skills, more sophisticated social skills.” WE CAN as hypnotherapists and note the work can from could, not will, because we do of course need that necessary co-operation and commitment of the client, but if we have that, I feel we can empower them to change.

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## Treating Depression – The Yapko way— continued

The leading light in the treatment of depression with hypnotherapy is Michael Yapko. He has done incredible work, with clinical trials to back the efficacy of his treatments. As this edition of the Journal is looking at depression, we thought it would be useful to examine some of his ideas.

The fundamental premise of his work is to create a shift to what is right in the client's life rather than what is wrong and thus open up new possibilities for them. Many clients find themselves in a depressed state due to their generalisation within their current situation, creating a sense of powerlessness and making it their reality. People make the mistake of believing themselves, the story that they create about themselves, such as themselves as a failure, or weak, helpless, but this is not the actual reality. As humans we are not always logical or realistic, we distort information. The key to success with helping the client is to challenge their information processing and in many cases introduce a reality check. We mistake feelings for truth; we must go outside our feelings to check that the situation is true.

An example Yapko uses is the man who asks a woman out on a date and gets turned down, the

story in the client's head becomes, "I am no good with women", "Women do not like me" - all from one rejection, it becomes their story, their version of reality, yet there may be a good reason why this one woman turned him down, that is not to do with him personally. The client needs to break down the specifics of the situation and then look at developing his own skill set. Yapko is a believer in NLP mirroring, so in this theoretical situation he would say, find someone who is good at dating women, what do they do? How do they do it? What is it about their style that makes them successful with women? then alter your style to theirs and you will change your patterns and become successful with women.

Another of the key elements to the Yapko approach is in fact a mindful approach, which is acceptance of certain circumstances, being able to accept that in your life which cannot be changed, but change that which can be changed and clearly understand the difference.

Everyone in your life will have ideas about how you should be; the importance is separating what is a perception and what is reality. Yapko example: you may prefer to drink black coffee,

## Treating Depression – The Yapko way— continued

someone could say to you, that is not how you should drink coffee, coffee should be drunk with cream and sugar, they present this to you as fact, making you feel in the wrong yet they are just presenting a preference. It can result in low self-esteem and depression, if you are unable to identify preference from fact. Preference is fine but it

ing them to recognise that others are guided by their inner voice of preference. A key awareness is that we cannot control other people's responses to us; we can only create a possibility of a response either negative or positive. My example: If I decide to cover myself with tattoos, I cannot be surprised if some people treat me differently, I have to

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*People make the mistake of believing themselves, the story that they create about themselves.....*

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needs to be cloaked in flexibility or it leads to disappointment. Yapko example: you may wish to be a doctor because you want to help people, that is your premise, but if you say you will only be happy if you are a doctor, you may encounter unhappiness, because you may not be able to be a doctor, you have to be flexible in how you interpret your desire to help, you may need to find another avenue to achieve the aim for helping, thus the flexibility steps in. Thus helping your client find realistic goals that fit their internal preferences is part of your job and encourag-

acknowledge that some people will make a judgement against me for having tattoos, yet some will have a positive response. I am not responsible for the response but I have also made a free choice. Depression is often the result of helplessness, feeling hurt and thinking that there is nothing that can be done. The important acknowledgement and fine line of awareness is to realise what you cannot control at all, but know the things you can control and change, encouraging your client to understand that they have some control is vital to success, coming back to

## Treating Depression – The Yapko way—continued

the original concept of the shift from what is good to what is bad, the old glass half full rather than half empty metaphor, but also engaging the other old metaphor of not bothering to flog a dead horse, because some things just have to be accepted.

Do not give up when there are things that you can do but do not keep trying when it is out of

through this, helping them with their reality check, is it feeling or reality, what can they realistically achieve, realistic goal setting and the steps towards the goal.

It is a fundamental error to allow the client to blame themselves for depression, it is socially contagious and often a reflection of the culture or situ

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*Do not give up when there are things that you can do but do not keep trying when it is out of your control. We cannot change other people, we can only change ourselves.*

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your control. We cannot change other people, we can only change ourselves. So many people in close personal relationships want to change people and it will not happen, it is not possible.

Yapko argues that our view of ourselves gets bigger if we challenge ourselves, instead of reducing our challenges but rather like knowing when not to flog the dead horse, they have to be realistic challenges or we are setting ourselves up to fail. If we want to achieve something, then learn from someone who has done this successfully before, we can guide our clients

that the client finds themselves in, this view must be challenged. The client should be encouraged in their positive focus and their internal dialogue; they must become aware of what they tell themselves about their situation which is often a reflection of their environment.

