



# BATHH Journal

## Introduction by Zetta Thomelin

Dear BATHH Member

Welcome to the new online Journal. The Committee reviewed the increased cost of postage and print and decided it would be a better use of your money to move the Journal online via the website. Anyone who has difficulty accessing a computer or would prefer a hard copy can ask to have a copy printed off and sent to them.

As before we welcome your input into the Journal. This edition highlights the road ahead for BATHH, led by our Chair Nannette Jackson, we also have tales from our Trainer Jean Murton on working abroad. In each edition we would like to profile one area of work and in this issue we are taking a broad look at addiction by a specialist working with all kinds of addicts and then tying that in with the hypnotherapeutic approach. We have brought back the popular 'What would you do' section, inviting you to suggest a therapeutic approach to a real situation experienced by a member. This section can create a lively debate within the membership, so please get involved. The next issue will focus on managing stress. If you have an article you would like to see in the Journal, please send it to me at [z.thomelin@btinternet.com](mailto:z.thomelin@btinternet.com). We are also keen to receive reviews on books, CDs and courses that you have found helpful. Please get in touch

## What's in this edition?

We have a message from our Chair, Nannette Jackson and an article about CPD which is uppermost in everyone's mind these days particularly with the CNHC now formally requiring this we all have to realize its not just about taking courses! On the subject of regulation we also have a piece about Health and Safety, which might be a bit of an eye opener so do take time to read these if you can.

Our focus this edition is Addiction and Amanda Copstick has written a very interesting article which you can find on pages 6 & 7 and Zetta Thomelin has also written a piece about Addiction and Hypnotherapy on pages 8 & 9. Jean Murton has written about her visits to Japan on pages 10 & 11. We hope you enjoy these articles and if you have anything you'd like to say please send it through to either Zetta or Lesley Barker via the website.

Enjoy this new online version of the Journal and let us have your feedback. We look forward to hearing from you.

## Inside this issue

Message from the Chair .....	2
Inside Story .....	2
Chat Magazine Prize .....	3
Inside Story .....	3
CPD .....	4
What would you do?.....	4
Health & Safety.....	5
Addiction by Amanda Copstick...6/7	
Addition & Hypnotherapy.....	8/9
Survey.....	10
Jean's Trip to Japan.....	10/11
Note to Members.....	11
Training Offer.....	12
Book Reviews.....	12/13
BATHH Mission Statemt.....	14
AGM 2013 .....	14



## A Message from the Chair

Welcome to our new on line journal, I hope you will enjoy this new format.

The Board have been working hard this year to promote the new website and to offer our members more information and choice. I think it is important that we as one of the oldest hypnotherapy associations we keep up with an ever evolving world, to look at research and offer new and exciting training, combined with responsible and properly qualified accredited courses.

I am especially aware of our environment that is continually expecting to see transparency and high standards of qualifications in therapists today. For instance more universities are

offering hypnotherapy diploma courses and are scathing in their comments about 'backstreet practitioners'. Suggesting that they do not have the proper qualifications and that it is very easy to obtain a diploma with no real understanding of the complexities of the human psyche.

With this in mind, the Board has been looking at ways to ensure that BATHH keeps ahead with the times and are looking at offering Integrative Diploma courses in Counselling and Hypnotherapy., we are keen to offer some stand alone courses in Counselling for existing members.

Continued.....

---

*“I think it is important that we as one of the oldest hypnotherapy associations we keep up with an ever evolving world”* Nannette Jackson

---

### BATHH Website

After a lot of delay and a considerable amount of work, the BATHH website has been in full swing since last year.

Just a reminder that there is a members forum there and we, as a Committee would love to see more input from members. It's a place to share stories and tips and make comments and start discussions so please do take a look sometime. We really do want your input.

Something that I am keen to promote is understanding and working with hypnosis in pain control, having worked with terminal patients in hospice and community using hypnosis and seeing the benefit and relief it provides for these patients, I do believe that we have a huge area that is at the moment untapped and would give our members more scope to integrate into the medical world. Some universities are already training medical and dental students in the use of hypnotherapy.

We have a lot of work ahead of us, but I do believe that it will pay dividends to us as therapists, who have already taken the time, money, dedication and commitment to make a difference in the world, and that BATHH is continued to be recognised and upheld as the leading body for having reputable and qualified therapists and to be a benchmark for other organisations to acknowledge and aspire to.

Nannette Jackson

*Note to members: What do you think about the way the profession is going? Please let us have your views or post on the website forum. We'd very much like to hear from you. Contact details are on page 14*

## Chat Magazine Article

BATHH was one of a number of hypnotherapy governing bodies approached by Chat magazine (a weekly magazine with national coverage appealing to women) in Autumn 2012 to offer a stop smoking therapy course to one of their competition winners. The competition was run in conjunction with the CNHC and they run a competition every week which attracts over 48,000 entries.

As a Committee we were quite intrigued by this and after discussion we agreed it would be a great opportunity for some national exposure, particularly at that type of market. After much negotiation with Chat Magazine BATHH secured the rights to offer the hypnotherapy as a 'prize'. This was run as a nationwide competition with the winner being picked from anywhere across the UK.



