



# BATHH Journal

## Introduction

### What's in this edition?

Welcome to the latest issue of the Journal. We have decided to focus this issue on the current hot topic of mindfulness. The Kabat Zinn model is taking the therapy world by storm and has had NICE recognition. Mindfulness plays a part in our work as therapists. I think we need to look at Mindfulness with a capital “M” as the Kabat Zinn model and a small “m” to be the spiritual practice that has been around for centuries.

In this issue, Adrienne Ayres has provided us with a comprehensive article on Mindfulness, I have written a piece which looks at its role in hypnotherapy and Jane Clark has provided us with some thoughtful exercises and there are some useful related book reviews for those of you who want to take your investigations further.

We have a piece of philosophical contemplation from Robin Hook and our regular “What would you do” feature and much more besides. Hopefully you will find something within to interest you. If you have something you wish to publish please get in touch [chair@bathh.co.uk](mailto:chair@bathh.co.uk)

**Zetta Thomelin**  
Editor

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## AGM 2014

The AGM was held on 6<sup>th</sup> July 2014 at The Landmark Centre in Deal. The minutes of the previous meeting were approved. The financial statement was presented, the Savings Account holds: £11,880.49 and the Current Account holds £1,297.64. It was reported that there has been increased expenditure on the website to make it more usable by members. Inclusion of journals and other news items along with a forum have impacted on costs. Having made the decision to issue yearly certificates to our members there has been a corresponding increase in postage and printing costs which are reflected in the accounts. AGM expenses have been reduced to a very small amount by holding the AGM in Kent and not London, which seems to have been met with positive feedback from our members. UKCHO expenses have similarly been reduced and the £150 shown in the accounts relates to our annual membership fee. (Full details available upon request)

A report was made concerning the new compliance legislation being enforced by C.N.H.C (Complementary and Natural Health Care Council), originally established by the Hypnotherapy Regulatory Forum. Compliance was required by member organisations by July 2013. U.K.C.H.O( UK Coalition of Hypnotherapy Organisations) have reported the compliance of all organisations but inhibited the membership of B.S.A.C.H , as their syllabus and learning outcomes are not compliant, the factor that their members are medics does not preclude them from needing to complete appropriate studies, the fact that UKCHO were able to veto their membership, shows that the organisation does have credibility with CNHC. The role of Clinical Commissioning Groups and the future role of hypnotherapy within the NHS were reported at the meeting as being pursued by UKCHO. Concerns were raised concerning the CNHC definition of hypnotherapy, which is published in this Journal and we invite your comments. A great deal of work has been put in by the BATHH Committee to ensure compliance with CNHC and achieve BATHH membership as a professional membership body.

At the meeting agreement was made to establish Peer Support Groups in different areas, where members could get together and discuss client experiences and developments in treatments, this would contribute to the CPD requirement but would not constitute a complete CPD personal schedule: Details on page \*\*Maureen Williams has set up a CPD day for members, which is free of charge, though lunch carries a charge of £15.00, the day focuses on EFT and Matrix imprinting, more details are available in this issue of the Journal. CHTS are offering a range of CPDs this autumn; a full list is available on the website [www.chts.org.uk](http://www.chts.org.uk), including a Marketing CPD free for BATHH members.

At the meeting Jean Murton was thanked for all her pioneering work for hypnotherapy and her role in the development of BATHH, she was presented by the committee with a cut glass bowl as a thank you for all her hard work.

**Zetta Thomelin**

## CNHC Guidelines on Hypnotherapy

The CNHC have strict guidelines on how you can promote yourself as a hypnotherapist. If you are a member of CNHC as well as BATH you must



® adhere to these guidelines, this is an issue we are concerned with and will be discussing with UKCHO, however in the meantime their definition follows:

**“Hypnotherapy is a skilled communication aimed at directing a person’s imagination in a way that helps elicit changes in some perceptions, sensations, feelings, thoughts and behaviours. In a typical hypnotherapy session the hypnotherapist and client will discuss the intended alterations or therapeutic goals desired. The hypnotherapist will ask questions about previous medical history, general health and lifestyle to decide on the best approach for the individual.**

Hypnotherapy may be found to be helpful for those seeking relief from a range of problems and is used alongside a person’s own willpower and motivation to seek a desired goal. It is often used to help relieve anxiety, aid sleeping, help to address bed-wetting, address attitudes to weight, and help clients achieve behavioural change to stop smoking. It may also help with minor skin conditions that are exacerbated by stress and confidence issues, and may also be used to enhance performance in areas such as sport and public speaking. Hypnotherapy may help people to cope with and manage the relief of perceived pain.

Hypnotherapy has also been used with both adults and children to help manage the pain associated with irritable bowel. There is evidence to support its use in this condition for both adults and children and the National Institute for Health and Clinical Guidance (NICE) recommends the NHS should consider referring patients for hypnotherapy if their irritable bowel is persistent and has failed to respond to simple prescribed medicine.”

### *Important Note to Members:*

*Should you state in any promotional material anything outside this brief, the CNHC and the ASA could take action against you. We felt you should be made aware of this.*

Zetta Thomelin

### **Editor’s note:**

The Board are very concerned at this definition of Hypnotherapy and we feel it should be challenged.

If you have any empirical evidence to hand, or would be prepared to research we would be delighted to hear from you.

We are planning to bring this up at the next meeting of UKCHO.