Change the focus to the glass half full, challenge the self-talk, the inner story via hypnotherapy and you will lead your client out of the dark into the light.

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## An Eriksonian Induction for Depression Caused by Issues in the Past

After carrying out an induction and deepener (if required) continue...

'That's it and there are unresolved issues in the past....and you can drift back to a time before any of those events occurred and as you then drift forwards you can get a sense of all of those issues forming slides in your mind almost like slides of a movie film...and in a moment you can begin to watch yourself watching those slides like one long continuous movie...and as you watch yourself watching that movie you can notice how it all seems to be in black and white and grainy...and you can watch yourself watching that old movie as it fast forwards and rewinds so fast it looks like a blur...and it can continue to fast forward and rewind so fast any negative emotion just seems to drain freely out of all those old memories....and as it continues to fast forward and rewind certain memories can have bits added...you know we all wish certain events went differently or that we were able to say or do things we never did...and outside of conscious awareness these things can be done or said in a way that resolves those memories *putting them firmly in the past*...and you can take as long as you need over the next 2 minutes to work through all of those memories as you watch that you watching that old movie...*now*...(pause for two minutes)...that's right...as you now allow the past to be left right back in the past while focussing on what you have to look forward to in the future...and you don't even have to know consciously what you have to look forward to you can just allow *your unconscious* to guide you towards *pleasure and happiness* while you focus on making sure each foot is pointing in the right direction as you take each step and make sure that you only step with one foot at a time...(pause for 2 minutes)

That's right...and you can now just take a few moments to allow yourself to get a sense of drifting back into that chair...and I don't know whether you will take 4,5,6 or 8 breaths to fully re-orient back to the chair before you then start to work your way back along the route you took into trance...and as you do your unconscious mind can ensure that all the new reprogramming has been installed throughout the mind and body in every cell and neuron...your unconscious mind can honestly and fully integrate all your new learning into that deep and instinctive part of your mind while you continue your journey back to the here and now...and I don't know how much of what is there will be left there as you continue back and how much you will bring back with you ...and its interesting how much you know you can be aware of while you are sat there in that seat...and you can now find yourself working all the way back away from that state to the here and now becoming more aware of sounds around you...of me of what you will be getting on with later and other random thoughts that start to cross the mind and in a moment I'm going to count to 3 and on the count of 3 you can open your eyes and be fully back in the room.....1,2,3

*Taken from Advanced Ericksonian Hypnotherapy Scripts  
By Dan Jones*

This appears in the Journal to encourage members to participate in debate. No one person has all the answers and we'd love to hear what you would do. Jane Clark has compiled all the scenarios based on real presentations during the course of normal practice.....

Please send us your thoughts and we'd be happy to publish them in the next edition.

## What Would You Do?

### 1. Gentleman in his 50's

#### Scientist

Very successful - works internationally

First marriage not unhappy - wife looked after two children and when they left home she asked her husband to go as well and for a divorce.

Wife: acknowledged that all they had was down to his hard work and planning. She valued him as a decent man. No other person was involved but she wanted and needed passion and love that she felt he had never and could never provide.

Husband: agreed with her. He had provided and planned well and assumed that that was his role and he was carrying it out to the letter. He acknowledged that their sex life had been mediocre at best.

They divorced and two years down the line both met new partners.

Ex-wife is very happy indeed.

He is in love, deeply, but finds himself impotent and is desperate for a full and loving relationship.

Referred by his GP for psycho-sexual counselling. After several sessions it was recommended that he tried hypnotherapy and these sessions were arranged.

What would you do? What would your treatment plan consist of for this gentleman?

### 2. Gentleman in his 80's Retired Senior Lecturer in History and Geography

Always been outward going  
Loves walking  
Exploring

Coach trips to new places

Reading

Suddenly developed panic attacks when going out.

Seen GP and prescribed BETA Blockers but he hasn't taken them and is loathe to do so, preferring the natural route if at all possible.

Wife rather pushy and inclined to tell husband what he likes and wants to do, definitely the dominant force, who wants him to get himself 'sorted out' so that they can go out and about again.

Husband would like to overcome the problem too.

What would you do? What would your treatment plan consist of for this gentleman?

