

THE JOURNAL OF STRESS MANAGEMENT

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THE SOCIETY OF STRESS MANAGERS TRADING AS THE SOCIETY OF STRESS THERAPISTS

The Association for Professional Stress Managers & Hypnotherapists
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STRESS: the reaction people have to an imbalance between the demands they perceive to be placed upon them and the resources they have to cope.

The Society of Stress Managers was incorporated as a professional body on 1st February 1999. The Society is a Registered Company Limited by Guarantee and has a Council of Management with a provision for nine Directors and the Company Secretary. The Objects of The Society are:

to establish and promote a professional association for those persons qualified to nationally accredited standards in the skills of stress management and hypnotherapy;

to promote the training and continuing professional development of those persons;

to do all such things as are incidental or conducive to the attainment of these objects.

To meet these Objects The Society has adopted a 'Code of Conduct, Ethics and Practice', which sets out the principles that members of a professional association should follow at all times, both with their clients and their fellow Stress Managers. These principles include the ethical values of honesty, integrity and probity.

All hypnotherapists registered with the CNHC are expected to abide by the **CNHC** Code of Conduct, Performance and Ethics.

All members and potential members are invited to contact the Secretary of The Society of Stress Managers, Peter Matthews, for further information via the registered office address shown above or telephone 0161 652 2284 or email petermatthews@manageyourstress.co.uk.

The Society's website can be found at
www.hypnotherapistsuk.co.uk



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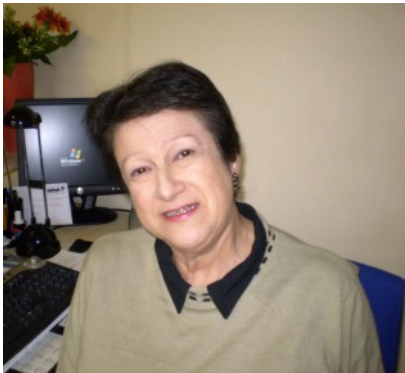
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EDITORIAL

Marilyn Upton here: Welcome to Journal 10!

I'd like to thank Mike Dillon, our previous Editor, for all the hard work and dedication that he put into producing the Journal, resulting in a very good read.

There are some very good articles in this edition, so I hope you find it interesting.

Thank you very much, Julie Spitler, for agreeing to help with editing. And thanks once again to Alex Evison for formatting the Journal and producing the final result

Keep sending me articles please, so that we can truly make this the Society's Journal!

You may remember that at the February National CPD Meeting, I asked you to think what made your practice special to you - something perhaps that you take special pleasure in sorting. I know what fascinates me is the fact that two people with, for example, exactly the same phobia, will have totally different symptoms. I love finding the best method of running it out for each individual.

Or send us a "Quote from the Consulting Room." One of the therapists at the Clinic where I work had their business cards misprinted. They read "Complimentary Therapist" instead of "Complementary Therapist." A small but significant difference - not many fees would have passed hands if the therapy had been complimentary!

If there is a book that you have enjoyed reading, we would very much like to hear about it for the Journal. Preferably, of course, this would be something relevant to our work, but if there is something that you've read that you would like to share with colleagues please write 75 to 80 words about it and send it to Julie by email.

Also, if you have questions that you would like to put to your colleagues, send them to me in letter form and I will print them. Hopefully some of our members will have helpful suggestions.

So, it's over to you. Please send articles and book reviews as soon as you have read this Edition so that we can keep the ball rolling. Our email addresses are on page 3.

FROM THE ASSISTANT EDITOR

My name is Julie Spitler and I'm delighted to be involved with the Journal.

For those of you who do not know me, I have a practice in Covent Garden, London.

I consider myself very lucky to be able to do a job that I love.

I am going to be responsible for the *Book Reviews* in future editions of the Journal so, if any of you would like to share your experiences and opinions on any relevant books please email

them to me.

You can find my details under Journal administration on page 3.

Enjoy your *Journal*,
Julie.

A HYPNOTHERAPIST'S POEM

I hope you enjoy this as much as I have
Avril Bates

If you're overweight
And feeling blue!
Just give me a call,
I'll help you through.

So you're stressed
And just can't sleep?
I'll give you a CD
To play and keep!

Anxiety and worry
Getting you down?
Then let me help you
Lift up your frown.

Depressed and low
With nowhere to go?
At your wits' end
I'll put you on the mend.

Drinking and drugs
If that's your vice
Then let me give you
Some good advice.

Fed up with
Patches, pills and potions?
I'll support you
Through all your emotions.

Lacking confidence
Or full of fears?
Let me help you
Hold back the tears.

If you're in two minds
Or full of self-doubt,
Please give me a call
I'll help you out!

DEALING WITH THE CONSCIOUS MIND

Stefan Richards FSSM, MHA, MHR, D.Hyp. Bridgford Therapy

When I answered an advertisement for "Stress Managers" back in 1997 I soon realised that the training course, run by the then "Association of Stress Managers" was really a training course for would-be hypnotherapists. However, one of the first things I learned was the difference between the left (conscious) and the right (sub-conscious) sides of the brain and I quickly realised that this might still be useful if I wanted to deal with problems associated with the unconscious mind. It occurred to me then that my experience in dealing with stress as an HR manager would only be useful to a limited degree if I wanted to build up a practice as a psychotherapist. I have since then, like you, helped hundreds of clients, to stop smoking, lose weight, overcome their irrational fears etc. by using hypnosis, which has become a very valuable additional tool.

