

THE JOURNAL OF STRESS MANAGEMENT

**PUBLISHED BY
THE SOCIETY OF
STRESS MANAGERS**

**VOLUME FIVE
OCTOBER 2009**

THE SOCIETY OF STRESS MANAGERS

The Association for Professional Stress Managers & Hypnotherapists
Company Registration 3707691- Incorporated in England & Wales

Registered Office: Suite 404,
Albany House,
324/326 Regent Street,
London W1B 3HH

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 members and potential members are invited to contact the Secretary of The Society of Stress Managers, Peter Matthews, for further information (see details below).

Peter Matthews M.A. M.Ed. M.Phil. L.L.B. F.R.S.M. F.S.S.M.
Secretary of the Society of Stress Managers
10, Wimborne Avenue
Chadderton
Oldham
OL9 0RN

Tel: 0161 – 652 2284

E-Mail: petermatthews@manageyourstress.co.uk

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

Peter Matthews is Secretary of the UK Confederation of Hypnotherapy Organisations (UKCHO) and a Fellow of The Royal Society of Medicine.



CONTENTS

The Society of Stress Managers	2
Members of The Council of Management	4
Society Regional Coordinators	5
Happy 10th Birthday SSM	6
Editorial	7
Why Hypnosis and Mind Matter in Medicine	8
Metaphor: A Magnet for the Subconscious	13
Emotional Intelligence	14
A View From France	15
General Scripts	16
Relaxation and inner peace: a technique	17
The Changing Face of Training	18
Points to Help You Stop Stress	19
Cat Corner	20
Hypnotherapy Regulation	22
Book Review	22

Any articles and reviews in this Journal are those of the individual writers concerned and do not necessarily reflect the views of the Editorial Board or the Directors of The Society of Stress Managers. It is understood that all contributions are the original work of the writers concerned. No article may be reproduced in whole, or in part, without the prior agreement of the Editorial Board.

Journal administration: Editor: Mike Dillon. Tel: 01474 823 611 Email: mdillon600@btinternet.com
Formatting: Alex Evison and Mike Dillon. Printing: In-Print Design and Print Teesside Ltd
Copy Editing: Ian Tonothy
© The Society of Stress Managers 2009

Journal Editorial Board:

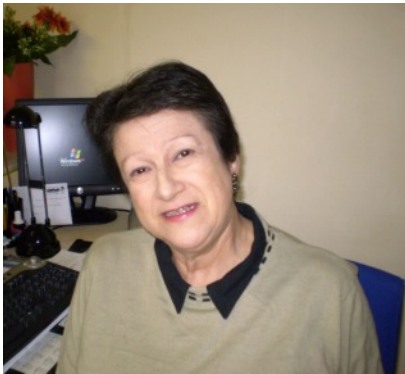
- * Laurence Nicholas FSSM – Chairman
- * Mike Dillon FSSM – Editor of Society Journal
- Peter Matthews – Society Secretary
- * Alan Mosley LSSM
- * Society Directors

All contributions to *The Journal* should be sent by email attachment to Mike Dillon at the email address above. Last acceptance date for inclusion of contributions in the next Journal is 1st FEBRUARY 2010.

MEMBERS OF THE COUNCIL OF MANAGEMENT



Laurence Nicholas - Chairman
E-mail: laurencenicholas@aol.com
Tel: 01462 459 202



Gill Hines - Membership Secretary
E-Mail: gill_hines@hotmail.com.
Tel: 01386 833 779



Beverley Barnsley
E-Mail: Bebarnsley@aol.com
Tel: 0116 277 1157 or 0793 913 3139



Alan Mosley - Journal Editorial Board Member
E-Mail: mosley_alan@hotmail.com
Tel: 0208 422 1195



Michael Dillon - Editor of Society Journal
E-Mail: mdillon600@btinternet.com
Tel: 01474 823 611



Marilyn Upton
E-Mail: marilyn-upton@gmail.com
Tel: 0796 031 6948

SOCIETY REGIONAL COORDINATORS

MIDLANDS REGION

Sue Eveson
38, Whimbrel Way
Banbury
Oxon
OX16 9YN

E-Mail:
sue.eveson@googlemail.com

Tel: 01295 253019
07773 091067

CENTRAL REGION

Laurence Nicholas
215, Cambridge Road
Hitchin
Herts
SG4 OJP

E-Mail:
laurencenicholas@aol.com

Tel: 01462 459 202

SOUTH WEST & WALES

Lesley Carver
31, Tintagel Close
Basingstoke.
Hants
RG23 8JE

E-Mail:
lesleycarver@sandleshealthclinic.co.uk

Tel: 01256 323 926
01256 473 324

SOUTHERN REGION

Michael Dillon
34, Ash Crescent
Higham, Rochester
Kent.
ME3 7BA

E-Mail:
mdillon600@btinternet.com

Tel: 01474 823 611

HAPPY 10TH BIRTHDAY SSM



Members attending the Annual General Meeting on the 3rd October 2009 looked on as Laurence Nicholas and Peter Matthews cut the cake celebrating ten years since the formation of The Society of Stress Managers in 1999.