During September 2012 the competition was run nationally in the magazine. They had a great response and the winner was found in South Wales. At that time we hadn't a therapist in the area so our PR Representative, Lesley Barker agreed to travel to Wales and help this lady. See her report in Inside Story.

This all took place during the early part of December 2012 and we're really pleased to report that the lady in question is now a non-smoker and very happy with her results.

### *Editors Note:*

This was an excellent opportunity for BATHH and we secured it because we were very proactive. There were a lot of other organisations invited but they didn't move on it. We are always looking for new and different approaches and would welcome your input as to where you see BATHH moving towards in the future. After all without our members there is little point in any of this so please do get involved and let us have your input. The more energy we have together the more of a force we can be moving forward.

We are seeking innovative and constructive ideas so please don't keep them to yourselves, we want to make BATHH one of the most respectful and innovative hypnotherapy organisations in the UK and we are only as strong as our membership so do get in touch.

### Chat Magazine Prize - Inside Story by Lesley Barker

---

It was a rather interesting assignment being asked to go to Wales to offer hypnosis for smoking cessation as a prize and I was quite excited about it. Its always good to work out of your normal paradigms and this was no exception and I always enjoy a bit of a challenge.

I decided to take the train to Wales on a very wet and cold December day and found my prizewinning client living just outside of Cardiff. She was a delightful lady in her early 70s who had lost her husband earlier in 2012. She was planning to move away from the house they had shared for many years to start a new life on the coast of Wales and was struggling to de-clutter her home of 30 odd years.

She was really unhappy about her smoking habit and the affects it was having on her health as she was also asthmatic. Her GP had also mentioned this many times to her before so she was in no doubt that she had to take action.

I spent about two hours with her and built up a very good rapport. We talked at length and I used some hypnosis inductions and we parted on very good terms. Part of the prize was follow up by phone or Skype calls and I decided to follow up with phone support for the next two weeks regardless due to the distance and inability to visit. When I called her just after Christmas all was well and she was completely off the cigarettes and feeling an awful lot better in herself. Good news all round!

## CPD

Continued Professional Development encourages us to continue to train, to grow our interests and expertise so that we are abreast of new thinking and techniques and also any research that is current. Its value and purpose is exactly what it implies – the development of practitioners.

Reflection is also an important aspect of CPD as it helps therapists to decide what they wish to develop and see where they need to develop further.

BATHH will be actively encouraging its members to participate in personal development programmes and from 2013 every member should keep a record of courses that are planned and reflect upon those that have been taken.

## More on CPD

If a course is attended, obtain a certificate of attendance so that it can be included in the CPD file or put the course notes (or a copy of them) in the file.

Being able to reflect critically on your own practice means that you see for yourself where you may need to change the way you do things or where you may need help and willingness to do this means that you continue to benefit your own practice. This is a valuable aspect of CPD.

Triggers for reflection to record might include:

- Articles you have read and what you have gained from them
- Training courses attended
- Achieving something you regard as special/important
- Things that went badly – how you dealt with them and were they put right
- Trying something new – did it go well?

How do you feel about it

- Books you have read and how they have influenced your practice

A reflective log can be a powerful tool that is significant and relevant to your practice.

Keeping a log of your hours is also important and something that should be done as a matter of course.

Jane Clark



## What would you do?

The client in this scenario is a gentleman in his late sixties. He still works on a consultancy basis but has retired from the oil company for whom he worked since leaving university having attained an excellent degree in engineering.

Sponsored by his employer he attained his PhD at a comparatively young age. In fact, this gentleman seems to have always been in the right place at exactly the right time and opportunity appears to have sought him out as he climbed within his company and thrived in his home environment. The family have enjoyed a very good lifestyle and even in retirement husband and wife are able to maintain a standard of living that is enviable and beyond the expectations of many older people.

This client is very straightforward in his thinking, dependable, thoughtful and a planner.

A few months ago his wife had asked him to help her organise a fund raising event, which although he was happy to help her, it meant him stepping outside his comfort zone by attending an evening of clairvoyance.

Totally against this sort of thing he agreed to go only because the function had been organised by friends to raise money to help a family with a disabled child. His proviso for attending was that he was in no way involved in the clairvoyance but would generally help and keep drinks flowing and food available. As the evening progressed he found himself alone with the clairvoyant and, although only with her for a short time, what she had to say was very disturbing.

Memories, long ago buried, surfaced and completely threw him into emotional turmoil as he remembered clearly serious incidents of bullying with definite sexual overtones that he had experienced as a child. Suddenly his tidy, happy world has become tainted. He is questioning his relationship with his wife, his children and with his colleagues and friends.

## What would you do? *continued*

He has serious trust issues and has become oppressively controlling. Peaceful sleep has been replaced by wakeful, tormented hours. He questions everything, over analyses and looks upon people generally through jaundiced eyes. His doctor has suggested anti-depressants and sleeping tablets.

He has been persuaded to see a hypnotherapist by his wife and although he is willing to try he has concerns that his mind will be further 'bent' by someone who will take control of it.

What would you do?