The reason I mention this is that, in my view, it also works the other way round. How many of you call yourselves "hypnotherapists" and use hypnosis almost exclusively? If you do, are you missing potential business by not paying enough attention to the *conscious* part of the brain? If hypnosis bypasses the conscious brain and talks directly to the subconscious, then it follows that, if the problem is clearly down to distorted *conscious* thoughts, hypnosis is unlikely to be effective!

I am sure that most of us can get a good feel at the initial assessment stage how much of the problem is down to conscious and unconscious thoughts, and it is relatively easy to build on that gut feel if you have a structured process to follow.

My own approach to therapy is based on the simple equation $E + R = O$, or the EVENT + a person's RESPONSE to the event is what causes the OUTCOME. Highly stressed people always concentrate on the Event (it's my husband, it's my wife, it's my boss, it's the government, it's the weather, etc.) and the obvious problem here is that you can very rarely do anything about these things – hence the feeling



that you are "out of control". The key, then, is to get the client to shift his or her emphasis to their Response. This *is* something you can do something about – and that, in essence, is therapy! I would say that 80 – 90% of all the work I do as a psychotherapist is helping clients to move from the "E" to the "R".

So, if we concentrate on the Response, the next step is to differentiate between conscious and unconscious thought patterns. I said earlier that most of us get a feel for this at the I/C stage, but I also build on this during session 1 by getting the client to complete a questionnaire based on hypothetical scenarios as a snapshot of their conscious thoughts at that stage. These scenarios are ones I made up myself and are based on the 10 types of Distorted Thinking patterns that I look for, as follows: -

1. Filtering

You take the negative details of a situation and magnify them, often out of all proportion, whilst ignoring, or filtering out, all the positive aspects of the same situation.

2. Polarised Thinking

Things are black or white, good or bad. You have to be perfect or you are a failure. Life has to be perfect or you have a miserable existence. There is no middle ground.

3. Mind Reading

Without their saying so, you know what people are thinking and why they act the way they do. In particular, you are able to define how people are feeling towards you.

4. Catastrophising

You expect disaster, taking things to their illogical conclusion. You tend to make "what if" or predictive statements such as "It is bound to rain for our barbecue", or "I'll probably catch the 'flu just before my holiday".

5. Personalisation

You take a general statement such as "smoking is bad for you" or "Northern people tend to have poor diets" as a reaction to you personally.

6. Blaming

You hold other people responsible for your pain, or take the other tack and blame yourself for every problem.

7. Shoulds

You have a list of ironclad rules about how you and other people should act. People who do not conform to this ideal anger and frustrate you.

8. Over-generalisation

You come to a general conclusion based on a single incident or piece of evidence. If something bad happens you expect it to happen over and over again – providing you with the perfect excuse not to subject yourself to this risk again.

9. Being right

You are continually on trial to prove that your opinions and actions are correct. Being wrong is unthinkable and you will go to any lengths to prove that you are right.

10. Heaven's Reward Fallacy

You expect all your sacrifice and self – denial to pay off, as if there were someone keeping score. You feel bitter when the reward doesn't come.

Those of you who do deal with the "talking therapies" may recognise that there are other types of distorted thinking patterns that are not included here. This is simply my preference. These are the 10 most common types in my experience and I feel that 10 is enough for the client to concentrate on! So if we know the types of distorted thinking patterns we are looking for, it is relatively easy to produce a questionnaire which will give you as the therapist a good indication of the way the client is thinking at the time he or she comes to see you – a "snapshot", if you like, of their conscious thought processes at that time. The questionnaire I use is one I made up myself and is reproduced as follows: -

What would your reaction be in the following circumstances? What would you normally say to yourself?

1

You have run a meeting with 12 people where feedback from 10 of those present was very positive. The next day the other two people said they thought the meeting had been a complete waste of time.

2

You are asked to give a presentation

to a group of people. You are aware that there may be people in the audience who know more about the subject than you do.

3

You have been having a bad time with your boss and he or she asks to see you in 3 days time for a "review of business". Your boss asks you to leave the whole morning free.

4

You have just had a major operation and you have been advised that you will be confined to bed for at least three months.

5

You are driving to work, and stuck in a long traffic jam. You know because of the amount of work on your desk that you are in for one hell of a busy day.

6

Your business production figures are the lowest of all your colleagues.

7

An article in the paper says that people who listen to the radio in the car are 10 times more likely to have an accident.

8

Your boss comments that he/she is very concerned about people being late for work and this has to stop. You have personally only been late twice in the past 2 years.

9

Your boss/partner has been over critical of you for some time. A friend then says that you don't seem to think that highly of yourself & can't understand why.

10

You listen to someone's opinion and decide to follow their advice. This lands you in a lot of trouble.

11

You are driving along the motorway and the sign says that the outside lane is closed 400 yards ahead. You move into the middle lane and so does everyone else. But one chap in an MR2 tears down the outside lane and signals left at the last minute.

12

You have been waiting for some time for an important document to arrive and you discover that it has been sent to the wrong place with your name misspelled for the 3rd time this month.

13

A friend persuades you and your family to go on holiday with his/her family for a fortnight. The holiday turns out to be an absolute disaster.