### 3. Girl, 15.

#### Only child in a loving home but struggling with her parents expectations of her

Becoming withdrawn and joined a group of girls at school who promote specific body image requirements and are extremely outspoken and influential at school.

Very keen swimmer and has sights on Olympics - trains every morning 5.30-7.

Likes school generally but very body conscious as the girls make fun of her arm and leg muscles. Actually she has a cracking figure.

Keen on cooking, makes beautiful cakes.

Wants to take life more as it comes and have the confidence not to worry about what other people think.

What would you do? What would your treatment plan consist of for this troubled teenager?

## What Would You Do?

### 4. Boy, 17

**Has been accused of something that he did not do and nor did he play any part in**

Desperately unhappy.

Can't see any way out except killing himself.

On discussion his approach to his own suicide is rational, there is no other way as whatever he says or does simply compounds the problem.

He has written permission from his parents to attend hypnotherapy and is accompanied by his aunt with whom he shares all his fears and worries. She knows him well and is worried sick by his outpourings. He has older, loving parents, who have started to withdraw from him because they cannot speak to him on any level about suicide or how he feels as their religion prohibits suicide, it is a sin, and they do not know how to deal with this problem. Their religious beliefs also make them very suspicious of hypnotherapy but they have given permission, as long as the aunt attends, on the basis that at least something is better than no action at all.

What would you do? What would your treatment plan consist of for this young man?

## Continued.....

### 5. Gentleman, 61 Judge

Trapped in a loveless marriage where he is physically and emotionally abused by both his wife and son.

Very complex dynamics and although he is beyond misery, he feels that marriage is for life come what may.

He has a mistress. She has taken early retirement to enable them to spend more time together. She accompanies him to hypnotherapy, is gentle and loving, and they are obviously very happy together.



He lives with chronic pain which is the result of an injury sustained during one of his wife's violent outbursts. The aim of the hypnotherapy is pain relief.

What would you do and how would you approach your treatment plan for this gentleman?

## How to Bypass the Critical Factor and Use Unconscious Symbolism

The mystery of hypnosis first began in its overt form; meaning that subjects were fully aware that direct commands were being used to induce trance in an effort to hypnotise them. The problem with this was that many people did **not** enter a state of hypnosis. Thus began the urban myth that it's not possible for some people to be hypnotised.

Alternately, it would take hours of hypnotic relaxation suggestions to just get someone into a trance before any therapeutic work could be done. This was a very laborious task, and it was almost as if they ended up being bored into trance. Even the late and great Milton Erickson would take hours and several sessions "training" his subjects to be good hypnotic subjects. To spend six to eight hours in hypnotic training was not unusual. And that was before any therapy began.

For this reason, covert hypnosis has become an extremely powerful tool for modern day hypnotists as you can induce trance in just a matter of minutes. To learn the essential tips and tricks so you too can covertly help even the most resistant of subjects during hypnotherapy, keep reading...

### Bypassing the Critical Factor

Bypassing the critical factor means moving your subject from their conscious mind into their unconscious mind. All hypnosis takes place at the unconscious level.

One way of looking at it is like this. There is a **guardian at the gate between the conscious and unconscious mind** – therefore, stealth is essential! If you can't slip past the guardian unnoticed, you can't enter the kingdom of the unconscious. This is because the conscious mind is very limited in its horizons. Its job is to keep everything the same; because it thinks that's the only way it can keep you safe. But according to neurological research, you can actually **only process three or four pieces of information per second**, which is not much at all! So when your conscious mind is busy planning your life ideally it **should** turn the work over to the real go-getter – the unconscious. But sometimes it thinks it's the Big Cheese and stays hyper-vigilant to do anything but hand over control.

The unconscious mind, on the other hand, has been determined by neuroscience to be pretty much unlimited. It can take in billions of pieces

of information per second. Which is quite impressive, when you think about it but what good is having this brilliant unlimited mind if you can't get access to it? This is where the critical factor bypass comes in.

Covert hypnosis is such a stealth agent that it easily sneaks past the "guardian at the gate" into the kingdom of hypnosis to access all of your infinite potentials.