Jane Clark

Please send your thoughts on this article. Its really helpful to hear another therapist's point of view

---

*“Memories, long ago buried, surfaced and completely threw him into emotional turmoil as he remembered clearly serious incidents of bullying with definite sexual overtones that he had experienced as a child”*

---

## Health & Safety in the Workplace

Yes, a title guaranteed to be greeted with groans. However, this is a vital part of our everyday lives and it is important to comply with legislation.

If you are working from a clinic or therapy centre the legislation will be in place that covers your work in that environment for the period of time you attend.

Many therapists work from home and because it is exactly that do not even consider the fact that legislation will follow them through the door.

If you are working from home you must have your normal Public Liability insurance and you **must** also have Employers' Liability Insurance. It doesn't matter that you do not employ someone, you are being employed and by law are required to have this cover.

You are also obliged to have an exit strategy in case of fire. A 'fire notice' should be displayed where your clients can see it and on a first visit any client should also be informed of what will happen should there be a need to vacate the room/building.

From the point of entrance to your home to the area where your work will take place will also be covered by laws surrounding electricity at work and therefore any portable electric appliances along that route and in the therapy area must be PAT certificated (Portable Appliance Test).

This may well seem rather over the top but it is a necessary part of being a responsible therapist.

Jane Clark



## Suggested Reading List on Addiction

**Substance Abuse Counselling** by Judith A Lewis, Robert Q Dana, Gregory A Blevins  
ISBN 0-534-36428-4  
Brooks/Cole

**Chemical Dependency; A Family Affair** by Olivia Curtis  
ISBN 0-534-35583-8 -  
Brooks/Cole

**The Twelve Steps for Adult Children** Published by RPI Publishing Inc.  
ISBN 0-941405-12-5

**Trauma, Drug Misuse and Transforming Identities** by Kim Etherington  
ISBN 978-184310-493-3

## Addiction by Amanda Copstick

There has been much well needed and intensive research into addiction in the past decade, Basic Awareness Raising and training have been made an essential part of most health professionals work as the subject is often viewed as a specialism. However recent statistics show that most doctors come across substance misuse regularly in their work. According to the International Centre for Drugs Policy based at St. Georges, University of London alcohol is responsible for at least 25% of all hospital admissions and up to 70% of admissions to Accident and Emergency Departments.

Is there an "addiction gene" - does addiction run through families and do only certain people have an "addictive personality"? New research would suggest that our weaknesses and cravings for everything from chocolate to cocaine cannot be blamed on a rogue piece of DNA. Nurture or Nature - we know now that environmental and even social standing are influential factors in addiction. Addiction is psychological as well as physiological. For someone seeking help or treatment for their addiction there is a rich and varied source of interventions available and we should disregard them at our peril. Over the years I have heard of success stories where clients have accessed and engaged with professionals from a wide range of disciplines. As long as the core conditions are being met by the therapist and the work being carried out is ethical and responsible then we should be more open to the use of alternative therapies within the field of addiction.

Step One in the 12 Step Programme of Recovery says " *we admitted that we were powerless over the effects of addiction and that our lives had become unmanageable*" - those words have to be the starting point for the addict seeking help an admission of the depth of the problem and the nature of the condition once that has been understood then the work can begin.

*\*My name is Amanda, and I am an alcoholic\**  
Whenever I attend AA Meetings, that is the recognised, accepted and agreed way that I introduce myself - in one sentence I have told you more about myself than you might find out under more normal circumstances. For me, I have long given up being embarrassed or feeling any shame at this short but loaded label - quite the opposite - the words roll off my tongue with a sense of relief and almost pride. I am aware however that the same opening within a different setting might have me encounter pity or confusion so it is of paramount importance that a non judgemental and perhaps even curious response to my confession is heard - this also includes the rolling of eyes or a visible tightening of the jaw. I don't care that

you don't understand but I care deeply that you try as hard as you can to understand.

As a therapist working within the field of Addiction and Domestic Violence many of my clients feel threatened and anxious at the thought of disclosing to another person their past history of behaviours yet if I am to work with them, to support and help them change, I need to know as much as I can - I need to be working in a manner which allows them to be transparent and honest - ultimately I need their trust and respect. Like me they want to feel neither judged or guilty - this particular client group can sometimes be over sensitive and easily hurt so I need to ensure my methods of interaction are helpful and underpinned by empathy and genuine integrity.

*\*the treatment of addictive behaviours has sometimes been thought to require aggressive, a tearing down of defences, coercion and a wariness to avoid being deceived or conned. Such an approach casts the therapist in a role of powerful expert, who must impart to a passive and resistant addict the necessary knowledge, wisdom insight and motivation for change\** (Millar 1998 -

Thankfully, and much more effectively, current thinking highlights the idea that 'treatment must be respectful and empowering to the individual' (The Centre for Substance Abuse Treatment, 2000 p20) as professionals we have learned that a much more respectful and supportive approach to the work is effective and instrumental to change. A comprehensive and well planned initial assessment is a critical tool to follow up sessions - the need to gather information, examples and history cannot be underestimated if a therapeutic alliance or good working relationship is to be established. This help builds up both a static and dynamic picture - and includes best hopes, fears, straightest, weaknesses and the client's capacity for change.