14

You have had a difference of opinion with your partner, but have persuaded your partner to your point of view. The next day you find out, quite by chance, that he or she was right all along. Your partner does not know that you have discovered this, and is unlikely to find out.

15

You put your heart and soul into a task that you believe will delight someone. But your efforts seem to go completely unnoticed.

You will see from the above questions that these are broadly related to the types of distorted thinking patterns we are looking for and, whilst I am not suggesting that this is perfect or definitive, I am sure you will see the potential for identifying thought patterns for further analysis.

This is the first stage of the process. Over the next session or two I then go through the types of Distorted Thinking patterns and the client has a check list so that he or she can make a note of the ones that apply. It is not unusual for clients to say that the vast majority apply to them; therefore there is plenty of potential for improvement!

The next step is to look at techniques for changing the way the client might respond – I'll go through those techniques in the next journal.

PERSONALITY TYPES

Marilyn Upton, Cert. Ed., D.Hyp., F.S.S.M., C.N.H.C.

Why is it useful for us to look at Personality Types? It helps us to find out what makes a person tick, so that we can take the best approach to help them make the changes they wish for.

Psychologists often look at Personality differently, according to what makes them tick! And the way we look at Personality now is very different from how Sigmund Freud, the father of Psychoanalysis, looked at things over a hundred years ago. As our colleague Terence Watts from the Essex Institute says in his book, "Warriors, Settlers and Nomads", Freud had a bit of a fixation about sex. He said that as toddlers we go through an anal stage and then we go through a phallic stage. Freud maintained that some people never get past these stages, which holds them back. Terence Watts has developed his own psychological theories about Personalities. He has a very useful method of dividing people into Warriors, Settlers and Nomads, reflecting the stages that Early Humankind went through....

When I first studied Psychology a long time ago, Liam Hudson talked about convergers - scientific types - and divergers - arty types. He said that convergers stuck to the facts and divergers allowed themselves flights of fancy in order to express themselves. It wasn't a matter of either being better than the other, just different from each other.

There have been many attempts to pin down Personalities, but in fact each person has a bias in a certain direction and very few people are totally introvert or totally extrovert, for example. It was Carl Jung who first used those descriptions and they were very useful. He noticed that different people had different ways of perceiving and deciding things. Myers and Briggs developed their Personality Type Indicator from Jung's work, adding the descriptions: sensing or intuition, thinking or feeling, judgement or perception. They identified 16 different personalities from their descriptions.

Getting people to answer questions they ended up with four attributes per person, for example: introvert, sensing, thinking, and using judgment as opposed to perception. Again none of these types are better than any of the others, simply different. It is fascinating to look at all the different attributes, and if you want to take that further I'll give you a website to refer to at the end of this article.

Another way to look at different Personalities is to study the way that they learn and perceive things. This is really useful for us as hypnotherapists, for we can incorporate meaningful words into our visualisations and messages to help our clients change more quickly. With some people here the dominant sense in perception is visual. Their conversation will help us know which senses are important to them. They might use the phrase "I see" a lot. Their description of their situation will involve what they see. Some people's dominant sense is auditory and their conversation will involve what they have heard.

If someone says "I feel" a lot, their dominant sense may well be touch. Less usual is for the sense of smell to be dominant. The sense of smell is very primal, it's linked very strongly to the subconscious. If in a Trauma Run you can get someone to remember a smell at the scene, that will really take them there and will help them to remember the incident well and therefore to be able to work on getting rid of the emotions that are brought up more easily. Very rarely, the sense of taste is dominant. Again, if this can be incorporated into a Visualisation - the taste of a good meal, for example, it will help make the experience real for the client.

If someone says "I think" a lot, it often means that they are more of an introvert than an extrovert. This means that they organize their world through thoughts rather than actions. And then there are the kinaesthetic types. Their learning actually takes place by carrying out an activity rather than listening to someone. If you can

discern that you have a kinaesthetic learner as a client, their best way of making the change that they want to is by practising it. And so that's what you put in their message. You suggest that they practise doing whatever it is that they want to do, in graded stages. We use this method anyway if someone for example has lost their confidence driving. We suggest that they drive on quiet roads at first, gradually challenging them through the weeks so that they can eventually drive on the motorway.

So the thing to do at first is to try and incorporate aspects for all these different learning styles into our visualizations and messages. Our clients will come back and say what they liked or what they found useful.

Often our clients have a conflict going on in their personality, which makes it difficult to change. Terence Watts calls this "imprint versus instinct." There is a difference between what the person thinks they should do and what they want to do. Terence Watts' reply to this would be: "What other people think or do not think, is absolutely nothing to do with you." This is what is described when we talk about a bias towards being an extrovert, for example, rather than being a complete extrovert. There may well be a part of the person's personality that is introvert, and so conflict arises. This is true much of the time. A conflict exists in the personality and the client does not know what to do for the best. What we can do is to get a person to recognize their core values and to go with them.

One of my sons is a good example. He is the last person I would think would settle down in a profession, with a mortgage to pay. But his core values are obviously to provide for his wife and small children and he has knuckled down and is doing just that.

Going back to imprint versus instinct, society does have an effect on people. Obviously men and women

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RECOGNISING STRESS IN THE WORKPLACE.