## Hypnotherapy, Mindfulness and the rest.....

Mindfulness is currently presented as the panacea for all problems by the media and it undoubtedly is efficacious in many areas, well documented in this Journal by Mindfulness Trainer Adrienne Ayres. I do not in any way dispute that Mindfulness is an important contributor to the toolkit for good mental health. One of the issues I do have with mindfulness as presented by Kabat Zinn is that it appears to be being marketed and copyrighted, Mindfulness is a spiritual concept that has been practiced in the East for centuries by Buddhists, Hindus and Sikhs, it was re-packaged for the west by Eckhart Tolle as "The Power of Now" and now we the Kabat Zinn model.

What is mindfulness?, it is simply being in the moment, in the very moment, using the focus on the breath to keep one in the moment, but also body awareness as epitomized by the Buddhist body scan. Swami Ambikandanda Saraswati, in her book "Principles of Breathwork", presents breath work exercises that come from the yogic tradition; appear in the Kabat Zinn model of Mindfulness and in the hypnotherapy sessions of hypnotherapists throughout the land. As a hypnotherapist I and I am sure you, utilize this focus on the breath and body focus as part of any induction, it is a way to remove the client from the wild tempest of their thoughts and slow their mind down, I would say we use mindfulness within every session and I certainly recommend a period of daily mindfulness practice to my clients, to help them to still their mind. Indeed I have heard Hypnosis defined as "focused intent or intent focus" ergo mindfulness.

However we also do the opposite within hypnotherapy too, if a client is suffering a difficult time, the last

things they want to focus on is for example the pain in their joints, so we take them on a beautiful escapist journey and through anchoring, enable them to access these preferable feelings when they need to. I accept that we must cultivate a mindful non-resistance to a "life situation," resistance is not helpful to what inevitably "is" but an escape to a beautiful place in the mind can be a welcome respite to what "is". So we are mindful and not mindful depending on the situation. We are mindfulness practitioners and we are hypnotherapists. It is not a competition, it should be a harmony.

In Michael Yapko's book "Mindfulness and Hypnosis" he states "clinical hypnosis and mindfulness share core values and practices. Each has the potential to inform the other ways that can serve to enhance their effective use in clinical practice" However I also agree with his point that as hypnotherapists we have to constantly battle against prejudices and preconceptions and can only envy the benign reputation of Mindfulness that has leapt to the top of the therapy charts without much effort.

A lot of hypnotherapists are beginning to jump on the mindfulness band wagon by selling themselves as mindfulness hypnotherapists, that is fine but all hypnotherapists are by the nature of the work and processes mindfulness hypnotherapists and we must not lose sight of that. Perhaps people feel that if they put the word mindfulness before hypnotherapy it will be less scary, less full of mystique, somehow safer as an option for people or a two for the price of one deal. We are all in business, it is our living, the therapeutic market is competitive and there are fads and fashions like everything else. I am not sure that we as hypnotherapists have

I ever really had our big moment, but we have such a range of options available to us, it is certainly time to put that message across.

The efficacy of hypnotherapy is enhanced by its utilisation of many different therapeutic approaches. What marks hypnotherapy out from other approaches is the power of suggestion which remains at the heart of the work; however this can be assisted by hypno-analysis, whereby psychoanalytic techniques are used to reach the cause of the problem, then often releasing repressed emotions via abreaction.

C.B.T which was the flavour of the month therapy before Mindfulness replaced it, has its own place within hypnotherapy. CBT looks at the current pattern of behaviour and searches for how it responds to certain cues or stimuli, it looks at solving dysfunctional emotions and behaviours by examining the behavioural response.

Once the cue for a particular pattern of behaviour has been isolated it can be changed via hypnotic suggestion, the suggestion adjusts the meaning of the feeling, the response to the feeling connected to the problem of the client. CBT looks at systematic desensitisation to the stimulus the evaluations and beliefs that have been unhelpful need to be altered via a variety of techniques. The psychological mechanism of relaxation plays a key role in CBT, it utilises the concept that when two responses are in competition the more dominant response will take over; the law of dominant effect, the relaxation response can be used to suppress the anxiety response. We are therefore often using a CBT approach to therapy as hypnotherapists without

necessarily realising it as such or defining it as such, though there are those who define themselves as Cognitive Behavioural Hypnotherapists, we are all indeed such.

Humanistic therapy focuses on the nature of human existence and human consciousness. It ties in well with hypnotherapy, when we are telling the client that they are healing their self, their subconscious mind is working to help them, self-help and self-hypnosis exercises fit in well with this approach. The humanistic approach guides the client to taking responsibility for their life. As hypnotherapists, this is clearly the route we are leading our clients to take.

Thus to conclude Hypnotherapy is Mindfulness, it is CBT, it is Humanistic, it is Analytical and even in a sense utilises an understanding of Psychodynamic elements, but has its own unique contribution, the power of suggestion and the trance state, it is not working in isolation but is a therapeutic team that can tackle the problems of a client in many different ways and can adapt to the needs of the client.

We seem to be the last resort of so many, what a shame we are not the first port of call when we have so much to offer. Mindfulness has benefited from great PR, we can learn from this and perhaps BATHH as an organisation should take the lead in presenting the complexity of therapeutic options open to the hypnotherapist and de-bunking some of the myths.

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## Meditation & Mindfulness—Being Here Now

Mindfulness, with its roots in Buddhism and in evidence in the Eastern world for nearly 3000 years, is having its moment in the West. Over a period of about 25 years there has been growing interest, research and practice of mindfulness in various presentations and programmes.

2013 saw a significant rise in interest in holistic health and 'focus' in practice such as yoga and meditation with mindfulness featuring strongly and many significant people stepping up to the mindfulness bandwagon. It's a trend that has continued to gain momentum in 2014. According to one of the world's largest marketing communications brands, 2014 will be characterized by a movement towards mindful living ([JWT Worldwide](#) 2013) and mindful living was named one of [10 trends that will shape the world in 2014 and beyond](#).