### Check out the ten tips below to learn how...

1. The secret to successfully bypassing the critical factor every time is that you first **capture all of your subject's attention**. Without full attention there is no getting past the guardian.
2. Be sure your desire that your subject will have a wonderful experience in hypnosis is full on.
3. **Go first**. Make sure you're in an open-eyed trance first, making it easier for your subject to follow you.
4. Once their full attention is on you, be sure you have a friendly but direct **hypnotic gaze** and engage them in chitchat. Maintain this eye contact.
5. Begin using **covert hypnotic language** to make them feel comfortable and to build rapport.
6. Begin adding in **trance themes**. For example, relaxation and comfort.
7. Use your **hypnotic voice** – a tone a little deeper and slower than your normal speaking voice.
8. Watch for **trance signals** such as pupil dilation, skin flushes, catalepsy, eyes wanting to close and breathing changes. When you see these happening, you're past the critical factor.
9. **DON'T start giving any hypnotic suggestions** until you know you're past the critical factor or the conscious mind will reject them. Remember – the conscious mind doesn't like change; it does everything in its power to keep the person status quo.
10. Once you've bypassed the critical factor, you're home free and can start giving your hypnotic suggestions to an unconscious mind that will accept and act on them.

This entire process can happen in minutes. Your subject can be comfortable from the moment they enter your office and will slip into a trance without even being aware of when the hypnosis began.

## How to Bypass the Critical Factor and use Unconscious Symbolism—Continued

### Using Unconscious Symbolism

Guided visualizations have gained huge popularity in the self-improvement industry – but aren't nearly as effective as their sales agents claim.

Some studies claim that only **20 to 25% of people tested had their brain neurology changed while listening to a guided visualization.**

Why? In order for a symbol to have any effect on your unconscious mind, it has to be one that you've **already got an emotional connection to.**

If you listen to a lot of guided visualizations, they tell you to fill yourself with white or coloured light. If you have no emotional connection to white or coloured light, this will have no unconscious effect.

You can imagine the light and it might be interesting, but the unconscious is the realm of emotions and works off of associations.

If you listen to a guided visualization that tells you to take a path deep into a forest – and you're afraid to enter forests because you think they're full of dangerous animals – this can even bring up old emotional trauma.

Symbolism is the language of the unconscious mind and it's a REALLY powerful tool for change so you DON'T want to be using symbolism that's got negative connections in a subject's mind.

How do you insure that you have the most powerful symbolic tools without triggering a negative reaction?

**Covert hypnosis elicits and uses the symbols the person ALREADY has. Try doing the following to see how...**

1. When having a conversation with a subject, ask them about a **pleasant experience** they've had in nature and have them describe it to you. Pay attention to at least three or four key elements that make the memory special for them, e.g. the **calm lake**, the **smell of the sea**, the **feel of the sun** on their face, the **peace** of the forest, the **swaying of a tree** in the wind.

2. Once you've elicited the symbols that make them feel good, you're ready to use them as your induction.

Have them close their eyes and then revivify back to them everything they've told you – **in their words.** This is crucial – don't substitute your own evaluation of the scene – feed it back to them exactly as they have. For example, if your subject said they felt great when they were last in the mountains on a sunny day and saw this huge beautiful tree swaying in the wind, you could say: Close your eyes and take yourself to the place back to where that huge beautiful tree is swaying in the mountains." Give them a little time to be in that experience before you go on. Let them remain with their eyes closed.

3. Then revivify other elements of what they said. This time you may say something like "It's a **beautiful sunny day**, you're just sitting there **feeling great.** Just **sitting there feeling great.**"

What will happen when you take them through several pleasant experiences is that the core elements will start to mix and a brand new scene will take its place – one that's full with positive feelings.

4. From here you have many options. You can **create a place of safety, or "sanctuary"** that the person can return to again and again whenever they want this great feeling. This is perfect for a **self-hypnotic stress release** (which you can teach them).

You can also give suggestions to their unconscious mind that they will look around the scene and find something to help them solve the problem they came to you with. Or they will find an unexpected gift from their unconscious that will unfold something new in their life.

This process allows you as the hypnotherapist to use a subject's symbolism powerfully so you can help them in many ways.

And one of the best things about covert conversational hypnosis is that you can receive feedback from your subject throughout the journey – without being afraid they'll "pop" out of trance while talking.

As without feedback, how will you ever know what's going on inside your subject's mind? Remember: hypnosis is a two-way street.

## Client H—A Case Study

The client is a young man in his late 20s, who lives with his girl-friend. Both work full-time. His well-being rating was 2/10.