I need to be aware of forensic and medical details - I need to know about any mind altering medications currently or previously taken - I need to know a family history and any addictive behaviours within the family origin - I need to know about what we call 'Process Addictions' for example gambling, eating disorders, love or sex addictions, shopping, pornography, internet addictions - all of these may be switched addictions which is where an addict stops one type of destructive behaviour only to replace it with another equally destructive behaviour.

## Addiction (continued)

There can be little doubt that dealing with addictions when they are presented by a client can be complex and frustrating and there is no one answer or magic question which makes it more simple to understand or work alongside. It would be true to say however that no work of any kind is going to be successful if the therapist themselves is fearful or inconsistent in their approach - these factors might realistically be the most difficult to overcome within the counselling room. Denial and avoidance are the addict's life-blood and if you start to collude with your client and start even unconsciously exhibiting these defence mechanisms then you have given your client the power and control - you have lost trust and you have lost your client.

So how do I explore my clients past and current situation without causing resentment or

hurt - how do I remain in a position of neutrality and support and hope the client responds to my questions with honesty and a sense of relief? By being congruent, by being curious and by remaining respectful. If you don't understand something - either use of language or addict talk then ask - then ask again. "So what brought you here today, why do you want to stop drinking/using now, do you think you have reached your rock bottom?"

All of these are viable and useful starting points - don't be scared to challenge and explore - if you are to have a successful outcome you need to do this.

---

*"Addiction is psychological as well as physiological. For someone seeking help or treatment for their addiction there is a rich and varied source of interventions available and we should disregard them at our peril "*

---

### Some useful Guidelines for working

- Use a respectful and positive approach
- Look at substance abuse problems in a continuum from non problematic to problematic and use this as opposed to an either/ or situation
- Ask your client about goals - what is it that they want - are you able to help the client with this or do you need to refer them on to another specialist Be aware the just sometimes your just not the right person to help at this time
- Don't make assumptions about your client - if in doubt check it out
- Use a multi cultural perspective to meet the needs of diverse client populations - shame and guilt are much more present in clients from diverse communities.
- Try to understand that this might be long term work - there is no short term miracle cure.

## Addiction & Hypnotherapy by Zetta Thomelin

In the wider world it is generally accepted that hypnotherapy works to stop people smoking, indeed if a new acquaintance finds out you are a hypnotherapist, the smoking conversation is inevitable. However getting the greater populace to realise that if hypnotherapy works so well with one kind of addiction, the same therapeutic principles can equally be well applied to other addictions, seems to be harder than would be expected. This is especially difficult to understand given the urban myth that smoking is as addictive as heroin, so why is hypnotherapy not used, as a matter of course to combat heroin addiction? The most obvious answer is that, people are happy to stand up and be counted as ex-smokers 'cured' by hypnotherapy and not as alcoholics or drug addicts, due to the stigma that is attached to some kinds of addiction. The onus is therefore on us as therapists to work on the public perception of hypnotherapy and convince the general public of its wider application.

Addictive patterns of behaviours whether they are simply chocolate or something more damaging in the long term, such as alcohol or illegal drugs, are patterns that are locked in our subconscious mind. They are instinctive, and we barely take a second to process it in our conscious mind. The subconscious mind will provide the fuel for the addiction, feed it and fan it. Thus hypnotherapy is a very useful tool to battle addiction whether used in isolation or in conjunction with other therapies. I recently worked with an addict who was also having acupuncture and the two therapies were working well together. There may be placebo element in the nature of some therapy combinations but if it works for the client, I have no objections to how they achieve their goals.

To understand addiction, we need to understand that it is the result of a habit, a habitual behaviour, but a habit can be a positive thing. Our ability to drive for example is the result of a habitual response, playing an instrument or indeed any skill we acquire. We need to take this ability to learn behaviour and introduce a new response, a new learning, re-framing the existing pattern.

*'The new response introduced, if repeated, will eventually become the learned response to that stimulating factor or event and will therefore become the new habit'* R Allen

By working on the patterns in the subconscious whether they be learned from an adult as a child, or more instinctive responses to stress and anxiety, we can help the addict to break that repetitive response. However, in my experience, with alcohol and drug addictions whether illegal or prescribed, require more

long term support than any other areas with which I have worked.

An addict who has been hospitalised for the effects of alcohol addiction is not going to be healed in three sessions, and may need a programme of top up sessions, that act as a reminder and check in point for the addict. The relationship with you as the therapist is as important as the therapy itself. In fact Corydon Hammond argues that even for cessation of smoking, a long term success rate needs at least five sessions. The quick fix approach has largely only short term gains and an investment of time is required to alter a long term habit/addiction.

A basic habit breaker technique is a great place to start, before working directly with the addiction. Accepting the premise of change, can be the greatest barrier to break, once you have that commitment, the real work can begin. Such powerful addictions cannot easily be dealt with by a direct approach, it almost always meets resistance, therefore indirect suggestion becomes a powerful tool. One of my favourite habit breaking indirect suggestions that I discovered in a book by Ronald Havers and Catherine Walters is:

*" I do not really need to tell you that you will not do that anymore, that you will find it easier not to do it, because now you know what you are not going to do and you know how not to do it all by yourself"*

The use of embedded commands can also be very productive:

*'you might soon discover that you stop drinking alcohol because you want to'* This places the power of perceived choice within the client's control.