It was generally agreed that this was the most enjoyable AGM so far including no less than four fascinating presentations: -

'The Art of Keeping an Open Mind'
Pauline Yardley

'Mind Power Healing'
Mike Dillon

'Life Coaching'
Marilyn Upton

'Using the Computer to Create Relaxation CDs'
Nick Sands

Thanks to all those who have made SSM a success.

Here's to the next ten years!

EDITORIAL

Mike Dillon

I was particularly interested in reading about Lesley Carver's success as detailed in Alex Evison's article 'Life in Sandles' (Journal 3). I would like this type of article to continue in the future, so I was delighted that Stefan Richards, at my request, continued the theme with the 'Reflection' article in Journal 4. I hope to maintain this type of article as a continuing feature in the Journal. Whether this becomes a regular or occasional series of articles will depend on the members' response. We all have a story about how we started up as stress managers, how our practice developed and where we are now. So please send your articles in. If you would prefer the question-answer format, please let me know so I can contact you about this particular way of producing a 'Reflection' article.

Creating the 'Reflection' format with Stef Richards got me thinking about the Journal style. My intention has always been to create a mainly informal style, at least while the Journal is distributed almost entirely in house. However, members may not agree with this. It is your Journal, not mine. Please let me know your thoughts about this important matter of style, as it is an important aspect of the Journal's overall impact. As Editor, I certainly don't want to carry on blissfully with the current style if members do not agree with it or believe it can be improved in some way. The many plaudits the Journal has received from members are of course very gratifying, but the Journal also needs constructive criticism. Let me know how **you** feel improvements could be made.

In Journal three I expressed my intention as Editor to make 'Mind Power Healing' a feature subject in future Journals and asked members to submit their articles and views, including any case histories, interesting articles or books they have read, or seminars they have attended on this most absorbing subject. However, it is useful also to seek views from outside sources – see feature 'Why hypnosis and mind matter in medicine' in this Journal.

Although even from the beginning of physiological healing, hypnosis has been used successfully in some well-documented isolated cases, there are now signs that the National Health Service is considering the benefits of 'mind-power healing' in a more constructive way. If this happens, and it will no doubt do so very slowly, limited NHS funds probably being the most constricting element, greater use of hypnosis in the NHS would open up a vast new area for hypnotherapists.

Finally, I have recently read three well-researched articles that contained the following facts:

Why life in Britain is just too worrying

Britain is a nation of worriers who spend more than six years of their lives fretting about problems, a new study has revealed.

The average person worries for the equivalent of two hours 15 minutes every day. It would seem that the credit crunch could be having an effect, because we worry 30 minutes more each day than we did last year. Women spend seven years and ten days of their life worrying, while men spend five years, eight months and 23 days. One in five Britons are drowning their worries in alcohol, up 50% on last year.

School sick leave soars

Thousands of teachers across England are off sick every day. More than 311,000 full- and part-timers took sick leave in 2007, according to Government figures. The loss of almost three million working days is the equivalent of around 15,000 teachers off each of the 195 days of the school year, a rise of nearly half a million lost days since 1999.

Schizophrenia: the facts

Dr Neel Burton, author of *Living with Schizophrenia*, states that schizophrenics are no more likely than the average person to pose a risk to others. In fact, they are more likely to injure themselves, by neglecting their own well being and leaving themselves open to being emotionally, physically or financially exploited. Research shows that 'talking therapies' can be helpful in teaching schizophrenics coping strategies and showing empathy with their particular needs.

What does this research mean to us as stress managers/hypnotherapists? In one way, it might suggest, "It is an ill wind that blows nobody any good". That may seem unsympathetic; however, it does mean there are plenty of stressed people (potential clients) who need the kind of help that Society members can provide. All you need to do is **effectively** make them aware of **how** you can help them.

Having not experienced more than a week of the heat-wave summer we were promised by the weather forecasters, you, like me, are probably wondering how the sophisticated technology the Met Office has to help predict weather comes into this summer's weather predictions. Perhaps they should try the old method of hanging up seaweed on the Met Office roof. If you live in the west of England – or south, mid or north! – it must seem like a summer of endless rain.

Despite the weather, I hope you have all enjoyed our typical British summer and that wherever you travelled to for your holidays, you enjoyed the rest and change a week or two away from home can provide. If you stayed at home, at least you didn't have to walk around in the rain all day!

My very best wishes to you all.

Editor

WHY HYPNOSIS AND MIND MATTER IN MEDICINE

Editor Comment

In the April 2008 Journal, page 13, at the end of the article "MIND AND MEDICINE WORKING AS ONE" I wrote "It is the editor's intention to make Mind Power Healing a feature subject in the next two or three Journals. Below is the first follow up article.

In the 1930s, a Bedouin tribesman introduced a young Irish doctor to the powers of the subconscious mind. Joe Griffin interviews the doctor, Jack Gibson, sixty years later after over 4,000 operations using hypnosis.

GRIFFIN: Can I take you back to the beginning, how you became interested in hypnosis? Because when you qualified as a surgeon it wasn't part of the curriculum.

GIBSON: When I was a boy, there was a clergyman who used hypnosis for people who were getting seasick, and he cured them. I was most impressed by him. Later on when I took up medicine, I went to my professor. I told him about hypnosis, and he told me that no doctor uses hypnosis, it is only used by quacks. In the Channel Islands a few years later, I saw a stage hypnosis show and I saw the possibilities. I asked a psychiatrist if hypnosis could be used to treat an asthma case. He said he could do it himself. He took the asthma case into a mental hospital, the doors were locked, the relatives weren't allowed to see the patient for three days and the patient came back a wreck.