It's not easy to say what has brought the practice of mindfulness into the foreground but we can speculate that it has grown from the disconnection caused by increasingly technical lives and the growing body of evidence of the value of meditation, a rapid increase in books and articles on mindfulness and a growing practitioner base (including celebrities across the Western world).

"What the culture is craving is a sense of ease and reflection, of not needing to be stimulated or entertained or going after something constantly," Soren Gordhamer, founder of the Wisdom 2.0 conference, [told the New York Times](#) (1.11.13).

'We have to regain our connection to others and to nature or else everybody loses. Getting away from the chaos of work and technology even for one minute is all you really need to feel refreshed.' Soren Gordhamer,

founder of the Wisdom 2.0 conference, (NYT 1.11.13). Mr. Tan at Google said 'One mindful breath a day can lead to inner peace'. (NYT 1.11.13).

At its most simple, mindfulness is the cultivation of being focused and aware of our internal and external world with compassion for one's self.

According to Professor Mark Williams **'Mindfulness is a translation of a word that simply means awareness.** It's a direct, intuitive knowing of what you are doing while you are doing it. It's knowing what's going on inside your mind and body, and what's going on in the outside world as well' (2011 Oxford University).

**Most of the time our attention is not where we intended it to be.** Our attention is hijacked by our thoughts and emotions, by our concerns, by our worries for the future, and our regrets and memories of the past.

**Mindful awareness is about learning to pay attention, in the present moment, and without judgement. It's like training a muscle - training attention to be where you want it to be.** This reduces our tendency to work on autopilot, allowing us to choose how we respond & react."

Although mindfulness has been labelled a trend it doesn't appear that the movement will fizzle out any time soon. "Mindfulness is part of a much larger trend we've been observing called mindful living," Ann Mack, director of trendspotting at JWT, Worldwide told the Huffington Post. "It's kind of a counter-trend to the past decade of overly stimulated, ADD-afflicted, tech-saturated culture that we've been living in. What was once the domain of the spiritual set has filtered into the mainstream as more people are drawn to this idea of shutting out distractions and focusing

on the moment." (New York Times; 1.11.13)

The movement is characterised by a resentment of technology, and desire for more human experiences. Since gaining steam in 2013, mindfulness headlines around the web include Rupert Murdoch's Twitter announcement that he was [taking up Meditation](#), information that the Marine Corps is testing Mind Fitness Training to help soldiers relax and boost emotional intelligence, Nike, and other world traders encourage employees to sit and do nothing, and offer classes that show them

shown that each of these brainwave patterns are associated with various states.

Alpha waves exist between 8 and 12 Hz and usually occur during rest but not sleep; such as when the eyes are closed during intellectual and deep relaxation, or meditation. This is one of the desired result of regular meditation.

Beta waves occur when the brain is working on goal-oriented tasks, such as planning or actively reflecting on a particular event or issue.

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*'We have to regain our connection to others and to nature or else everybody loses. Getting away from the chaos of work and technology even for one minute is all you really need to feel refreshed.'* Soren Gordhamer

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how. Arianna Huffington this year started a mindfulness conference, a page dedicated to the subject in The Huffington Post.

Recent studies have linked mindfulness with [emotional stability and improved sleep](#), increased [focus and memory](#), enhanced [creativity](#), and [lower stress levels](#), among a host of other [positive health outcomes](#). Mindfulness has also been linked to [increased brain activity](#) in the regions associated with positive emotions (Huffington Post 23.3.14).

Mindfulness courses don't require any religious or spiritual beliefs. Mindfulness is suitable for, and can help people with any religious beliefs or people with none at all. There are four common frequencies of brainwaves in the human brain, which have been named alpha, beta, delta, and theta. Observations have

Theta waves exist between 4 and 7 Hz and tend to occur when we are giving something our relaxed attention. This is commonly referred to as the dream or "twilight" state.

Theta waves are associated with learning, during short term memory tasks, and in brief bursts during REM sleep (dreaming). Memory development is enhanced while in this state (especially long term memory), and may result in increased access to unconscious material, new insights and creative ideas.

Delta waves are the slowest waves and exist between 0.5 to 3 Hz. Delta waves are not observed when the person is awake. As we fall asleep the dominant natural brainwave becomes delta.

When someone meditates regularly their brain patterns change into a

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## Meditation & Mindfulness—Being Here Now (continued)

wakeful, relaxed state. The front and middle part of the brain displays a unique pattern of mostly theta brainwaves, which are associated with relaxed attention. Particularly in people who practice meditating frequently. The back of the brain displays alpha brainwaves during meditation, a sign of wakeful rest. Meditation is a proven way to alleviate stress and promote good mental and even physical health. There are many benefits to achieving these types of mental states,

Studies show that in the eight week mindfulness programme; originally designed for people with chronic pain and associated depression by Jon Kabat Zinn a bio chemist at the University of Massachusetts and developed further by specialists from Oxford and Bangor Universities for people with anxiety and depression) the brain and the processing of emotion under stress can change. Although symptoms do not necessarily change, recipients of the courses describe greater resilience, tolerance and calmness.

The eight week mindfulness based stress reduction and mindfulness based cognitive therapy (MBSR/MBCT) is recommended by the [National Institute for Clinical Excellence](#) (NICE) for the prevention of relapse in recurrent depression. It combines mindfulness techniques like meditation, breathing exercises and stretching with elements from cognitive behaviour therapy (CBT) to help break the negative thought patterns that are characteristic of recurrent depression. Mindfulness is a potentially life-changing way to alter our feelings in positive ways, and an ever-expanding body of evidence shows that it really works.