In the first session he told me that he had been suffering with depression since the beginning of this year. On New Year's Eve he had thought about his mother who died 8 years ago; after drinking a lot he became very sad and angry. When his girl-friend tried to console him, he was rude and unkind. This left him with a lot of guilt and shame, although she did not hold it against him. On asking him about the symptoms of his depression, he said that it was difficult to get up in the morning and get motivated for work. When coming back from work, he was tired and had no energy. Even at weekends, he did not feel like doing anything, apart from watching TV. He experienced diminished interest and pleasure in activities he used to enjoy. He had fluctuating moods and doubts about his self-worth. I listened attentively and showed empathy. Then we talked about his life-style. His diet was not conducive to good mental health: he consumed chocolate bars, cakes and biscuits during the day.

I explained the importance of keeping one's blood sugar level in balance by avoiding sugary foods, i.e. all refined carbohydrates and stimulants, like tea, coffee, chocolate, cola drinks and alcohol. I mentioned that foods containing the amino acid tryptophan and various vitamins and minerals were all needed to produce serotonin, the 'feel-good' neurotransmitter. I also mentioned including good fats – omega 3 and 6 – in the diet for good mental health. I gave him hand-outs. I suggested that, if he could make

changes in his diet, he might feel more energised, which would make it possible for him to start socialising again or do leisure time activities. This in turn would raise his level of well-being and give him contentment, joy and pleasure.

I also suggested 'living in the here and now', and explained that he could let go of any negative thoughts and concentrate on the present.

During the second session (4/10 for well-being) the client told me that he has been having porridge every morning and an extra tuna sandwich instead of chocolate bars. He said he felt better, had more energy and was more interested in doing things after work. He and his girl-friend went out for a meal one evening and on another occasion met up with friends in a pub. It was also easier to get out of bed in the morning. I acknowledged that he had made an effort and it had paid off.

I suggested doing a relaxation exercise, visiting his Special Place, followed by a visualisation exercise called 'The Shop' (by Robin Hook) where he could buy anything he needed to feel better and he could pay by cheque, putting on it whatever he wanted to get rid of.

After these exercises he told me about his Special Place, where he was with all his family members, including his mother. In the shop he bought self-esteem and got rid of negative energy. He was pleased.

I pointed out the gains so far: he had made a change to his diet, which provided him with more energy, making it possible for him and his girlfriend to go out and have fun with friends. I suggested a visualisation for next week to reinforce his self-esteem and

## Continued.....

feeling of self-worth. He agreed.

In the third session the client looked more confident. He said he felt better: 6 out of 10 this week. He stated he had been able to keep going with the healthier diet; he still felt more energised than before and said that he and his girlfriend had spent a weekend at the seaside. They are now looking forward to a wedding at the weekend, and he and his father were going fishing, something they had not done for a long time.

As planned in the previous session, we carried out an exercise to further improve his self-esteem. I asked him to think of 3 different events/periods in his life where he felt proud of himself. While he was talking, I made notes, listing all the qualities, skills and good attributes he demonstrated during these events. When I read them back to him he was surprised, but agreed, yes, he had all those good qualities.

We did another relaxation exercise which led to the client going to his Special Place. When he was there, I read out one by one all of the 17 attributes which he had, feeding them directly into his subconscious mind. When he 'came back', he looked refreshed, saying the exercise felt good.

We discussed the session and agreed that next time we would do a visualisation exercise reinforcing the renunciation of negative experiences and memories.

In the fourth session the client told me that the level of his well-being was still 6. He had had a good week, attending a wedding and going bowling and fishing with his Dad. We carried out the exercise as planned: It involved the client finding an objectification representing all his good attributes (it was a blue colour) and putting it on one side. On the other side he put an objectification representing

the energy of the negative experiences (it was a red colour). Then I asked him to watch how the objectification of his good attributes got rid of the other one. Everything went well.

Client suggested meeting in 2 weeks' time. He felt better.

In the fifth session he told me that his well-being was now 7/10: he felt good. He and his girl-friend went out for dinner, he was looking forward to a week's holiday and fishing with his uncle. We carried out The Process Instruction Generator (PIG) exercise (Journal of Hypnotism-41-December 2008).

In the sixth session, two weeks later, he told me that he felt even better (8/10). We mutually decided to end the therapy sessions after doing two more Guided Imagery exercises from 'The Power of the Metaphor' by Michael Berman and David Brown. The first exercise the client chose was The Book of Life – Taking Control of your Life – which provides one with a forecast for the next five years, and there is a chance to add a sentence of one's own to the forecast. After the visualisation he looked happy, if somewhat bemused. The second exercise was The Healing Waters – Learning how to value what we already have - which he appreciated.

It seemed that the client had benefited from the sessions.