Julie Spittler

Sometimes giving a client a light hearted questionnaire can get them to realise the stress that a negative work/life balance can have on their overall health and well-being.

Stress at work is often seen as a weakness, an inability to cope with the 'normal' workload.

Attitudes of employers can often be unsympathetic and scornful and add to the problems.

With cut backs being made at all levels, people are often reluctant to seek help for their problem for fear of 'staining their record'.

Ask your client how many of these have they done.

- Typed their password or till number into a cash machine instead of their pin number.
- Dialled 9 (for an outside line) from their home phone.
- Noticed that they speak more to people from work on their days off than family or friends.
- 50% of their text messages involve work.
- If they have been more concerned about missing a deadline than an anniversary or other family event.
- If they rely on stimulant drinks and chocolate to keep them going and alcohol or social drugs to help them unwind.

- Lying awake, desperately tired, unable to sleep.
- Their personal computer is full of work stuff.
- They can remember their targets but not the date of their child's school play.
- They speak to their boss more often than their partner.
- They would rather upset an in-law than their boss.
- Someone tells them that a colleague is seriously ill and the first thing they think of is the extra workload.
- The only time they go out socially is with people from work and then all they talk about is work.
- They dread a call from their boss but panic if they don't hear anything.
- As soon as they take their work clothes off they seem to changing back into them.
- Nobody else seems to work as hard as they do.
- Sex is something annoying that gets in the way of sleep.
- They are so used to eating lunch at their desk that they eat their evening meal standing up at the kitchen counter.

- The thought of sex fills them with dread.
- The only clothes that get washed are work ones and clothes that can go in the washing machine with them.
- They consider using paper plates.
- The only one that seems to understand them is the dog.
- They feel like nothing they do is right but deep down they sense everyone else is wrong.
- They feel increasingly trapped by their circumstances.

Even employers, who are appearing to act responsibly with regard to stress management for their staff, sometimes miss the point.

I know of a client who works for a huge multinational company. Every six months they are sent on a course that lasts a whole day to learn how to manage their work/life balance. Then they have to do the work that they would have done that day at home, the same evening, so that they can meet their deadlines!

Editor's Note: Readers of the *Journal* who are interested in the legal implications of stress at work are invited to visit the website of **The Society** at -

www.hypnotherapistsuk.co.uk.

How many therapists does it take to change a light bulb?

One to change it and three to ask it if it wants to change!

Stef Richards.

REFLECTIONS

A conversation between Marilyn Upton, Journal Editor, and Pauline Yardley,
a very experienced Fellow of the Society.

Can you tell us a bit about your life, Pauline, before you became a Hypnotherapist and Stress Therapist?

I left school having been accepted at The School of Dental Auxiliaries. This was a pilot scheme funded by the General Dental Council. Sixty girls from the whole of the UK aged between 18 and 24 were trained to work in local authority school clinics alongside the dentist. We did fillings, extraction of deciduous teeth under local anaesthetic, scale and polish, fissure sealants, fluoride applications. The main ethos was to promote oral hygiene and encourage children and in turn parents that a visit to the dentist was no longer something to fear. In the sixties this was quite ground breaking. In my 1st year the Christmas party piece from one lecturer was a demonstration of hypnosis. I never realised at the time what an impression this would have upon me. I duly qualified and worked until the birth of my 2nd child.

It was during this time I became interested in pain free, drug free births. I had a friend who introduced me to N.C.T. I also went to a dental seminar where one of the topics happened to be the use of hypnosis during childbirth. I was impressed and used the exercises for both my 2nd and 3rd children's births and it worked.

So, like myself, you found that your training and experiences in life before becoming a Stress Therapist helped you in your training and work?

Yes. Years later I had moved house and decided to return to work. The Dental Auxiliaries were no longer in existence. I happened to notice in my local paper a small advertisement for training to become a hypnotherapist. I contacted the lady, who happened to live just up the road, was accepted and have never looked back.

I soon realised, unknowingly, I had been using hypnosis in treating my dental patients all those years ago. Let me explain. During training, in

order to practice drilling a tooth we were only allowed initially to use the slow drill which worked on a cord pulley system. I used to attach pieces of cotton wool to the cord and when you started it with your foot the cotton wool would be going around and up and over just like a rabbits tail and I would say "I want you to watch it". The children were brilliant and sat for ages mouth open, no complaining:- classic pendulum hypnosis. I have to say it was not too long before we were allowed to use the modern high speed drill.

A great example of how hypnotherapy was used in life without it being called that!

What have you found difficult and what have you found successful in marketing and advertising?

The biggest challenge for me is how to market myself. This is still true today having moved again to a new area and having no contacts. The answer is how to let people know that I am here without wasting a lot of money. In my previous practice the best response I had was after I was offered the opportunity to stop one of the reporters from the local paper smoking. This was front page headline and double centre page complete with photographs. This produced over 60 referrals most only having one session and a 95% success rate.

My biggest waste of money has been subscribing to diaries, calendars, programmes often for charities or Doctors surgeries. I tried The Chamber of Commerce but I was useless at networking.

Once established, personal recommendations are best, however I still needed to advertise occasionally to remind people that I was still available as one of my clients would say for 'an M.O.T'.