Although early programmes were

aimed at adults recent research is increasing the evidence that mindfulness and meditation are equally helpful for children and young people and there is a growing evidence base. Studies have shown that mindfulness in schools can [fight burnout in teachers](#) and [reduce stress and increase happiness in students](#).

In 2011 Sarah Hennelly's Master's degree research into the effects of .b in Oxfordshire secondary schools established that there were significant effects on mindfulness, well-being and resilience, and that effects at six months were greater than immediate effects. Students experienced increases in self-awareness and self-regulation, self-determination and self-efficacy.

A study by the Exeter/Cambridge University on the .b mindfulness in schools project in Kent delivering Mindfulness in the curriculum in secondary schools in 2012 found significant impacts on depression, stress and wellbeing in the intervention group. The degree to which students practised the mindfulness skills was associated with better well-being and less stress at 3-month follow-up. (Mindfulness in Schools website)

Find out more about mindfulness and its benefits on the [Be Mindful website](#), where you can:

- watch videos and listen to pod casts
- find out about courses in your area
- share your experience of mindfulness at the Oxford Mindfulness Centre
- give your support for increased access to mindfulness therapy on the NHS.

**Adrienne Ayres**



## Mindfulness Musings

There are interesting articles about Mindfulness as a therapy in this issue of our Journal that I would recommend reading. Here, however, I would like to pose the question of mindfulness in a different way.

As therapists we have undergone training and acquired skills. We have invested in ourselves and offer our therapies working thoughtfully, carefully and with integrity.

For this we get paid and rightly so.

We appreciate how lucky we are to be doing something that we want to do and we do it with keen interest and passion.

Mindfulness is the new buzz in the world of therapy. In time Mindfulness as a therapy will find its natural place among all the other therapies.

Mindfulness itself is such an interesting word ... being mindful.....to be mindful.....

Outside of our work, how mindful are we?

Do we say hello to the man with the dog who recently lost his wife? (*Might he take up too much of our time? Will he waffle on while we stand with sympathetic face and empathically nodding head?*)

Do we knock on the door of someone we've not seen for a while? (*Will we be interfering? Do they not have family of their own? Surely someone must know what's going on?*)

Do we pull over at the bus stop to ask someone we briefly know if they'd like a lift? (*Will it take us out of our way? Might we have to commit to it more often?*)

Will this be the year when we invite a stranger to have Christmas dinner with

us? (*Maybe not a complete stranger but certainly someone we know will be alone*).

I won't go on, you get the picture.

We therapists really do know the many and varied ways in which unhappiness and troubles impact on life.

We know what great actors people become to cover up their plight. The lucky ones pay to get help while others would either not think of it or could not afford our services.

I am not for one moment promoting free therapy. Nor am I suggesting as therapists that we are obliged to haemorrhage goodwill.

However, as therapists we are attuned to people. We can listen, we do genuinely empathise, we are naturally nurturing.

What I am suggesting is..... mindfulness. If you know of someone who is lonely, unhappy or struggling in some way, that you reach out to them, give them a little time in whatever way you can.

Become truly mindful as mindfulness makes a difference and the ripple effect



of your mindfulness will spread a very long way.

**Jane Clark**

## Mindfulness & Hypnosis Book Review

### Mindfulness and Hypnosis

#### The Power of Suggestion to Transform Experience

**Michael Yapko**

**Published by WW Norton and Co. 2011**

This book is an easy read as well as being one of those books you can pick up, find an inspirational gem and put down again. I have to say I loved it. The introduction is wonderful, open and frank “mindfulness has already achieved a level of acceptance in the professional community that advocates of clinical hypnosis can only envy and aspire to achieve” too true, this made me want to applaud and read on. In this book Yapko sees the land where hypnosis and mindfulness meet, that point of focus, “When people close their eyes and focus, something extraordinary

happens to both the brain and mind. The rigid boundaries of perception that have held the person in place soften. Reality becomes less real and more negotiable.” Though he also acknowledges focus for some can yield trauma for them, it is not a fix all approach. Yapko’s language is so clear and resonant you want to say and Ericksonian style “yes” after each chapter, I could litter this review with quote after quote which I think is poignant to our work, but I think you will just have to read the book! It is not just a book of theory, there are some useful exercises which I have already tried out with clients successfully. This book will be going on the reading list for our students, thank you Maureen Williams for the recommendation.

**Zetta Thomelin**

**We are now pleased to announce a new programme of CPD Courses.**

**There is something here for everyone and some courses are free.**

**The courses will also count towards your CPD requirements for the year.**

### CPD Courses

#### Full Day Sessions

**September 6<sup>th</sup> 2014 Refresher Day** 10-4 pm (5 CPD credits)

**January 25<sup>th</sup> 2015 A&P overview** 10-4 pm (5 CPD credits)

**March 8<sup>th</sup> 2015 Mindfulness Hypnotherapy** Day 10-4 pm (5 CPD credits)

**April 12<sup>th</sup> 2015 Stop Smoking** Day 10-4pm (5 CPD credits)

Cost £100 to BATH members/students £120 non-BATH members.