**Inge Harcourt**

## Grief

Grief is something that we all have to face during the course of our lives. One of the responsibilities of loving is that of losing and this encompasses everything: pets, people, places. Grief is not simply about death it is wrapped around any form of loss, real or perceived, and it does seem to have definite phases.

Dr Elisabeth Kubler-Ross described the 'five stages of grief' as denial, anger, bargaining, depression and acceptance.

These stages are not necessarily well-defined and nor do they come in a particular order. Sometimes the feelings can be raw and other times they are subtle.

When the reality of a situation cannot be faced 'denial', a sense of 'unreality', occurs and although as mentioned the phases don't come in a particular order, anger can quickly follow denial when the pretence that nothing has happened is overtaken by the reality that in fact it has bubbling up and breaking through.

Anger has many suits of clothes and will happily wear resentment, betrayal, injustice and a child-like sense of things not being fair.

All the questions, negotiations and bargaining for a different reality wear away at the emotions and create both physical and mental exhaustion. The period of exhaustion, when we are at our lowest, is often called depression but depression, proper, clinical depression is nothing like the feeling experienced during grief.

What is experienced during grief is a natural outcome of so many tumultuous emotions - deep sadness, per-

haps some regrets, concern or anxiety about being without a loved-one. Generally speaking it is a sense of loss.

Peace comes at the end of any order of other emotions when acceptance has been achieved.

We easily understand that when people or pets pass away that there is a period of time when we feel this thing called grief. However, what about all the instances in our lives where we are in a state of change, mentally, physically or emotionally?

Different ages bring unanticipated challenges as well as glorious opportunities. As we move through the phases of our lives we are moving through stages of fulfilment and grief. We don't necessarily recognise or call the associated emotions 'grief' but in a small way that is precisely what they are.

Fear, anxiety, unfairness, loneliness, being shy, wishing against all the odds for something....the list is endless and the warp and weft creating the blanket of protection we need to cope with the myriad of emotional losses or letting goes we experience on a daily basis.

Grief is not simply a whole group of negative emotions.

Unwrapping grief means exposing joy, success, laughter, accomplishments, companionship and love as, if they had never been, there would be no sense of loss.

**Jane Clark**



## Depression and Low Moods: How to tackle them through nutrition and lifestyle

Many individuals have alternating low and high moods, since their blood sugar level goes up and down, instead of being even. In order to get one's blood sugar metabolism into a good balance, it would be advisable to avoid all sugar, refined carbohydrates, junk food, tea, coffee, chocolate, cola drinks and alcohol (or at least consume as little of them as possible). Never skipping breakfast and always having a nourishing breakfast including slow sugar-releasing carbohydrates and getting into the habit of having regular meals, all contribute to promoting a balanced blood sugar level.

To keep the blood sugar level even, N. Savona recommends combining food with slow sugar-releasing carbohydrates with food and fast sugar-releasing carbohydrates.

- Brown rice with stir fried chicken and green vegetables
- A baked potato with tuna and salad
- Pasta with clam sauce
- Wholemeal toast with poached eggs
- Muesli with soya or skimmed milk
- Rice cakes with tahini/houmous

Depression is a complex disease involving biological, psychological and social factors, and it is thought that in many cases a person's depressive illness is triggered by a combination of factors (B.K. Puri & H. Boyd).

The symptoms of depression include persistent negative thoughts, low mood, feelings of worthlessness, despair and hopelessness,

lack of energy, loss of interest and pleasure in life, disturbed sleep patterns, difficulty concentrating and making decisions, anxiety and panic attacks, appetite changes, impatience and irritability, loss of libido, self-destructive behaviour and suicidal thoughts.

Depression can have physical causes and it would be advisable for an individual to be examined by a physician to eliminate physical disease (thyroid disorder, anaemia, Addison's disease), drug toxicity (medical or illegal) and hormone imbalance.

Depression can be reactive, namely it can be induced by external events or situations. An individual might suffer traumatic events, suffer social deprivation or other prolonged stressful situations, involving loss, frustration, uncertainties and lack of control, whether these situations are work-related or arise from human relationships of any kind.