GRIFFIN: He was allegedly using hypnosis?

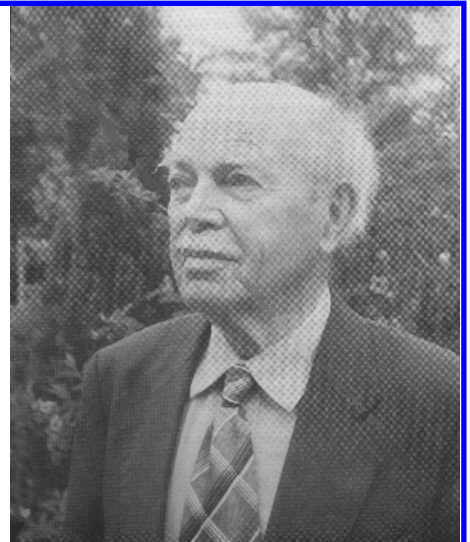
GIBSON: I suppose he knew a bit about it but he didn't know much. It was while practising surgery in the Middle East as a young graduate that I first encountered the beneficial effect of the controlled use of the subconscious mind. A Bedouin tribesman had a growth on his leg which tracked down between the muscles. He knew it would have to be removed. But he said "I won't have any anaesthetic".. I offered him a local anaesthetic but he refused it. As I operated on him, I myself felt that he must be suffering great pain. I actually felt the pain myself. When the

JACK GIBSON has published an account of some of his experiences using hypnosis in his book "Relax and Live" (1992) published by Moytura Press, Dublin. ISBN 1-871305-13-6.

JACK GIBSON, FRCSI, DTM & H (Lond.) graduated from the Royal College of Surgeons, Dublin in 1933, having won almost every available medal. He gained his fellowship in 1934, the youngest ever to be awarded this distinction. He then obtained the Diploma of Tropical Medicine and Hygiene from London in 1935. He took two locums, one in Aden and the second in Malawi. After a hospital appointment in England he returned to Africa as Dean of the Native Medical AIDS School, forerunner of the present Durban Medical School.

After the outbreak of war, he worked in England as a surgeon in the hospitals of the Emergency Medical Service. He later returned to Ireland as County Surgeon in Naas, Co. Kildare.

He has performed over 4,000 operations using hypnosis alone. Since his retirement from surgery in 1979 he has devoted his time to the treatment of psychosomatic disorders using hypnotherapy.



operation was over, he said calmly "May I see it before you put the dressing on?" It was only later, when I learned to operate with hypnosis, that I realised that he hadn't suffered any pain at all. Then, later on, I was in Africa, about 36 years ago. I was in a practice there; I was the surgical part of the practice. I went to see a man who had a bad chest; his bed was burnt from going to sleep smoking a cigarette at night. I was afraid of him setting the house on fire, for he had children in the house and it was a long way from anyone. I thought the children could be burnt to death. So I thought I'd hypnotise him, he was my first case. He went very deep. I was thrilled by it, and after that I got into it in a big way.

GRIFFIN: Did he stop smoking?

GIBSON: I don't know. He responded to my posthypnotic suggestions and I took it for granted he'd stop. I knew nothing about hypnosis then. Nowadays I would get him to confirm that he had stopped.

GRIFFIN: So that was your first case!

GIBSON: Then, only three days later, a person rang up. She had a paralysed leg, and I couldn't help but think it was psychosomatic. I went out to see her and it was, and she got over it in about half an hour. I had enough sense to try to get her to face up to the things that made her get a paralysed leg.

GRIFFIN: So you were doing psychotherapy as well as hypnosis from that point.

GIBSON: Yes. And she was going to have a baby, and she had the baby under hypnosis. It was absolutely marvellous.

GRIFFIN: That was some time later?

GIBSON: That was about a fortnight later.

GRIFFIN: So you'd established your credentials by getting her leg cured.

GIBSON: After that I used hypnotherapy whenever possible. Later I came back to Ireland and took up a job as a surgeon in the hospital here in Naas and a very busy practise it was too.

GRIFFIN: What was the reaction of the doctors here in the hospital when they saw you using hypnosis?

GIBSON: Positive. I had no complaints in twenty years of working.

GRIFFIN: So they had an open-minded attitude to you using hypnosis in the hospital and as an anaesthetic?

GIBSON: Yes.

GRIFFIN: So how many operations do you think you've performed using hypnosis as an anaesthetic?

GIBSON: Over four thousand, but that includes all the simple operations as well. I used it all of the time, for dislocations, for fractures, for people injured in car accidents. Very often they would have had a meal beforehand and of course then we'd have to wait a long time for the stomach to empty, but with hypnosis I could work straight away.

GRIFFIN: Do you think that was saving money as well?

GIBSON: The amount of money saved was something enormous.

GRIFFIN: Yes. I was wondering about that. In terms of theatre time and keeping people longer in bed and having more doctors involved.

GIBSON: They never considered that.