#### Evening Sessions

**September 11<sup>th</sup> 2014 A&P/Central Nervous System** Evening 7-9.30 pm (2.5 CPD credits)

**September 18<sup>th</sup> 2014 Insomnia** Evening 7-9.30 pm (2.5 CPD credits)

**October 16<sup>th</sup> 2014 Language** Evening 7-9.30 pm (2.5 CPD credits)

**October 30<sup>th</sup> 2014 Metaphor** Evening 7-9.30 pm (2.5 CPD credits)

**November 20<sup>th</sup> 2014 Marketing** Evening 7-9.30 pm (2.5 CPD credits)

**February 12<sup>th</sup> 2015 Addiction** Evening 7-9.30 pm (2.5 CPD credits)

**February 26<sup>th</sup> 2015 Pain Management** Evening 7-9.30 pm (2.5 CPD credits)

**March 26<sup>th</sup> 2015 Stress Management** Evening 7-9.30 pm (2.5 CPD credits)

**April 9<sup>th</sup> 2015 EFT** Evening 7-9.30 pm (2.5 CPD credits)

**May 7<sup>th</sup> 2015 Self Hypnosis** Evening 7-9.30 pm (2.5 CPD credits)

**May 21<sup>st</sup> 2015 Working with Children** Evening 7-9.30 pm (2.5 CPD credits)

Cost £50 BATH members/students £65 non BATH members except Marketing course which is FREE to BATH members.

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## Contributions from Members

### Mr. 'B'

Looking back, I'm not sure at what stage Mr B became a 'regular'. At first, he would just phone when he felt he needed some Hypnotherapy, then it gradually became a kind of fixture once a week.

I had previously done some work with his wife around weight control issues, and she was very keen that I should see her husband, who had long-term, chronic and life-threatening multiple health problems and was on numerous medications to control pain, for his heart condition, diabetes and blood pressure etc. and, of course, another set of medications to help alleviate the side effects of the first set of medications.

I wasn't thrilled at the prospect. For one thing, I always have reservations when one person refers another, and also because I would be seeing Mr B in his own home, (he was a wheelchair user) he would be a bit of a sitting duck, as it were. For someone who already had only limited choices in many areas of life due to his health problems, it seemed to me at the outset that he should feel he had complete choice about hypnotherapy-whether or not to have it, and, if so, what we should focus on.

I'd also heard Mrs B having a bit of a moan about her husband a couple of times. Fondly-and they'd been married many years-but definitely a moan. It seemed Mr B was a bit of a traditionalist-a practical man who'd prided himself on earning enough money for the family to have a good lifestyle, and for he and

his wife to have a comfortable retirement.. Mrs B on the other hand was quite a colourful character- and always ready for a chat. She loved going out and continued to do a small amount of part-time work just to 'get her out of the house' since there was no financial need for her to work. So I went for the first visit with the assumption that Mr B would probably not really want anything as fanciful as hypnotherapy, and we'd just have a chat, and I'd explain the situation to his wife, and I'd come home again shortly afterwards and not see him again. How wrong could I be!

I already knew some of the family background from Mrs B and that the couple had experienced the death of a daughter, in particularly tragic circumstances, 25 years previously. On sitting down in the living room, I found I was sat directly opposite a large photo on canvas of the daughter. (Mrs B had come for sessions at my home so this was the first time I saw the family home). As we introduced ourselves, I asked about the daughter and her name etc., I found I wanted to acknowledge her presence in some sense from the outset.. Mr B spoke comfortably and without bitterness about what had happened. I sensed the warmth of their current extended family around them-the remaining children, their partners, and the resultant grandchildren. The death had been the kind of sudden and shocking incident which you never get over, but which you can only hope to adapt to only after time.

Continued/.....

## Mr. 'B' continued

As I explained a bit about Hypnotherapy, Mr B seemed very positive about it, he was also planning to try acupuncture again, which he'd had in the past. He'd mentioned both things to his GP who was also positive about them. His main priority was to be able to have some relief from pain-he was on high dosage of morphine-and also to have a better sleep pattern. He was basically at the stage where he'd 'try anything once'.

So I did a first induction, and soon saw that familiar change of facial expression to one of contentment and calm. Since he'd told me a specific area which was causing the most pain, I used glove anaesthesia at this session with him to help him have some control over the sensation and added post-hypnotic suggestions around this.

It took a little while to 'bring him round' at the end of the session. He was clearly reluctant to leave this relaxed state. Once he was 'back', he had a quite different facial expression -one of contentment. A big smile on his face. Since I'd seen him in the evening, I'd also added in some suggestions around sleep and rest, whilst also warning him not to expect the full 8 hours sleep he might have had when younger and more active.

For some reason, I sometimes feel uneasy about charging the full amount for hypnotherapy when someone is in such clear need. Aside from anything else, the satisfaction for me is kind of a reward in itself. So when I told him my suggested fee, he

insisted on paying twice as much as I'd stated and said this was still cheaper than the acupuncturist would be.

I saw his wife a few days later. She told me that following this session, Mr B had halved his pain control medication, and that this had continued. In the meantime, I'd read up on the internet about Mr B's medical conditions, and one of them was described as causing one of the most intense and difficult to control kinds of pain.

Around a week later, Mr B phoned me wanting to book a further session, and so a pattern gradually evolved. At first, I felt I needed to try different approaches to 'prove my worth' as it were. The analogy of his body as a computer was very helpful given the kind of work he'd previously done, and anything which gave him some sense of control over the pain, and which he could continue to practise himself in between sessions was particularly helpful.

Another time, I compared his body to a local historic site of an old castle, with the various soldiers attacking, and describing the types of defence he had to fight these onslaughts.

It turned out that Mr B only went for one session of acupuncture since he cancelled it after that, finding it less effective than the hypnotherapy. So at one session, I included some imagined acupuncture to cue into those experiences of endorphin release.

Aside from anything else, the constant experience of pain is exhausting, and just having this time when he could fully relax physically seemed most important.