It is well recognised that talking one's problems through with a psychotherapist/counsellor, consulting a hypnotherapist or undergoing any other complementary therapy, e.g. holistic massage/stress massage, can lead to the alleviation of an individual's depression by enabling him/her to let go of negative experiences – thoughts and feelings – and to see one's life situation in a more positive and hopeful light. It is, however, also becoming more apparent that nutrition/diet and lifestyle can contribute a great deal to the alleviation of depression in many cases. It has been discovered (S. Davies et al.0 that all mental activities in the brain come about

because chemical messengers – neurotransmitters – act on specific sites. P. Holford points out that these neurotransmitters and their reception sites are very important for the functioning of the brain.

Their production is very complex and depends on the presence of a large variety of substances, i.e. vitamins, minerals, amino acids and fatty acids, and their interaction.

The most important neurotransmitters involved in keeping an individual in a healthy, balanced and happy mood are serotonin (the 'feel good' neurotransmitter) and adrenaline and noradrenaline (the two motivation neurotransmitters).

Deficiencies of these neurotransmitters come about when individuals have a diet which is lacking in their building blocks, and/or when they have too much stress in their lives which uses up the building blocks and the neurotransmitters. Furthermore, C. Patel states that the feelings of frustration and lack of control trigger off the stress hormone cortisol. N. Savona points out that the stress hormone cortisol interferes with the serotonin production.

P. Holford explains that the B vitamins, vitamin C and zinc assist the amino acid tryptophan to convert into 5HTP, and the amino acid TMG helps HTP to convert into serotonin. Furthermore the B vitamins, Vitamin C and zinc help the conversion of phenylalanine into tyrosine and SAM helps tyrosine to convert into dopamine and adrenaline and noradrenaline.

In addition, the receptor site for the neurotransmitters needs particular

## Depression and Low Moods: How to tackle them through nutrition and lifestyle—continued

nutrients for its production, namely omega 3 and 6 oils. Receptor sites are contained within the myelin sheath, a membrane around every neuron in the brain. Since it has become quite clear that the B vitamins, vitamin C, zinc, iron, magnesium, potassium and protein-rich food for certain amino acids play an important role in the production of serotonin, adrenaline and nor-adrenaline, it would be advisable to consume foods which contain these nutrients. Davies et al., Polunin, Dracea, Duke, Carper and Marber et al between them recommend:

Pork, beef, fish, game, organ meat (liver), lamb chop, chicken, green leafy vegetables, broccoli, kale, spinach, kohlrabi, Brussel sprouts, cauliflower, potatoes, turnip, parsley, carrots, garlic, lettuce, celery, ginger root, asparagus, mushrooms, endives, cabbage, radishes and legumes such as soya beans, lima beans, split peas, green peas, lentils, barley and nuts like pecans, brazil nuts, peanuts, walnuts, hazelnuts and almonds. Furthermore, seafood, e.g. fresh oysters, shellfish, winkles, shrimps and fresh fruit such as apples, grapes and apricots. Dairy products like milk and eggs (egg yolk) and in addition, brown rice, whole-wheat, rye, oats, whole-wheat bread, buckwheat, brewer's yeast, ginseng, and liquorice are also rich in the aforementioned nutrients, necessary in the production of the feel-good hormones.

Since the receptor sites for the neurotransmitters also need particular nutrients for their production, namely omega 3 and omega 6 oils, as mentioned earlier, it would be wise to include seeds, e.g. linseed, pumpkin, hemp, sunflower and sesame seeds on the list, as well as the omega 3 rich fish, e.g. mackerel, pilchards, sardines, salmon and fresh tuna.

P.Holford recommends 5 ways of eating 500mg of tryptophan, an important es-

sential amino acid to make the good neurotransmitter serotonin.

- Oat porridge, soya milk and two scrambled eggs
- Baked potato with cottage cheese and tuna salad
- Chicken breast, potatoes au gratin and green beans
- Whole-wheat spaghetti with bean, tofu or meat sauce
- Salmon fillet, quinoa and lentil pilaf and green salad with yogurt dressing

As far as lifestyle is concerned, it is important to take regular daily exercise. In order to feel more uplifted, walking, cycling, swimming or light exercises in the gym can do wonders. It has been established that doing exercises improves the mental and psychological wellbeing in individuals, although as N. Savona points out, the exact mechanism of why this is so has not been found. However, physical exercises produce endorphins, serotonin and nor-adrenaline. Exercise also enables the body to get rid of waste products, e.g. lactic acid and stress hormones, thereby improving physical health. Exercise might, furthermore, help promote a better sleep pattern.

**Inge Harcourt**

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- |                   |                                       |
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## We want to hear from YOU!

Please let us know what you think about the Journal and send us any documents that you would like published.