Regarding C.P.D. I have always believed in learning more, be it something new or a different

approach. I love the opportunity to talk shop with like-minded people. In my early days I learned an awful lot from my clients mainly because we had to work together to find the right solution for them as an individual. In my own development I soon realised the importance of being non-judgemental. One thing I have noticed since becoming obligatory the costs seem to have risen considerably or is it my imagination?

No, I think you're right. I suppose all we can do is to research what each CPD course offers for the investment and go with the best value. Of course, as you know, the Society of Stress Therapists' CPD at National Meetings is brilliant as we don't charge for it, and it goes towards our C.N.H.C. requirement for CPD.

People have often asked me if I get fed up listening to people moaning. I usually laugh and say that it is amazing how much fun it often is. We all know that one of the best ways to release stress is to laugh. This does not mean we do not take people seriously. I recall one client who was suffering from depression, could not be bothered to get up in the morning get dressed, etc. She told me she used to love ironing, having the radio on and dancing. She agreed to set her radio alarm and if music was playing she would get straight out of bed into the shower singing or humming. Obviously if she set on the hour or half hour she would get the news, her choice. The next day I needed to contact her to change her appointment, I rang about 9.15 this sleepy voice answered recognising my voice she shouted I am awake just getting in the shower la la la. I congratulated her, explained I was not checking up on her and my reason for ringing. She replied she was really tired as she had done so much washing yesterday because I said she had to iron today. We both had a good laugh at the misunderstanding. The shock was enough to start making the

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CASE HISTORY

A TEN YEAR OLD BOY WITH SCHOOL PHOBIA, TRAUMA AND SEPARATION ANXIETY.

Judith Paulinska

I first heard about ten year old Bradley when his mother telephoned. The first words she said were, "We're desperate". No pressure there then!

I arranged to see Bradley's parents alone for a long case history. I always find this to be advantageous as some things are not for young ears - it gives me a chance to give the parents helpful advice as to how to present me to their child before a first meeting and to explain hypnosis to them, also allowing them to talk openly.

I learned that Bradley's father, John, had been diagnosed with a rare cancer. He had undergone extensive surgery involving biopsies followed by removal of his thyroid and a kidney. He was 35 years old. This was a year ago. His memory had been affected. I never discovered if this was physiological or post traumatic amnesia. He hadn't worked since meeting Sandi, Bradley's mother. She was the sole breadwinner, working full time in sales. As if this wasn't enough, the cancer had been found to be a hereditary type passed from John's mother and had also affected John's brother. As a precautionary procedure John's brother and Bradley had needed biopsies and removal of the thyroid glands. Bradley's surgery had resulted in a 4 inch scar at the base of his neck. She talked about how awful it was watching him being anaesthetised, fighting the mask and becoming so limp.

Sandi told me Bradley was very overweight and since his surgery was very reluctant to go to school, refusing completely each Monday. He was an only child and was refusing to allow his parents to leave the room at home, slept with the light on and refused to play at anyone's house. He had only one friend whom Bradley was starting to annoy with his bossy manner. Bradley had needed regular blood tests since his surgery which were causing him much distress.

All this had occurred over the last year and Sandi, in common with many mothers I had dealt with made no mention of herself. My background before 8 years of hypnotherapy was 35 years as a sick children's nurse including 11 years in paediatric oncology. Something I learned in paediatrics was that the parental attitude counts 90% towards the best possible recovery and the child's attitude 10%. If the parents are O.K. the child will cope to the best of their ability. I have found this is also the case in hypnotising children; they use their parents as a kind of safety filter when hypnosis is explained. This is another reason why I like to meet parents alone at first.

I encouraged Sandi to tell me about her emotional reactions. She had guilt feelings in relation to all this. I also clarified exactly what John's situation was in regard to having cancer and was told that he had been given the all clear but needed monitoring. I asked what Bradley's understanding was. It had been explained to him by the specialist nurse as being like a scooter that could no longer work because the screws were taken off the wheels for himself, his father and his uncle.

I explained that children were often like emotional barometers picking up unspoken as well as spoken emotional upset during their learning curve, otherwise known as child development. We talked a bit regarding parents being in charge and I suggested it was probably very frightening for a 10 year old to be running the family and that children who got what they wanted all the time weren't actually very happy. Also, that when parents had their confidence knocked, it was a common situation for children to be a bit out of control. I suggested to Sandi that she might want to consider some hypnotherapy for her own self-esteem. I tried hard not to undermine her confidence about how well she had done keeping the show on the road, let alone working full

time and dealing with life-threatening illnesses. I explained that negative threats to children were usually unhelpful.

I asked them to tell Bradley that they had met a nice lady who helped children, with their Mum or Dad there, to achieve positive things in their lives and make changes that they wanted, particularly about feeling happier. They agreed to do this.

Sandi had described Bradley's needs as:-

1. To lose weight. Bradley was taking thyroxin, not yet on a stabilised dose. I suggested she talk to the medical staff regarding his weight and dosage. Enquiries about thyroid levels are always my first question with any weight loss.

2. To gain confidence – particularly in regard to being apart from his parents for sleeping and wanting them in full view at home. I established that he had a night light and access to a bedside lamp should he need it.

3. To attend school every day. Sandi had previously been taking Bradley to school and getting upset as he clung to her and she had then relented and taken him home. This had happened, she explained, because he had been anaemic and tired after surgery. However we established that he was no longer anaemic.