GRIFFIN: Something that would be very relevant today, don't you think,

when all the state medical services are overburdened financially?

GIBSON: Well, they could cut down expenses tremendously. You take a fractured nose, admit to hospital, operate the next day. Whereas I would just take the fellow and hypnotise him and give it a push to straighten it, put on a splint to keep it in place and then let him home. The cost would be a few shillings instead of the cost of an admission.

GRIFFIN: So would you see a case for doctors and anaesthetists being

"The amount of money saved was enormous..."

actually trained in hypnosis and using it?

GIBSON: I think all doctors and all anaesthetists should be trained in the use of hypnosis.

GRIFFIN: What do you think stops that happening?

GIBSON: Prejudice!

GRIFFIN: What do you think is the source of that prejudice?

GIBSON: Money!

GRIFFIN: It is not in some people's financial interests to use hypnosis.

GIBSON: I have trained doctors here and they don't use it. If they went into a surgery and there were twenty people there and each of them willing to pay for treatment, and if they were to take the people out who needed hypnotherapy and give them an hour or an hour and a half they would obviously see fewer patients and therefore earn less money. But what they don't realise is that in the National Health Service, where people are paid so much per year, if they treated an asthma case they'd get better and they'd save an awful lot of money and save a lot of time.

GRIFFIN: So you found asthma responds well to hypnosis?

GIBSON: Absolutely. Dramatically.

GRIFFIN: Is this particular types of asthma?

GIBSON: All cases of asthma, particularly the children.

GRIFFIN: There was an anecdote in your book about you once being invited to see what you could do for a hospital ward full of children suffering from asthma. The children stayed there an average of six months. All the children you worked with responded really well to hypnosis. Yet you were asked to discontinue your work by the hospital authorities.

GIBSON: Yes. They thought I was using magic. There is probably no condition among children which is so easy to treat with self-hypnosis. I have found that most asthmatics lose their attacks almost right away, their lives transformed in the process. Sometimes the attacks stop with the child's first lesson in relaxation. To help the child (or an adult) to learn how to relax in the event of another attack, a self-hypnosis tape is very useful. If the child has learned to relax listening to the tape, then in the event of an attack it is relatively easy for the child to relax listening to the tape and let the spasm pass. In my view, having dealt with many asthmatic cases, there is one factor common to all allergies, and that factor is subconscious fear. It is only in the reaching of the subconscious mind, with the erasure of the erroneous information stored there and its replacement with the true facts, that a cure will be effected. When an asthmatic attack occurs, fear causes the muscles in the lungs to go into spasm, but if a child has learned how to relax, the first thing he must think about is relaxing, and then the fear will go and with it the asthmatic attack. So that in time he becomes free from asthma.

GRIFFIN: More generally, would you see hypnotherapy as an effective treatment mode for many illnesses?

GIBSON: I believe hypnosis to be as effective as antibiotics. Of course antibiotics will cure diseases which hypnosis cannot help, but hypnosis

can cure cases where antibiotics are of no use whatsoever.

GRIFFIN: Can you expand on that?

GIBSON: If any doctor were to practise without using antibiotics he would risk being struck off the medical register – many of his patients would die unnecessarily without their use. Yet, if one who had used hypnosis were faced with the choice of whether he should give up using antibiotics or hypnosis, he would be faced with a difficult choice. At first sight, it might appear that antibiotics are, beyond question, the more important. Yet antibiotics, unlike hypnosis, can touch only a small proportion of human suffering. When penicillin was first discovered, a small batch was sent to the north of England for experimental use; no one seemed to believe in it and it lay there unused. Consequently, even though a relatively junior surgeon, I was allowed to make the first trial, and I injected it into a septic hip joint. The result was dramatic, and I have prescribed antibiotics ever since. I believe that shutting one's eyes to the use of hypnotherapy is as unscientific as the shutting of one's eyes to the possible use of penicillin, because if they are closed to the fact that there is access to the subconscious mind, we shall continue to treat patients symptomatically with such things as tranquillizers, sleeping tablets, bronchial dilators, instead of aiming at curing the root cause of their complaints.

GRIFFIN: How can hypnosis help one to find that root cause?

GIBSON: The nervous system is composed of the voluntary and autonomic nervous systems.. The autonomic system is controlled by the subconscious mind. Hypnosis gives access to the subconscious mind. If we, as doctors, do not accept this fact, then we are cowboys. Cowboys without lassoes, for if we cannot catch this elusive beast, we shall continue to see the appalling unnecessary suffering and death from readily curable psychosomatic diseases.

GRIFFIN: The other side of all this is that if people respond so well to suggestion, then presumably influential figures like doctors in their practise may be giving what are in

effect hypnotic suggestions, but may not be aware they're giving them when they are offering a prognosis on an illness. For example, when the doctor casually says, "we are talking here about months rather than years" the patient may take that as gospel, they may take it as a form of hypnotic suggestion and actually die on cue.

GIBSON: It's true.

GRIFFIN: So perhaps part of the education process that is needed is for all healthcare personnel to be aware of the power of suggestion, both negative and positive.

"....all healthcare personnel should be aware of the power of suggestion, both negative and positive."

GIBSON: Yes. We've got to be very aware of that.