Send them to Lesley or Zetta, email contact details on page 22.

## Research

For some time now we have been complaining at BATHH that research supporting the efficacy of hypnotherapy is not up to date and usually American based. One of the difficulties with broadening the definition of hypnotherapy and its areas of application at CNHC, has been that they require evidence of clinical trials before they will allow any changes to the current definition. The current definition was written in conjunction with UKCHO, according to them it was a hard fight to get the rather vague and limited description that CNHC allows, which provides the basis for what we can say as therapists in our promotional materials and advertising. Much of the evidence available is empirical.

We are all aware of the wide application of hypnotherapy as we see the day to day success stories of our clients, but we have to talk about it in code when dealing with the wider world, we are not allowed to say that we work with addiction in our promotional materials or indeed depression, yet it is a main part of many therapist's work. However, we cannot be prevented from publishing case studies in the Journal and Social media, this can certainly help to get our message across.

The subject of research has been raised time and again at UKCHO meetings and now Matthew Cahill has come up with a research programme which everyone can use, giving a common basis for meas-

uring improvement in our clients, which could give us useful data to promote the diverse range of areas of treatment and the efficacy of that treatment. According to CNHC we cannot even use the term "treatment", yet we have to provide the learning outcome for students of how to put together a "treatment plan", the definitions of language we can and cannot use is rather ridiculous, but I digress.

Cahill has done some research and looked at utilising two different methods for measuring outcomes, one using ORS and the other CORP which provides much more detailed information.

ORS was devised by Miller in 2004 and examines: Individual functioning, Interpersonal relationships, Social performance and Overall, to assess a client's progress. With this method at the end of each session, the client provides a scoring for each category from 0-10 with 10 being the best. The figures are added together to give the overall score. The clinical point of change is 25, anything below this level is deemed depressed and anxious.

With the CORP method there are seven measurement categories: Thoughts, Interaction, Activity, Confidence, Strengths and resources (networks etc.) Achievement and Happiness. The same scale of 0-10 is used, with total score available 70, the clinical point of change is 43. The reliable

change index involves the following formula: The post treatment figure minus the pre-treatment figure giving you S, the standard error of difference.

#### **Reliability Change Indicator**

<b>0</b>	<b>Null Hypothesis</b>
<b>5</b>	<b>Deterioration</b>
<b>15</b>	
<b>20</b>	<b>Significant change</b>
<b>25</b>	
<b>30</b>	<b>Clinical significant change</b>
<b>35</b>	
<b>40</b>	

In Cahill's research utilising the second method, he acquired a more in depth measure of outcomes, with 93% moving towards positive change, 26% clinical significant change, 60% significant change, thus 86 % had in no doubt improved.

He has many people working with his research methods now and is inviting people to submit their findings to him for a wider based piece of research that will hopefully be validated by a University or other professional body. He had devised computer software to operate the system easily and this can be purchased for £199.00. The software is not essential to join the project, it just makes the assessment easier and provides graphs of change which can be shown to clients where appropriate. This research is important for

hypnotherapy as a whole, but is also important for the individual therapist, as if you can measure your outcomes effectively you can chart the success of the methods you are using, compare different methods and develop your treatment programmes. It also provides you with quantifiable data to present where appropriate to clients, to either show success in certain areas or help the individual client see tangible evidence of their own improvement, which is so useful as change can be so gradual and subtle with hypnotherapy the client can sometimes miss a clear perception of it.

If anyone is interested in this project, please email me.

**Zetta Thomelin 2015**

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## BATHH Mission Statement

As one of the oldest and most established organisations of Hypnotherapy in the UK, we are committed to our members to promote and support their professionalism in Hypnotherapy and NLP to its highest standard. Offering world class training and Government regulation support in the evolving world of regulations and governance in Hypnotherapy, NLP and other coaching disciplines.

## CPD

Just a reminder to keep your CPD records up to date. The template can be found on the website just in case you don't already have it.

2015 was the first year we called on a random selection of members to check their CPD hours. It went very well with most having completed their records in time.

The next CPD validation exercise will take place in September 2016.

## Next Edition

Please let us know if there is a particular topic you'd like to see featured in the next edition and let us have your ideas and suggestions.

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**Please send submissions for future publication in the Journal to Zetta Thomelin or Lesley Barker and don't forget to add any comments and thoughts on the Forum of the website [www.bathh.co.uk](http://www.bathh.co.uk) or you can email directly to Zetta or Lesley**