As time went on, I became more intuitive in my approach and during one session, I left him some time to explore being in a place (of his choosing) where he felt relaxed and pain free. During these moments I just occasionally said things quietly reminding him how relaxed he felt etc. but much of it took place in silence. At the end of this session, Mr B looked positively joyful, and many years younger, and told me how he'd spent the time diving off a tropical island coast-an experience he'd had many years previously whilst on holiday. Sometimes, I realised, less is more.

About 4 sessions in, I arrived in the living room sitting in my usual place, when I noticed differences. Mr B told me he and his wife had decided it was time for a change. The furniture was rearranged but most noticeably the large and rather dominating picture of their daughter was gone-he told me they'd decided to put it in one of the spare bedrooms.

As soon as I got home after this session, I did something I should have done at the outset, and got his wife's records out of my filing cabinet and there it was-their daughter had died 25 years ago-and, of course, when I looked at Mr B's records, he told me the chronic pain had started 25 years ago.

So I gave him the choice. At the next session, I commented on the apparent coincidence of the dates, and said we could do something looking at what had happened all those years ago. But he didn't want this-since he felt he had already dealt with his feelings relating to this time, and I respected his decision. It would have been wrong to push him on this point. I know others would take a different approach to this-but my initial hunch-that much of the present frustration for him was about his lack of control nowadays had proved to be right, and the mere experience of being pain free, and feeling relaxed, was of itself a healing process.

Currently, Mr B is in the final stages of his illness. His breathing is extremely shallow, a hospice is involved, and it would not be safe at this stage to practice hypnosis with him. His family are close around him and he experiences a lot of love and support.

I have learnt a lot from him about the importance of sometimes trusting my instincts more and working in a more intuitive way. Also the importance of respecting a client's own frame of reference and trusting their knowledge of themselves rather than assuming I have access to unique insights. I still really have no idea how hypnotherapy works but I'm very pleased it does.

**Rebecca Cooper**

## **\*\*A Reminder About CPD**

**Are your CPD records up to date?**

**From September 2014 BATHH will be asking for proof of CPD hours from a random 15% of membership**

## A Story with a Meaning by Robin Hook

A long time ago in a country far, far away, there lived in a monastery two monks. One day the abbot called the monks to him and told them to go into the town, several miles away, and minister to the sick. So off they went full of joy and happiness to be given this important task. One of the monks was much older than the other. The young monk, Osric, was keen and enthusiastic about his vocation and also devoted to following the rules laid down for his Order.

The two monks came to a ford and saw that the river was running higher than usual. Stood on the banks of the river was a pretty young girl in a distressed state looking up and down the river. The young girl had to cross the river on an errand but was reluctant to get her new shoes wet and ruin her dress. She explained her dilemma to the older monk, who was sympathetic to her plight and suggested that she climb on his back so he would carry her across the river via the ford. This she did and to her delight arrived safe and dry on the other side. In gratitude she kissed the old monk and ran off on her errand.

Osric however was beside himself with fury, hopping from one foot to the other. He was red in the face and hands clenched into fists. "How dare you let that girl touch you? How dare you carry her upon your back? You know, by our vows, we are forbidden to have any contact with woman." The old monk smiled at Osric and waved to the young girl in farewell.

The older monk put his best foot forward and continued on the journey to the town. Osric followed huffing and puffing still in a state of annoy-

ance and showing how cross he was. This behaviour continued for a mile until the older monk stopped and turned to face Osric. "Osric, my friend, why are you so annoyed and cross with me?"

Osric replied "You know why I am annoyed and cross. You should not have carried that young girl on your back across the river".

The older monk smiled as Osric and said "Osric, I carried the girl on MY back across the river, and I put her down on the other side. Why are you still carrying her on your back?" The end.

*Did you like the story? As, with most philosophical tales, there is a deeper meaning to the story.*

*What do you think the meaning is? Pause now before you read on, please close your eyes and contemplate the meaning for yourself on what you have read.*

*Now - welcome back from your cogitations. Here is one interpretation of the meaning behind the story - Carrying millstones around your neck, that are not yours to carry, can break your back.*

*If we sometimes make an offence of the actions of others, or find the behaviour of others grossly offensive to our own sensibilities, we are going to get ourselves into an unnecessary lather - which in turn will reflect upon our own ability to handle difficult situations. If you ever want to make a point to someone, then make it calmly and sensibly, and with well chosen words.*

*If the giving of your opinion it is going to make you feel better, and making your comments will have some benefit to whoever you are speaking with, then you should feel free to make your comments. If however you are making a point that is perhaps blindingly obvious, or is for your own self aggrandisement, it is better to shut up, say nothing and quickly "get over" whatever hurt feelings you have. Please, if you will study the story and find another meaning in it let me know. I look forward to hearing from you. [mail@robinhook.co.uk](mailto:mail@robinhook.co.uk)*

## What Would You Do?

A lady in her late forties  
Paralegal in a very busy Practice  
Quick brained, Efficient, Articulate  
Married to a musician – steady chap,  
no ambition just likes to session work  
and is about to retire. She has invest-  
ed in property over the years to en-  
sure good income and pension.

Her compromise is living in a modest  
house that brings her no joy.  
She is becoming more stressed at  
work as people leave and she is given  
the burden of extra work rather than  
anyone new being employed.

Social drinking has become heavy  
drinking which resulted in her being  
arrested after a fall in the street. As  
she fell she badly gashed her head  
and the scene was bloody. Her hus-  
band tried to help her and the police  
construed the whole affair as a brawl  
as he too was very drunk and rather  
loud. Although he also was arrested  
he was allowed home while his wife  
remained in a cell overnight.