GRIFFIN: You on your part must be almost unique to have performed four thousand operations, both major and minor, using hypnosis. Probably very few doctors in the world could claim to have had that much experience with the medical use of hypnosis.

GIBSON: Except of course with acupuncture in China. Acupuncture is I think hypnosis being used.

GRIFFIN: I have seen some research done by two doctors in the States, called Spiegel and Spiegel, and they found that the subjects who responded well to acupuncture also respond well to hypnosis. They speculated that acupuncture is a form of hypnotic induction.

GIBSON: It is. About thirty years ago a Mr. Chance, a great orthopaedic consultant here in Ireland, was taken with hypnosis and he advised me to use hypnosis, but added "for goodness sake give them an injection

at the same time, it doesn't matter if it's only vitamin B or water, let them feel the injection does it". I couldn't do that; I didn't think it was honest. The acupuncture people have a needle and they jab the needle in. The acupuncturist is convinced it works. People are convinced it works, the hospital is convinced it works and so it does work.

GRIFFIN: But why it works is another matter.

GIBSON: They can put the needles in sites other than the official sites and it still works. Or they can use electrical wires to simulate the acupuncture and get even better results. Their success rate is very similar to that of pure hypnosis.

GRIFFIN: Since you have raised the issue, can I ask you, when you were using hypnosis in surgery what proportion of patients would respond to hypnosis?

GIBSON: That's a question I find hard to answer, as I kept no notes. There is a difference between a cold case and an emergency. If I said to you, "Will you have this finger off under hypnosis or a general anaesthetic?" almost for certain you would say a general anaesthetic, and if I tried to hypnotise you, it wouldn't work. But if you came into hospital with your finger bleeding and your stomach full and there is no way we can operate on you for some time, you would accept hypnosis. I think we have a high rate of patients under those conditions who are good subjects.

GRIFFIN: What is your preferred method of inducing the anaesthesia? Is it a distraction technique, or telling them that their hand will go numb?

GIBSON: I shall start from the beginning. I pick up the hand very gently. I tell them "If you relax, you will feel less pain. And if you relax very deeply, you may actually feel no pain at all". I then, holding the arm in the gentlest way, wash around the wound with an antiseptic such as iodine, which can cause pain, but I am very careful not to let a drop fall into the wound. Then I get an antiseptic that doesn't hurt, and gently put it into the wound. But the whole time I'm telling them, "If you relax, it will help you.

Relax deeper and deeper". And then when I start to stitch, I pick up a needle I say to them "I can give you an injection now and you won't feel any pain but the injection won't take the pain away completely because when the effect wears off you will feel the pain again. But if you relax deeply enough for the stitching not to be felt it will be grand. I can stitch the wound then you will have no pain and no pain afterwards". By this time, the person is probably hypnotised. I can pick out any pieces of dirt that are in the wound without causing pain. Now the person is becoming deeply hypnotised and I can dispense with the anaesthetic and put in a stitch and they won't feel any pain at all. At the same time, it may be necessary to cut the edges of the wound off to make them even and less ragged. This will be done without any pain whatsoever. When I have finished the stitching, the person is feeling very well. They have enjoyed, actually enjoyed the feeling of the arm being numb and the wound being stitched. They will accept the feeling of being free from pain and even be free from pain later on when the stitches are removed.

GRIFFIN: That really does help to clarify the way you induce anaesthesia with hypnosis.

GIBSON: When I was in Vienna last year I went out to dinner with friends. There was a man there who didn't know anything about hypnosis. A colleague asked me to explain to him how I stitched a wound using hypnosis. I took his hand very gently and I worked with him. When I'd finished, my colleague said, "Look at him, his hand is up in the air and he can't put it down". I had to tell him "your arm is free".

GRIFFIN: Have you heard about Dr. Escudero in Spain? I have heard he uses a technique involving the use of saliva to produce anaesthesia.

GIBSON: There is only one way and that is by getting the person to relax. He has a hospital where everybody is keyed up to do this one thing, and he believes it, the patients believe it, the hospital of course believes it, and it works. In his method the mouth must be wet, if the mouth is wet the person isn't terrified. If you were terrified, it would be dry. Witch doctors use it in

Africa. A man would commit a murder, the witch doctor would get all the men in the village to line up, and they believed he had magic, and he would go around with a hot poker and touch all of their tongues, and the murderer's tongue would be burnt because his mouth was dry. Those with wet tongues wouldn't have any pain.

GRIFFIN: When you retired as a surgeon, you then went into hypnotherapy practise treating psychotherapy patients. Wasn't that a big change?

GIBSON: Yes, it was a big change, but remember, I retired at the age of seventy.. I had to retire, but I had so many hypnotherapy cases I was glad to retire. For twenty years, I was practising both surgery and hypnotherapy.

GRIFFIN: I want to ask you, where did your expertise in understanding human nature come from? That's a completely different field from being a surgeon.

GIBSON: Very few have much understanding of human nature, or the ability to share compassion. I suppose I always was interested in people.

GRIFFIN: I am interested in the approach you take to the different types of complaints and illnesses as outlined in your book and tapes. I was impressed by your creative use of language and suggestion and the psychological insights that you use.. It seems to me they must have come from a lot of reflection but also there must have been some sources for this insight and knowledge.