The power of negative association is often used with smoking cessation, i.e. comparing the smell of cigarette smoke to burning rubber; this approach can equally well be used with other addictions. An alcoholic can be told that alcohol tastes like the worst thing they have ever tasted and they will gag on the awful taste. This simple tool is very effective.

Metaphors, particularly Ericksonian in style are very powerful, especially if you build metaphor upon metaphor, weaving a pattern that becomes difficult to resist. The power of the metaphor lies in the transformative power of stories, as Rubin Battino points out in his book *Metaphoria*. According to Professor Kopp, *'the metaphor is central to the process of change in psychotherapy'*

*Continued/.....*



---

*“ To understand addiction, we need to understand that it is the result of a habit, a habitual behaviour, but a habit can be a positive thing. ”*

---

The metaphor provides us with a connecting strategy which synthesises patterns and leads to a new outcome. One of the most simple metaphors for addictions that affect health is presenting the body as a child that needs to be taken care of, that cannot speak up for itself and protect itself from harm. Addicts have often reached the point where they cannot care for themselves or even feel they do not deserve care but are still in touch with their emotions enough to care for another. David and Herbert Spiegel utilise this concept well in their restructuring strategy for smoking which can be adapted to any addiction

*‘1. For my body smoking is a poison. ... Smoking is not so much a poison for you as it is quite specifically a poison for your body... Your body is like as trusting innocent child that has to take into it, anything put into it like a trusting innocent child...’*

*2... I need my body to live...You are not the same as your body but you cannot live without it...*

*3. I owe my body respect and protection...You cannot put sugar in the tank of your car and expect it to drive you 100 miles....’*

Roger Allen uses a metaphor of the body as a perfect house, designed to your own specification, to create a sense of care for the body which I have used effectively, particularly in relation to food addictions.

The care for others Allen also exploits, utilising guilt:

*‘You will die an early death because you refuse to take responsibility for your own life... your own health...For the sake of a noxious habit you are prepared to risk all...in fact you have made a choice... a choice to die an early death, leaving behind all those people who so*

*much wish you to give up that dreadful habit... now I want you to explain here why you continue to,...’*

It is important to note that addictive behaviours are often the result of a response to anxiety and stress and providing your client with coping strategies with the stress and strain of modern life is an essential part of the road to recovery. In this time of recession and inevitable financial strain, people resort to addictions to cope and ultimately increase the stress load even more.

To summarise then, we can utilise the ability to create an addiction to neutralise it, substituting alternative behaviours within the subconscious mind via a series of metaphors, indirect and direct suggestions, embedded commands, building on the clients own imagination and creative response to lead to freedom from addiction. There are no quick fix solutions but some dedicated time and care, combined with hypnotherapy can lead to life changing results. An article of this length can only scratch the surface of the methods available to us as therapists, but this is an area of work that is rich with possibility and exciting to develop.

## Survey

What is the going rate for an hour of hypnotherapy in your area?

We are doing a brief survey to see what the differences are across the country.

We'd love to hear from you. Results will be published in the next Journal.

## Our Training Officer Abroad—Jean Murton's trips to Japan

It was over thirteen years since I had seen the Japanese student who attended my course on Hypnotherapy but I remembered her well. It was Miyo, the young Japanese lady who did so well in her exams. Out of the blue came a surprise phone call, would her teacher like to teach in Japan? Miyo was now a manager for large educational organisation who were impressed with her ability which she had learnt at the Belmont Centre's Hypnotherapy Professional Training Course. I love travelling so naturally I said yes. I left for Tokyo on November 16<sup>th</sup> 2011 for one month, all expenses paid plus and a very enjoyable and hugely successful month and invited to return in May 2012 for another month.

The travel arrangements meant that I had to catch a special bus which would take me from the airport to a rather upmarket hotel where Miyo would meet me. I missed the bus connection to go to Tokyo because the flight was thirty minutes late. I called Miyo to tell her I would be late. It was a lovely surprise to be met by Miyo and her colleagues as I stepped off the bus, what a lovely welcome.

I was looked after very well and had days off to wander wherever my fancy took me. I found a lovely park only ten minutes away. It was a beautiful Japanese garden-park. The first time I went into it, it was packed with many people drawing the plants and the gardens. I assumed it must have been art school or just a holiday. I passed a shrine on the corner of the road as I turned down the road for the park.

Miyo took me to a large store which had lots of departments and it was like a home from home but not understanding Japanese I had to guess what was what by looking at the shapes and the different types of packaging. I finally found what I was looking for – the cheese counter - and I recognised some of the packaging. It was fun in one way as it was a good excuse to ask for what I wanted as best I could. The Japanese were very polite and helpful.