No charges were brought but there is  
the fear that this incident could affect  
her job.

Her husband is insisting that she get  
professional help for her drinking.  
She does not mind getting help but  
feels that he needs it too.

What would you do?

Man in his early thirties.  
Administrator with a very large phar-  
maceutical company.  
He is a liar.  
Says his life is so ordinary and painful-  
ly boring he simply has to make it  
more interesting

- Part of him wants not to be a liar  
but the other part gets a huge  
amount of pleasure from it
- His family only believe what they  
see not what they hear
- Even his therapy he has dressed  
up as being highly specialised  
mind training for career develop-  
ment, something only to be told  
to his 'most trusted friend' as it is  
hush-hush
- During the course of the initial  
consultation it is revealed that  
his sister has started dating  
someone at work and although it  
is a huge and somewhat anony-  
mous environment their liaison  
has made him 'twitchy'

What would you do?

## Consciousness: I think therefore I am

I was recently reading a novel by David Lodge called "Thinks", it is mainly a debate on the nature of consciousness between an academic and an author. Some aspects of this book really resonated with me, such as no matter how hard we try we can never truly understand the nature of someone else's thought processes, someone else's consciousness, or in NLP terms their map of reality. In philosophical terms "qualia" subjective conscious experience.



Within the novel the academic decides to do a stream of consciousness experiment whereby he records his thoughts uncensored, he quickly realises that he will never be able to show this to anyone, due to the nature of the language and focus within his thoughts. This revealed to me the thought that when dealing with our clients we are encouraging them to trust us with their innermost thoughts, but their own inner censorship will often lead them to censor their thoughts, thus making our job as therapists even harder. Our clients want us to like them, even when presenting us with their problems they will still sanitise them somewhat and we need to be aware of this behaviour.

Qualia can also create confusion in material understanding, a client may present with what is to them pain which is agony; to another their perceived level of pain could be quite manageable. One person's nightmare is another person's bad dream. Having a broad spectrum of understanding of the nature of human experience and the subjective nature of it, will help make one a better therapist.

Another interesting thought raised within the book is the factor that humans are the only animals that live a large part of their lives with the conscious knowledge that they will one day die and lose their conscious awareness, whatever spiritual beliefs people may have, death on this plane is guaranteed. The flip side to this knowledge is the awareness that this life has to be lived and endured until it ends, a strange thought but one many struggle with, animals do not commit suicide, they do not have an awareness of the unremitting mental or physical pain stretching out before them. This awareness is a very human condition and for those of us dealing with clients suffering from depression and suicidal thoughts, worth some contemplation.

Reading broadens our experience, a novel can teach us as much about human nature and the human experience as a text book, keep reading and look out for the gems of perception it brings. If anyone wants to share the musings generated from reading a book for pleasure please share it with us.

**Zetta Thomelin**



## NEW!!! Members Study Groups

At the last AGM it was proposed to set up study groups to help members connect with their colleagues, to learn and share and to support one another. Three groups have been formed in Maidstone, Hythe and Dover. Details and dates are below. If you would like to join and gain CPD credits for doing so please contact the members directly.

### **Julie Murray (Hythe area)**

email: [joolsbythesea182@gmail.com](mailto:joolsbythesea182@gmail.com)

tel: 07773 502399

**Weds 10 Sept 7-9pm**

**Fri 14 Nov 7-9pm**

**Fri 16 Jan 2015 7-9pm**

### **Maureen Williams (Maidstone area)**

email: [m.williams111@btinternet.com](mailto:m.williams111@btinternet.com)

tel: 07976 156728

**Tues 16 Sept 7-9pm**

**Tues 28 Oct 7-9pm**

**Fri 19 Dec 7-9pm**

### **Lesley Barker (Dover area)**

email: [lesley\\_barker@hotmail.com](mailto:lesley_barker@hotmail.com)

tel: 07747 752860

**Thurs 9 Oct 7-9pm**

**Thurs 11 Dec 2-4pm**

**Thurs 5 Feb 2015 2-4pm**

We hope that you will find these groups helpful and supportive to you personally and to your professional practice.

Don't forget you also earn CPD points for joining but you may not make up all your CPD hours entirely with these meetings. If you're not sure please speak to Maureen Williams who will be able to advise you.

Power is gained by  
**sharing knowledge,**  
not hoarding it.

## Reflections on Hypnobirthing

My initial decision to investigate hypnobirthing arose with the desire to ensure the best possible birthing experience for my daughter, who was pregnant with her first child. I asked a good friend who is currently a research and teaching midwife what she thought about hypnobirthing. Her answer was 'Oh midwives don't like hypnobirthing because they have nothing to do, the couple just get on with it!' A good recommendation!

Together with my daughter we started to research hypnobirthing on the internet. There was an overload of information, possibilities, books, courses and confusion. A study day for hypnotherapists on hypnobirthing seemed a good first step but investigation showed that the day was expensive and had little to offer except as a sales pitch for a longer course.

The option of me personally undertaking the course to become a hypnobirthing teacher gradually emerged. This was not without much personal reflection on my part as hypnobirthing had never been anything that I had been drawn towards; I had in the past worked as a midwife in many parts of the world and thought that part of my life was now over. Susie my daughter identified several of her pregnant friends who might be interested in joining her if I was facilitate a course, so the decision was made I would try to find a suitable course to qualify as a hypnobirthing teacher.

At the time I did not realise that there are different hypnobirthing organisa-

tions offering such courses. The Mongan Method based on the work of the American Marie Morgan and the British Katharine Graves Hypnobirthing Association. My final decision was the Katharine Graves course; this was based on a professional recommendation by a hypnotherapist that I knew who had successfully specialised as a hypnobirthing teacher, and the fact that this course had been endorsed by the Royal College of Midwives.