GIBSON: I think most of it came from my religion. There was a man called Lesley Weatherhead; he wrote many books, I was interested in what he did.

GRIFFIN: He explored the mind from a psychological philosophical and religious perspective. You drew inspiration from his books?

GIBSON: Yes, and from himself.

GRIFFIN: In what way from himself?

GIBSON: I went to hear him preaching; I was spellbound.

GRIFFIN: Do you suppose he was a bit of a hypnotist?

GIBSON: Well, I suppose every good preacher is really.

GRIFFIN: Do you think that religious views or at least a commitment to something beyond oneself is important in mental health?

GIBSON: If they are truly religious!

GRIFFIN: How would you make that distinction?

GIBSON: Some people are religious but they don't believe in the truth, not in their lives.

GRIFFIN: What do you think is the fundamental religious truth?

GIBSON: I'm not particularly religious in the terms of orthodox or any other kind of religion. I believe the world was born with a big bang. I don't know if all we are told is true.

GRIFFIN: Do you suppose that there is a deeper pattern that somehow connects human beings and that religion historically has tried to encapsulate and express that and that one doesn't have to be a member of a formal religion to be aware or have a sense of this pattern?

GIBSON: Yes.

GRIFFIN: I believe you were the first person to make a self-hypnosis record.

GIBSON: I'd be interested in finding out; I think I was the first, in about the late 1950s. It was for treating any condition, but mainly asthma, but I didn't sell them. But in 1962 I made an EP and sold it, and then when the tapes came out I made them on tape. In 1970, my *Stop Smoking* record was top of the pops in Ireland for six weeks running.

GRIFFIN: Alternative therapies are becoming increasingly popular. Do you think this reflects some inadequacies in the medical model and how it's being applied in practice?

GIBSON: I think we are far too slow in taking on the fact that we have a subconscious mind. In my book, I say

when I gave my lecture to the Medical Society at University College Dublin, that the medical profession was influenced by the body snatchers and we learnt about how the body works, but the dead body has no mind. And still today we spend years teaching how the body works but only a few minutes teaching how the mind works. We need to realise that the mind is just as important as the body.

Very early on in my career, I found that I had been very well taught in the physical side of medicine, but had received almost no training in the causes or treatment of most of the illness I met in practice. We were taught to treat asthma with cortisone and bronchial dilators. I saw the attacks disappear for a time but they nearly always returned. I gave pain killers to migraine sufferers but their migraine returned. I treated insomniacs with sedatives but none was cured of the underlying cause of their inability to sleep. I saw the addicts of drugs, alcohol and nicotine listen to my advice, only to reject it. This led me to realize just how much of human misery has its origins in the mind. To get to the root of the problem we have to be able to tap into the power of the subconscious mind and to release the faulty learnings often contained there.

GRIFFIN: So doctors have to be able to learn to tap into the power of the mind.

GIBSON: And that's where we've gone wrong. We haven't done that.

GRIFFIN: Take a doctor seeing one hundred and twenty five or more patients in a week – would it be practicable to expect him to be able to utilize that knowledge?

GIBSON: We don't have enough doctors to treat everybody. Just having a number of people treating the physical illness is not enough. We've got to have people treating the mental side as well. There's far greater need on the mental than on the physical side. More people are in hospital who are suffering from a psychosomatic illness than from a physical illness.

GRIFFIN: What illnesses would you classify as psychosomatic?

GIBSON: Well, take all the mental hospitals: there are more people in the mental hospitals than there are in the general hospitals. In the general hospital, there are a lot of people injured in accidents caused by alcohol abuse, people dying through the effects of smoking and other drugs, and illnesses caused by stress. So if we broke down the physical illnesses, the majority of them could even be seen as psychosomatically caused.

GRIFFIN: You'll be interested in the report in the last issue of *The Therapist* on various methods of getting people to stop smoking, including the patch, and it was found that hypnotherapy was easily the most effective.

GIBSON: I get most people to stop but without withdrawal symptoms. I don't promise that but those who are really keen very often stop without any withdrawal symptoms. If someone knows that smoking is likely to cause a great deal of suffering, but he still retains reservations about quitting, then it is not nearly so easy. It's important to have sincerity of intention, because this makes reaching into the emotions and achieving harmony proportionally easier. But if one has honestly decided not to take nicotine again then this thought can be transferred to the subconscious mind, and very often the person can stop smoking without withdrawal symptoms.

GRIFFIN: So the very fact that they are highly motivated combined with suggestions from you telling them that they are going to feel comfortable and relaxed and confident as non-smokers is sufficient to generate the ability to be free from cigarettes without the withdrawal symptoms. That's an amazing relief from suffering.

GIBSON: Absolutely! My daughter gave up smoking. She wouldn't come to me. People don't go to their relatives, but it's three years now and she's still got the withdrawal symptoms.

GRIFFIN: I notice in your book you are also quite optimistic about helping people with obesity, that you feel that hypnotherapy can help them to lose weight successfully.

GIBSON: Losing weight is different. Smoking – we can forget about it, but eating we can't forget. We have to have consistency. If a person wants to lose four stone they have got to think in terms of a couple of years and not to think of it happening in a few months. If they think of it as a long-term thing, they can learn to gradually reduce and enjoy their food more than they are enjoying it now. An overweight person doesn't usually enjoy food as a rule. Some do but most don't.