The apartment that I was living in was very comfortable with all the facilities one would need. Two cleaners would come twice a week. The bed was very comfortable and on my first night I felt a tremor. I woke up and thought somebody was in the apartment then realised it must be the next door neighbour that disturbed my sleep. The next morning I was asked if I felt the earthquake last night, I laughed as I had completely forgotten that they have earthquakes. The cleaners were very helpful, especially when I was heating water in the kettle and the spout was melted. I was immediately given another kettle.

Miyo took me out to see a bit of Japan. The first train we caught we had to change and went down six elevators to catch a train to the venue where I was to teach. Safety railings were built at the edge of the platforms where there were gaps where the trains would stop and that is exactly where they did stop for passengers to get on or off. It was just not possible to board the train at any other place than where those gaps in the rails were. Even the guard watched that we did not stand too close to the trains coming in. They stopped exactly at the gap to get on the train. There was no pushing - the seats were sideways on and very comfortable to sit in. The gap between the seats and the opposite side gave more room for standing. The Japanese seemed to sit in some kind of order. Nobody rushes on the train and I noticed it was possibly only Miyo and I talking, I did not hear anyone else they were all busy texting.

We went on a bullet train to the temple to see the Golden Buddha and to a town called Asakusa. Miyo showed me the Japanese ritual carried out before they enter the temple which was a very large and magnificent old building. There was a large trough filled with water and there were some long spoons. You had to scoop some water into the spoon and tip it over your hands on both sides (there were no towels to dry on) then repeat again over the hands one side then the other, praying that all evil is not going to enter the temple. We then walked up a lot of large steps into the temple and found there were a lot of people inside. We then explored the rest of this huge tourist park, packed with all sorts of surprising and pleasant shops.

We had lunch in an old Japanese restaurant served by a delightful elderly couple who were happy to serve us. They brought lots of pots with different broths. There was an assortment of dishes and you choose your food as you like it. The elderly wife and husband bowed to us as we entered and left as is the Japanese custom. They were very pleased by our presence and very humble. I felt silly not being able to use the chop sticks, but I was brought a spoon and a fork!

On the return journey we had a pleasant boat ride down the river and a bus trip and I found my way around with Miyo.

*Continued/...*

Yonko, another lovely Japanese helper with Miyo took me out for a photo shoot and we had a long walk. At the end we reached this lovely luxurious tower block. We went up to the third floor which also had a restaurant which was in total contrast to the small restaurant earlier but just as welcoming. The restaurant was very nicely placed and at the far end was a platform rather like a stage separated from the dining area by a large glass partition with the kitchen behind it. All the kitchen staff sang in unison “Idesaka” (welcome) as new customers came in. When somebody was leaving they all shouted out something else. When I asked Jonko she said it was thank you. There were about six cooks and every restaurant one goes in they seem to cook everything fresh. I thought the idea was great fun!

I realised later that some of the Japanese women used umbrellas in the summer to prevent the sun damaging their skin, not sure whether it was the fear of skin cancer or part of a culture to have pale skin. They were very happy and made me feel very much at home. On the days I had free Miyo took me to the tourist attractions and several temples. They were packed with people and as you walked down the long avenue towards the temple thousands of people were walking around. It was very inspiring –there were little trinkets and what they call sweets to us I found tasted like cakes. Miyo also took me on tour which meant going on a boat up the river back to Tokyo. We returned on a bus back to where I was staying.

It was a wonderful experience on both trips, I have wandered around looking at the variety of shops. There were plenty of general stores called Happy Shops. I also saw some strange things; some Japanese were taking small dogs for a walk, one with a teddy bear toy strapped around its neck and some other women pushing dogs in a pushchair. There was one lady whose dog was walking with knitted turquoise boots on its paws. Both the interpreter and I tried hard not to laugh. Seeing these different cultures is what makes travelling so appealing to me.

The amazing thing was the Japanese sittings I had in the time I was there. It made me realise how very different the culture was! Yet, I was still seeing the same kind of problems that many people suffer with or worry about here in the UK, but in some cases more so in the Japanese. It is the belief system, but I can only judge by those that came to see me.

I covered eight workshops in the time I was in Japan with a large attendance of keen students who were very eager to learn. They were wonderful people to work with, very enthusiastic. I realised they were very busy writing everything down even though they had the syllabus. I decided to give them some practical work, starting with the plank exercise working in threes. It went down so well they relaxed more and from then on they couldn't wait to get more. This exercise definitely broke the ice and got everybody up off their chairs and practicing. They were really enjoying themselves, laughing and having fun. The eight workshops involved teaching the Belmont Way & Elman and I also included a segment showing how the stem cells were important to how we think.

The workshops I offered were for those who wanted to learn more about hypnosis. I used a lot of exercises, which I was surprised at. They had the scripts and were sitting reading and not really given much opportunity to practice. I got them up to show and practice with great success, They seemed to enjoy my teaching as I did try to make it fun, as it is easier to learn that way. They did very well. The feedback that the organisers received about my sittings and the workshops was excellent.