I explained that often what children asked me for was different from what parents requested in sessions. I also asked her to buy a small notebook. I asked that he take it to everyone he knew (family, teacher and friends) to write in what they admired about Bradley. I asked if she would have a discreet word with Bradley's teacher beforehand to encourage this.

A few days later I saw Bradley and his mother for the first session. Bradley seemed very nervous. His eyes were

all over the room and he was very fidgety. He appeared embarrassed.

I said I loved jokes and would tell him one if he would tell me one next time.

We talked about what he liked to do and play. His interests were Manchester United, computer games - particularly one that involved a spaceship and getting to the next level. I asked about his favourite band, his friends, his teacher. He told me he loved cats. He said, "Everybody likes me you know!" and that he loved drawing. His hero was Rocky. He liked his Wii Fit exercise program. He told me he loved swimming, especially coming down the water slide. As I got him to elaborate his relaxation was evident. He enjoyed playing with his cousins and played happily without his parents in the room when they were there.

I explained hypnosis to Bradley, saying that we were going to use his imagination to make some lovely changes in his life. I asked him what was not going well for him and what changes he would like to make.

His view of things:

1. "No more horrible things in my head".
2. "I'm scared when I wake up on my own and Mum and Dad are asleep". When I asked for more he said "The noises in my house scare me and I think about scary adverts on TV".
3. "I can't sleep on my own in my bedroom".

He didn't mention school. When I enquired he said "I just don't like Mondays". He liked break time, his teacher and numbers.

His goals were to be good at football, and not to be afraid of the dark. When asked for a suggestion that might help he suggested "I could be a glow stick in the dark".

I asked him how it was at the hospital. "Not as bad as I thought", he said. I saw Sandi smile in a relieved sort of way.

Hypnosis began with getting Bradley to jump into an imaginary spaceship

that was connected to his mind and which he could direct wherever he wished. He could equip it with whatever he wanted. There was a lot of body movement (in reality) as he manipulated the spaceship. I asked him to look at the control panel and turn up the football skills panel. I told him there were switches for any feelings he wanted to change - feelings of safety and security in light or dark, alone or with people. I said that he could take this spaceship and get in it whenever he needed. So off we went to Planet Bradley. Manchester United were there to welcome him with banners saying "Welcome Bradley". Cats in his favourite colours whispered positive suggestions in his ears. Rocky was there and presented him with a glow stick that he could use whenever he needed it. He also said "Well done, I'm proud of all the hospital stuff you've had done".

Then I introduced a kaleidoscope for him to look into. I described him seeing Mum's and Dad's faces there - how proud they were of him for going to school. Also, there were other children at school saying how much they liked seeing him, how pleased they were that he came every day and that they could play with him at break-time, them noticing how much his football had improved. I described him seeing himself walking into school on his own, with Mum in the car waving and smiling. I suggested that he felt calm and comfortable in his own bed with his glow stick. Sunday evenings he could enjoy thinking about the interesting things he could tell his friends on Monday mornings, I told him.

I added some more personalised ego boosting - how each day he was a little more active, enjoying himself, a little braver at joining in, happy to put his hand up in class to ask anything. I told him that he knew how much Mum and Dad loved him and knew that when he was at school or anywhere else he could have a picture of them in his heart. We anchored all these good feelings by squeezing his thumb and forefinger and repeated this 3 times.

Then I took him to the swimming pool in his imagination. We found a hose pipe whilst he was enjoying swimming and going down the waterslide. This

washed off any unhelpful thinking or messages from his mind.

After this I brought him to his everyday life with homework to do: to use the notebook, to practice in his spaceship, to use his glow stick, and his anchors, to ask Rocky if he needed any advice, to be brave. I told Bradley I should be proud if he was my son and reminded him to bring me a joke next time.

A few days later I phoned the parents for a progress discussion and to agree a set of ground rules before the next session. They had already noted some improvement with Bradley coming to them on his own from his bedroom, when previously he had been too frightened and that he generally seemed happier, sleeping later in the morning as opposed to waking at 4am.

The notebook had been filled in with great positive comments. The teacher had been very helpful with this. My homework had been encouraged.

I praised both parents for keeping to the plans. I reminded them about getting information regarding thyroxin at his next appointment at the hospital.

We discussed letting Bradley know at the next session about changes that were now going to take place.

1. Going to school on Mondays. Mum was going to appear calm and matter of fact and deliver him to the teacher. She would leave him there however he felt but she would remind him that he had his tool-kit of coping techniques always with him.

2. After 3 consecutive Mondays of going to school he could choose a reward of either going swimming with Dad or having a friend for tea. (I am always careful to select rewards that are financially realistic. Most children love parental attention - they're pleasurable for all.)

3. Bradley had been watching scary war videos and adverts late at night on his TV in his bedroom. We discussed that it would be ideal to have no TV in the bedroom, or alternatively, a more suitable video.

Bradley arrived for the second session, looking very confident and

couldn't wait to tell me his new joke. He was carrying a drawing of his spaceship with earth and his planet in opposite corners. I gave enthusiastic thanks and praise for his drawing and his wonderful imagination that was helping him to feel better. I delivered my joke.

Before we started he announced that Rocky had a mate called Steve who could blend away any scary thoughts with what he was calling the Danger Blender.