GRIFFIN: That's because they feel so guilty.

GIBSON: Yes, because they feel guilt. If they would eat reasonable amounts and stop when they are no longer hungry, they would lose weight, and there is no other way in which it can be done. Reducing weight in this way does not strain the will as other dieting methods tend to do. With relaxation and mind control, the whole being is in harmony in the intention to lose weight.

GRIFFIN: I was also very impressed as to how you helped people with drink problems, because there you actually did some research into the problem as to the best approach, and actually worked and researched with alcoholics as to what would be the most effective way of doing it.

GIBSON: They used to come here and sit in the evening, the alcoholics, some of their relatives and some of the people who treated them. The alcoholics tore my self-hypnosis record to pieces week after week but I kept on going until they said they were satisfied with it, and that had it been available earlier it could have saved them years of hell.

GRIFFIN: You had the alcoholics fantasise in hypnosis going for a drink!

GIBSON: They loved that part, the part where they relaxed and imagined themselves drinking, tasting their favourite tipple and feeling all those sensations of release, entering as it were another world, a world of happiness and then returning home, the money still in their pockets, with the feelings of remorse replaced by

Continued on foot of page 13.

METAPHOR: A MAGNET FOR THE SUBCONSCIOUS

Mike Dillon

In my early days as a stress manager many clients came to me, mainly women who had come to that forty-plus time in their life when they had gradually become aware that they were not enjoying the happy and fulfilled life they had always dreamt of. My experience of talking to these clients spawned the following metaphor.

THE GIVER

A woman suffered a heart attack, and as she lost consciousness her whole life replayed in an instant. The mind video showed a devoted wife and mother, a loyal friend and colleague, to whom everybody frequently came in troubled times for advice and support. It was all give, give, give.

She thought, "If this is the end of my life I shall be okay. I am sure my score in the book of life will be satisfactory. I have spent all of my life entirely devoted to other people. I have given all my time to my parents, husband, children, friends and colleagues; my whole life has been give, give, give. I shall be okay".

As she slipped away, a wonderful peaceful feeling came over her as she seemingly moved down a tunnel of light towards a beautiful and peaceful

golden light. The woman somehow knew that it was time for her life to be judged, but it did not worry her. "I have given all my life to others, so I am bound to achieve a high mark", she thought.

As she moved towards the beautiful golden light, a book appeared before her listing her complete life of give, give, give, a whole life of giving. When she came to the last page, she gave a gasp of anguish: the book showed only fifty marks out of a hundred. "I can't believe it," she cried out, "I have given my whole life to other people; there must be some mistake".

The woman then heard a soft voice seemingly coming from the golden glow of light. "There isn't any mistake. You have done so very little for yourself. It is possible to give you only a 50% mark. You have lived only half a life." The woman was devastated, and replied with a great deal of agitation. "The greatest giver of all time devoted his whole life to other people." "Yes", the voice replied, "he was the greatest giver of all time, but read his story again. He did not devote all his time to other people. He spent hours, days and weeks on his own with his own thoughts, facing his feelings and dealing with his feelings and emotions. He did not ignore his

own development and needs. He did not spend all his time on others, busily keeping his life occupied all the time and ignoring his own feelings and emotions. Go back and do likewise", the voice advised.

"It is your birthright, your destiny to be you, to develop your own life, your own aspirations, to reach your own potential. For balance and harmony in life there must be give and take, and that applies in every case with every human life, without exception. If you do not spend quality time with you, it is impossible for you to know who you really are. Until you know who you are, it is impossible to live a full and complete life."

"Hello", said the doctor. "You are back with us. I thought we had lost you. It seemed the entire struggle you made to hang onto life had been wasted. All your loved ones are clamouring to see you". "Oh! That's nice", the woman replied. "But please ask them to wait for half an hour, I need some time to myself". "Good idea", replied the doctor. "We don't want to waste the marvellous struggle you made to hang onto life". The woman smiled at the doctor and said. "Oh! No, I have another chance now, I am already starting on the other 50%."

From page 12

one of tranquillity. This turned out to be the most important part of the cassette. For the greatest thing that alcoholics wish to achieve is a feeling of contentment that is not gained through drinking.

GRIFFIN: So the cassette (one of thirty set to music) showed them they could create the same sense of release through self-hypnosis as they previously got through drink.

GRIFFIN: I understand you were in Lithuania last year?

GIBSON: Yes, I read an appeal that they wanted books on hypnotherapy and I went out there. I gave them

copies of my book and tapes and did some demonstrations.

GRIFFIN: Was there a language problem?

GIBSON: I worked through an interpreter and they all went under.

GRIFFIN: What are your plans for the future?

GIBSON: I plan to write a book on hypnosis in surgery. For my background research, I intend to travel to China and Spain to study their methods of working without chemical anaesthetics. That should make an interesting chapter.

GRIFFIN: A new chapter in an interesting productive life. I wish you luck with your new book and I am sure it will help to increase public and health service awareness of the value of hypnosis, properly used, in the treatment of illness.

JOSEPH GRIFFIN

holds a BSc Honours degree in Psychology from London University. He is a research psychologist and psychotherapist working in the clinical field and is director of studies for The European Therapies Studies Institute.