I was filmed and this was to be uploaded to UStream and UTube. I found that easy but quite strange just answering questions! I did and have continued to drink green tea, and I seemed to have lost weight. I was taken out for a meal with the owner and interpreters, and a meal with the five people that had helped me during my stay in the evening before I left. I felt well looked after and both occasions. The students had also been very keen to learn. They were pleased with the teaching, in particular the segments about stem cells and the “Belmont Way”. They loved having everything written down and were very happy. I was given many little gifts. I made a lot of contacts, but unfortunately I do not speak much Japanese and I believe they do not speak English so it may be difficult to connect and I have some lovely pictures to show of the classes.

## Note to Members

The BATHH Committee discussed canvassing ideas for the Journal at the AGM so that it would reflect your needs. Within the pages of the Journal itself seems a good place to raise the debate so we have listed below some questions for you, we'd love it for you to take a look and email your answers to [z.thomelin@btinternet.com](mailto:z.thomelin@btinternet.com)



- Are you interested in seeing profiles on prominent hypnotherapists?
- Do you like to see review articles?
- Do you want to see updates on developments within the management of hypnotherapy, such as updates from UKCHO?
- Do you want a list of potential CPD courses and more support on CPD?
- Do you want to see discussions on Hypnotherapy techniques?
- What do you think of the 'What would you do scenarios'?
- Do you want to see profiles on areas of treatment as we have done in this edition with addiction?
- Would you like to submit case histories?
- Would you like to see ethical questions debated?
- Would you like to see advertising in the Journal?
- If you would like to see advertising, what kind of things would you like to see advertised?
- Would you like more information on running hypnotherapy as a business?
- Would you like BATHH to be putting on short courses to develop skill sets?
- How do you feel you could contribute to the Journal?

## Training

### Sensory Acuity Training Workshop:

#### March

16th/17th 2013

Sat: 10.00-17.00;

Sun: 9.30-16.30

This weekend workshop is just the thing for a practitioner looking to enhance their people-reading skills. Run by Mike Garrett, he will teach you to use your natural abilities to pick-up the invisible cues that show what a person is really thinking.

The weekend will be made up of theory, demonstration and practical exercises all designed with one aim in mind: to enable you both to read people like a book and use these same unseen signals to influence others. F

orget NLP eye accessing, this is the real thing as used by psychologists, clairvoyants (and con-men) the world over. The workshop will cover body language, speech patterns; gestures; breathing; clothing; eye-contact, detecting lies and much more.

The workshop will include full student notes and will be certified for CPD validation. Cost £175 (reduction to £145 for early booking).

Contact [admin@psiuk.co.uk](mailto:admin@psiuk.co.uk) to book

See [www.psiuk.co.uk/35928.html](http://www.psiuk.co.uk/35928.html) for more details

## Book Reviews & Offers for Members

### The CAM Coach Book

#### 30% discount for BATHH members

In 2012, Mark Shields, Founder of the Life Practice Group and Simon Martin, Editor of CAM Magazine got together and produced The CAM Coach book. Mark says, *"Both Simon and I shared a concern of how difficult it appeared to be to run a successful CAM practice. We jointly researched the results and found to our dismay that around 65% of CAM students finishing their courses, even degree courses, didn't make it into practice and of those that did many failed in the first 12 months. We felt we had a duty of care to try and do something about this, as we both believe totally in the importance of complementary and alternative medicine. So the CAM Coach concept was born"*.

The CAM Coach book can be purchased using the 30% discount code **BATHH-13** for BATHH members only at

<http://www.thecamcoach.com/book-shop/>



### The Psychology of Addiction by Mary McMurrin

Published by Taylor and Francis

Part of the Contemporary Psychology Series

For any therapist wanting to work in addiction, understanding the psychology behind it is very important. Mary McMurrin is the Head of Psychology Services at the East Midlands centre for Forensic Mental Health, her work in the field of addiction has focused on crime related to substance misuse. Her work experience gives her exceptional insight into the psychology of addiction, moving through the initiation process, maintenance and dependence and what leads ultimately to much needed change. She looks at addiction taking into account the biological factors in relation to emotional and psychological issues. This book is a useful resource for the therapist, giving tips on coping and prevention of relapse strategies, including stress management techniques, social skills training, problem solving training and motivational techniques. The ideas within the book will work well in conjunction with traditional hypnotherapy, enabling the hypnotherapist to give the client the support and security they need when tackling addictions like alcohol and illegal/legal drugs.

Zetta Thomelin

### Trance Formations, NLP and the Structure of Hypnosis

By John Grinder and Richard Bandler

Edited by Connirae Andreas

Published by Real People Press

This book written by the NLP specialists Bandler and Grinder is a fascinating read especially for those with a particular interest in language patterns. The Foreword states that 'the book turns the 'magic of hypnosis into specific understandable procedures that can be used in not only doing 'hypnosis' but also in everyday life'. As a hypnotherapist you already understand the magic, but the way this book breaks down the components of hypnotherapy is very informative and it gives methodologies that can enrich any therapist's practice. The chapter on Calibration- tuning yourself into non-verbal signals focuses you back on important lessons in communication and has exercises that could certainly be a useful part of a CPD personal programme. The notes on hypnotic language patterns also provide useful insights to refresh our awareness of the language we use as therapists and the importance of the care we need to take in structuring that language. This book will be a useful addition to any hypnotherapist's library.