We talked about the TV situation at night. Dad, who accompanied him this time, said he didn't think it was realistic for Bradley not to have TV at night. Bradley and I came up with a compromise - he could watch a Garfield DVD. He thought it might be a bit boring to watch repeatedly. I said that could be a good thing for his sleep and be comforting as opposed to scary, making a note to use this in hypnosis. He agreed to try it. We discussed having no T.V. adverts at night. Bradley agreed when I said it would be good for comforting thoughts at night.

He then told me how much his football had improved and that he played with his mates in their team now. He said, "I did a brilliant header. Also that thing with the spaceship, I'm doing that now". The going to school on Mondays was accepted without comment but not enthusiastically.

I gave him my balloon sheet (See Figure 1) which we filled in together. This allowed him to be analytical and vocalise positive and negatives in his life. During the hypnotic session he could release the negative balloons by letting them float away into space and keep the helpful ones. I explained that we all had thoughts that came into our heads, and that clever people like him could choose which ones to keep and which ones could be let go. I suggested he might like to wear an elastic band around his wrist and give it a quick flick to remind himself when negative or scary thoughts came into his head.

We then did another hypnosis session. Back in the spaceship, Bradley's own idea was to have it voice activated. I reinforced the spaceship ideas adding some more

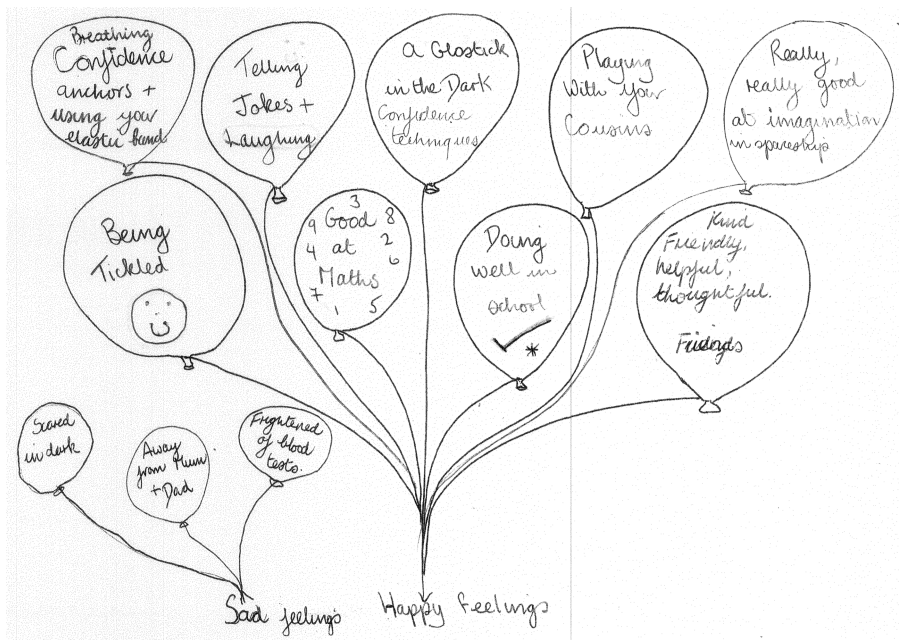


Figure 1

controls, one to help him feel chilled in his own bed, comfortable and safe, knowing it was O.K. when Mum and Dad were asleep because they checked the whole place every night. I said, "As soon as you close your eyes you can sleep safely and comfortably". There was another control to release the negative thought balloons. This time he went to the same planet and his favourite band were doing a concert just for him. They welcomed him by name and there was a spare guitar which he magically knew how to play as soon as he joined in. I did more ego boosting and direct suggestion from the comments of this very obliging band. Then I took him around the corner to a theme park, with all his favourite rides. All his school friends were there. "Isn't it good to be this popular?" I said. I gave him lots more ego boosting reminders about all his coping strategies and enjoying every day, especially Mondays, at school.

Manchester United were back discussing the importance of healthy eating for good football techniques.

We discovered a time capsule which allowed him to see himself via a screen, enjoying himself at school, knowing if he needed help he could ask his teacher. Again I used a visualisation of the smiling faces of parents, teacher and friends as he trotted happily into school.

I included a metaphoric tale of an animal at a zoo who needed a blood test. He learned muscle relaxation and used the magic of his mind to drift away. I gave the zoo vet the same name as the doctor he knew best at the hospital and got Bradley to practise relaxing breathing techniques for this particular situation in hypnosis.

Next I gave him a sleep technique using cushions of comfort (always available in my hypnosis chair) whereby he could have cushions that had his own needs readily available in bed at night. I introduced my invisible blanket of comfort and safety - useful for anywhere.

Finally I did some ego boosting, conveniently supplied by the comments in Bradley's note book and an awakening.

His homework was to use all the techniques he had learnt which I listed for him. I told him his spaceship was self-hypnosis and gave him my pre-printed certificate for being the best child at hypnosis that year. His joy was obvious. I also gave him a picture of how things had changed for him regarding school (See Figure 2).

Children seem to be genuinely programmed to try out new situations. In my experience ego-boosting and confidence sort more problems and faster than in adults.