This course is divided into 3 parts, each part 2 days long.

AN INTRODUCTION TO  
HYPNOTHERAPY—Exempt for qualified hypnotherapists  
HYPNOBIRTHING TEACHER TRAINING  
BIRTHING FOUNDATION COURSE—  
Exempt for birth professionals

Being both a midwife and a hypnotherapist I only had to undertake the 2 days hypnobirthing teacher training part. I attended a London course with 12 other participants, 2 were hypnotherapist, 2 were midwives, 1 was a yoga teachers, 3 were doulas and the rest were women who had personally had very positive hypnobirthing experiences.

The course was enjoyable being well-structured and in a pleasant environment. Topics included marketing courses, what needs to be taught, resources available and the ongoing support available from The Hypnobirthing Association.

My one criticism was that there was an underlying tone of inevitable conflict between the medical approach and hypnobirthing.

If you undertake this course be prepared for the written assessment that needs to be completed before your name can be added to the Hypnobirthing Association's register of trained teachers. It is a comprehensive test and takes a significant time to complete, but does help prepare you for delivering your first course.

My daughter with support of her partner had a natural birth. When she told the midwife that she felt the urge to push the midwife told her that she had a long time to wait as it was her first child, then within 3 pushes their son was born. A sound endorsement for hypnobirthing. For further information on hypnobirthing courses see:

[http://  
www.thehypnobirthingassociation.com](http://www.thehypnobirthingassociation.com)  
<http://www.hypnobirthing.co.uk>  
**Maureen Williams**

## Some \*Free\* Resources

Here's some free resources you may find useful and if you know of any that you'd like to share with us please send them in.

**Steve Lankton recalls early meetings with Erickson**

[http://  
psychotherapyconferences.com/  
audio/Lankton\\_Erickson.mp3](http://psychotherapyconferences.com/audio/Lankton_Erickson.mp3)

**I HAD A BLACK DOG  
by Mathew Johnstone**

For those of you who do not know this book it an illustrated insight into what it is like to live with depression. This is a good resource for those who are suffering from depression and their family and friends.

[http://www.upworthy.com/what-is-  
depression-let-this-animation-with-a-  
dog-shed-light-on-it](http://www.upworthy.com/what-is-depression-let-this-animation-with-a-dog-shed-light-on-it)

### **GET SELF HELP**

Once you can get over the exclusion of hypnosis, this is a website packed full of really useful information both for therapist and clients.

<http://www.getselfhelp.co.uk/>



DATE for your DIARY

9 November 2014  
0945h—1630h

You asked for CPD Training and here it is!

**Connecting the Mind, Body and Soul:  
Exploring Emotional Freedom Technique,  
Matrix Reimprinting and META-Health**

**Presented by Penny Croal**

**Venue:** AYLESFORD PRIORY, Maidstone  
**Programme for Sunday 9<sup>th</sup> November 2014**  
**Registration:** 9.45am  
**Start:** 10.15am  
**Finish:** 4.30pm

**Course Description:** Penny believes that the mind, body, soul and environment are all connected, and that we build barriers of prejudices, behavioural patterns, fears, and stresses etc. that reduce harmony in these connections and thus prevent us from living our lives to the full. However, by bringing together a range of recognised and proven complementary tools and techniques, we can work to change our lives into the kind that we would really like.

During this day Penny will share and explore with you the philosophy and theories of META-Health, Matrix Reimprinting and EFT and show how tools from these theories can be used to help us address personal barriers to making positive changes to our lives.

Course participants will:

- Learn the 2 part process of dis-ease and how this knowledge can help themselves and their clients to identify which phase they are in.
- Explore how Matrix Reimprinting can help to find root-cause of past trauma which contribute to unhealthy and unproductive behaviour, stress etc.
- Use 'tapping' to help themselves and clients to identify and let go of past fears which are no longer of any use, and which impact negatively on behaviour and life.

**Biography:** Penny Croal is a multi-disciplined practitioner and trainer who uses techniques that include Hypnotherapy, Neuro Linguistic Programming (NLP), Emotional Freedom Technique (EFT) and Psych-K. She is currently an AMT MASTER AND AAMET Emotional Freedom Technique Matrix Reimprinting Trainer, and is one of only 3 META-Health (formerly META-Medicine) Master Trainers in the UK.

**Who is this day for?** This course is suitable for hypnotherapists, counsellors, therapists and complementary health practitioners who wish to explore this area further.

## Outline for the Day

- 10:15:** Introduction
- 10:30:** Exploring the philosophy of Meta-Health and the 2 phases of dis-ease
- 11:45 – 12:00:** Break
- 12:00 – 1:00:** Introducing tapping with the Meta-Health
- Lunch 1:00 – 2:00pm (provided)**
- 2:00 – 3:00:** Introducing Matrix Reimprinting including a demonstration
- 3:00 – 3:15:** Break
- 3:15 – 4:30:** Putting what has been learnt into practice

An email will be going out at the end of August 2014 to all members with the application form and full details. If you need any further forms please either contact Lesley or Maureen.



## BATHH Mission Statement

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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.

## Notices

### What would make you engage more with us?

Did you enjoy the Journal? Is there something else you'd like to read about? Talk to us so we can best meet your needs.

### Study Groups

Don't forget to sign up for your local study group. There are three currently set up and we may be able to run one in London if there is sufficient interest.

Full details on page 17 and in the email sent to members on 12 August.

### Contact Details

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**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**