Zetta Thomelin

## Hypnotic Scripts that work A Hypnosis script Encyclopedia for Professional Hypnotists

By John Cerbone

Published by Cerbone Hypnosis Institute

I do not like to give any book a bad review, as it has inevitably involved a great deal of work to produce. This book with a huge variety of scripts undoubtedly was an epic piece of work for the author, however, the fact that it is an A4 sized book over an inch thick does not guarantee that it has any real value to a professional therapist. There are over 150 scripts in this book which is divided into categories; Anxiety, Fear and Panic; Learning Enhancement; Health and Well Being; Personal Development and Relationships. The scripts are repetitive, turgid and some are extremely long. I have to confess that I have not read them all, but in those I have read, I have not found one new idea, or even a phrase that I would want to use. It is a book that looks very impressive and even when you first pick it up, you look forward to finding some really useful material, but it is full of hot air, a real disappointment. In his foreward the author states that the book represents years of work in the field of clinical hypnosis and he assures the professional hypnotherapist rapid breakthroughs by using his work and ideas. The language in the scripts is fluffy, sentimental and simplistic and it may indeed suit some people, but I do not feel that the book lives up to its apparent initial promise or indeed it's own P.R.

Zetta Thomelin

*Zetta has been busy reviewing—please tell us what you think about these books!*

## AN INDUCTION OVERCOMING ADDICTION

*“That’s it.... And you can overcome addiction.....and in your own time.... And you don’t seem like the kind of person that likes to be bullied and pushed around.... And you can learn deeper ways of responding.... And a part of you can explore what had been keeping that addiction going... it can explore whether it is a pattern of behaviour where the cause is back in the past and no longer applies but has left behind a habit... or whether the addiction had been your own form of therapy where it was meeting a need or helping you in some way... and you know sometimes when a child gets a new toy they stop playing with their old toy... and they haven’t lost the old toy... they still know where it is... they just don’t play with it anymore ... and I wonder what new healthy toy you will get... and all the changes that will happen will be in accord with who you are as a person and will have a positive influence on yourself and those around you... and you have experience of not having the old addiction... you have the experience of living life differently... and I wonder how ... *that old behaviour will become redundant...* and that old addiction has been bossing you around... it has been manipulating you on a deep level... it has been controlling you and influencing your mind and decisions....and it is time to *take back control...* and you don’t have to know how to do this consciously as the *changes take place on an instinctive level...*and the benefits can be achieved in new and exciting ways... and I’d like to thank that part of you that was kind enough to create that old addictive behaviour back when it was the only solution you though was open to you.... And now would like your help to develop this new and healthy response that will enhance your life and the lives of others around you in ways that may not immediately be obvious... and all the necessary changes can happen fully and honestly from breaking old unhelpful patters and processes to getting needs met in healthier ways... to developing new behaviours and patterns and building on strengths and resolving issues and moving forwards...and your unconscious can do this in your own unique way....now... (pause for about 3 minutes)*

*An excerpt from Advanced Ericksonian Hypnotherapy Scripts by Dan Jones*

## Journal Supplement

The Journal will be available to BATHH members every quarter, we will also be providing the Journal Supplement ad hoc throughout the year.

This publication will focus on research articles and longer pieces of work that are not appropriate for the Journal, which follows a magazine format. This will provide you with a more detailed look at the subject in focus, around 12-16 pages on one subject.

The first of the Journal Supplements is written by Joe Keeton. Joe sadly died in 2003, but left behind him an incredible legacy of work. His book *The Power of the Mind* originally published in 2003 is now available in a digital format.

Joe pioneered work in the field of past life regression through hypnosis, conducting over 8,000 regressions. He is also well known for his amazing work with cancer patients and I have used his techniques with great success.

He has two other published works to his credit, *The Healing Mind* and *Encounters with the Past*.

We hope you like the range of material we will be providing and that if you have some work you wish to publish, you will get in touch, we are always looking for new ideas to circulate and share with our membership.

Zetta Thomelin

## 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.

## AGM 2013

The next AGM will be held on Saturday 23 March at 3pm in the Meridian Room at Brogdale Farm, Brogdale Road, Faversham ME13 8XZ.

After the AGM there will be a bring and share meeting so do come along.

We look forward to seeing you there!

If you have any questions about the AGM please contact Jane Clark at [jane\\_clark@o2email.co.uk](mailto:jane_clark@o2email.co.uk)

### Contact Details

Editor  
Zetta Thomelin  
E-mail: [z.Thomelin@btinternet.com](mailto:z.Thomelin@btinternet.com)

BAThH Chair  
Nannette Jackson  
E-mail:  
[nannettejackson2005@yahoo.co.uk](mailto:nannettejackson2005@yahoo.co.uk)

Deputy Editor & Designer/  
PR Representative  
Lesley Barker  
E-mail: [Lesley\\_barker@hotmail.com](mailto:Lesley_barker@hotmail.com)

Secretary  
Jane Clark  
E-mail: [jane\\_clark@o2email.co.uk](mailto:jane_clark@o2email.co.uk)

**Please send submissions for future publication in the Journal to Zetta Thomelin 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**