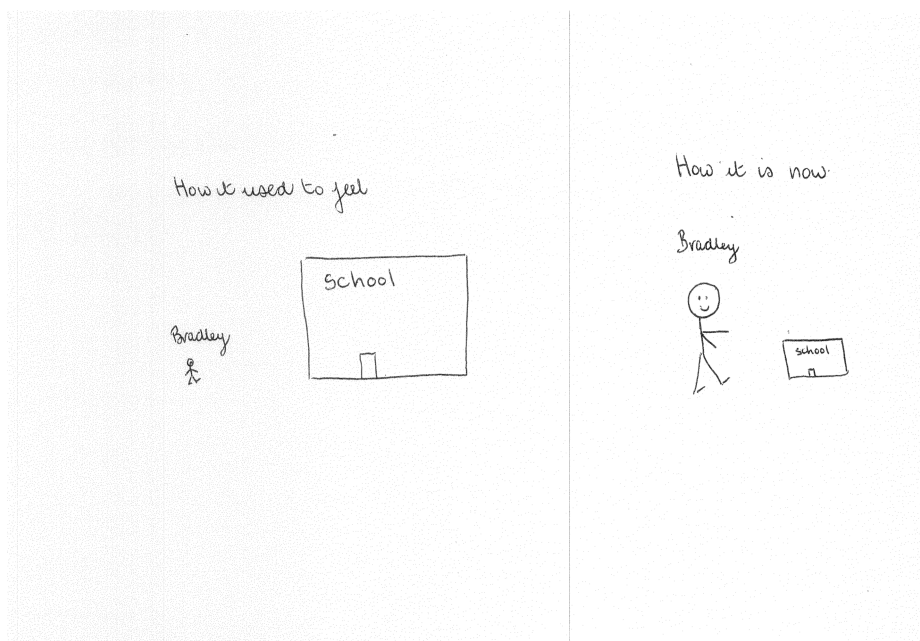


Figure 2

One month later Bradley had been to school full time. He had walked in calmly and alone, asking his mother to

stay in the car. He had waved and smiled. He was enjoying football, had given up fizzy drinks and had coped

easily with his blood test. He was relaxed about going to bed, slept all night and played happily away from his parents.

With his parents' permission I left it open that he could see me in future should he want more help.

Three months later Sandi came to see me, impressed by Bradley's progress. His thyroxin dose had been adjusted and his weight was normalising. Sandi wanted ego boosting for herself and help with sales in her job. This she achieved after 3 sessions. John had also been able to return to his work part-time.

She told me Bradley was back to the confident, active happy child he had been prior to his surgery. He had been away to camp for 4 nights with school which he had thoroughly enjoyed.

A satisfying case of a happy family.

Personality Types - continued from page 8.

are different biologically, but also society still expects different things of men and women and so they act differently. Men often don't express their feelings easily. If I have a male client like that, I use C.B.T. Methods. It's reassuring for such a person to have a piece of paper to look at, and numbers to circle, rather than having to try and say how they feel.

If you read the book "The Spirit Level", by Richard Wilkinson and Kate Pickett, which I would recommend, you'll see that stress in early life has been proved to affect physical growth,

emotional, social and cognitive development. And so here we're going into the realms of what are termed the "psychosocial factors" that affect personality.

The last Personality Typing I'd like to talk about today takes into account all these aspects of a person. It's the Enneagram Personality System, and it's fascinating. What is truly remarkable is that it was devised by Sufi philosophers about 2,000 years ago, but it still holds true today. Gurdjieff brought it to the West. It just describes nine different personalities, but it then goes on to show how those personalities interact.

This is the essence of what we are trying to accomplish in our practices. None of our clients lives in a vacuum. They are surrounded by other people, some of whom they get on with, others that they don't. It is often the personalities of the other people in our clients' lives that bring them to see us.

In the next Journal I will describe the Enneagram System and the way it can help us to help our clients.

If you look up online: Myers-Briggs Type Indicator/ wikipedia you'll find a great deal of information about their work, and many references for further study.

Reflections - Continued from page 10

changes she wanted. If only all cases were that easy.

Advice - Over the years several of my clients have trained to become counsellors, and two have become hypnotherapists. One became an aromatherapist and a G.P. took a course in C.B.T. I am presuming that they recognised the benefits of therapy and would like others to enjoy

the same. All of these people were caring, thoughtful and genuinely liked people. One recognised that her friends were always coming to her with their worries and she wanted to learn how not to become emotionally involved, i.e. to give empathy not sympathy.

Over these past 25 + years to see how the profession has grown to be acknowledged and accepted is wonderful. I would like to thank Peter Matthews for his determination, time

and professional input to being part of making it happen. Eternal gratitude for finally obtaining recognition for us, after all these years. Now it is up to us to maintain this high standard.

Thank you, Pauline. We really value, too, how you have contributed to the Society. Now we can see how life nudged you towards Hypnotherapy and we're very glad it did! All the best in your new area.

IMPORTANT REMINDER

**THE NEXT
CONTINUOUS PROFESSIONAL DEVELOPMENT
MEETING WILL BE HELD ON
FRIDAY
7TH FEBRUARY 2014
IN LEICESTER
STARTING AT
11.00AM**

This event will be free to SST members but there will be a small charge for lunch payable on the day.

A CPD CERTIFICATE WILL BE ISSUED TO ALL SST MEMBERS ATTENDING THIS MEETING

Please contact Gill Hines at gill_hines@hotmail.com as soon as possible to let her know whether you plan to attend.

Gill will supply you with full details of the agenda, venue and travel directions.