First published in "The Therapist" Volume 2 No 2 – "The Therapist" was a predecessor of "Human Givens" (see www.humangivens.com).

EMOTIONAL INTELLIGENCE

Jane Murphy-Thresh

This article was first published in the March/April 2008 edition of the Wakefield Review. The article was written for the general public but fits in well with the concept of 'Back to Basics'. The Society's Journal can be read not only by experienced therapists, but also trainees and other people in the wider field of health care. Copies can be sent to people who are interested in becoming Society members or who want to train as stress managers. The Journal is also available on the Society's website for the general public to look at. In addition it is always a good discipline, even for experienced therapists to be reminded of the more basic aspects of their work. It is always useful to go back and re-visit some of the more basic information that can be overlooked in the mist of time. Members of the Society should not think that all articles for the Journal must be written only for experienced therapists to read, all views are welcome. Anybody can write about stress – yes anybody. Stress is a feature of everyday life. Back to basics is as good a subject as any other. Editor comment.

Are you intelligent? If you are thinking about this question, you probably are! But are you *emotionally* intelligent?

Emotional intelligence is all about understanding why you feel how you do and being able to organise your feelings better. By understanding this, you have begun to take control of your feelings. You can take steps to change your life for the better. It also reassures you that you are not 'going mad' after all!

Most people are aware that the mind is capable of conscious and subconscious thought. The conscious mind is rational and reasoned. It has knowledge and understanding which has been learned from many sources. The subconscious mind, however, has a different logic and isn't necessarily rational. It is emotional and stores information, which it has gained from experience. This information is stored as feelings. It can also be remembered from imagined experience, which has been described, say, by a parent trying to warn of danger.

The subconscious mind, or emotional mind, has the sole purpose of protecting you. It warns you, and triggers physical responses that will help you to deal with that danger or threat of danger. This is often referred to as 'fight or flight'. Your ears, eyes and nose send the danger signal to your brain. The brain then triggers production of adrenaline through your

body, increases heart rate and breathing rate, and heightens your senses. This prepares your body to either fight the danger or to run away from it. This was vital for your very early ancestors who lived in caves and faced real danger on a daily basis but nowadays you hopefully do not face the same challenges. However, there is a catch: the emotional mind still activates these extreme responses for much less dangerous situations. Remember how you felt when you last lost your mobile phone or missed your train to work?

So you know that the emotional mind is necessary for our survival, but you also know that it can cause severe reactions to relatively innocuous situations. Moreover, the more bad experiences you have, the more information the emotional mind will store. The well known phrase 'once bitten, twice shy' comes to mind! The subconscious looks for the negatives in life. This enables it to anticipate potential danger, and sensory triggers can cause it to follow a pattern of behaviour even though nothing has actually happened. A smell, an object, a sound or phrase, can be enough to trigger all the physical reactions that are meant to be associated with a real danger, there and then!

This all happens because it is a biological fact that the emotional mind reacts quicker than the rational mind. In other words, you can have an emotional response to something

before the brain has fully made sense of what is happening! Even the most clever and sensible of us can be taken over by our emotions, often without really understanding why. Life's past experiences can take over the present and in extreme cases can cause high levels of stress, pressure and anxiety. Worse still is the feeling of helplessness or lack of control in the confused state of mind this often creates.

If you could be more aware of your emotions, it would enable you to understand your varying moods. The emotional reactions you have can even be channelled to bring about a positive outcome rather than a negative one: in other words, to use that 'nervous energy' to achieve your goals.

The good news is that there is something you can do about this. While it is true that you can't erase existing feelings in the emotional mind, it is possible to overlay those feelings with more positive thoughts. Just imagine if you could deal with that difficult person at work, or that big issue in the family – or simply be confident enough to become the person you feel you could be. With the right help, you can develop new thinking habits, change your perception, take back control of your behaviour and therefore take control of your life – in other words, use your emotions *intelligently*!

A VIEW FROM FRANCE

Hypnosis: it's a treatment and it relieves

Translated from the original French text by Valerie Pecourt



Valerie's comments: FEMME ACTUELLE is a French women's magazine with a large circulation, with regular features covering a variety of topics, including health. Apart from the fashion pages (for beanpoles only), its content is factual and practical.

Recognised for three years now by the Ordre des médecins (the French medical association), this technique increasingly interests specialists for its beneficial effects on certain disorders.

If hypnosis has more and more followers among patients and doctors, it's not by chance! It has been taught officially at medical schools since 2001, and the Ordre des médecins recognised it as a medical technique in 2005. It has nothing in common, therefore, with the hypnosis performances in which subjects obey absurd orders without remembering them. Therapeutic hypnosis corresponds to a state of waking sleep – also called trance – in which the patient, accompanied by the doctor, gets access to the resources of his subconscious by fixing an object, by evoking an agreeable memory or through a simple conversation. Therapists note its beneficial effects on both children and adults and for all types of suffering. A small survey follows.

Psychological troubles

Hypnosis has been used since its origins to treat mental disorders. Previously restricted to the treatment of hysteria, it has been extended to the search for subconscious conflicts during an analysis and helps the disappearance of symptoms by suggestion. Hypnosis also treats certain pathologies such as phobias, compulsive obsessional disorders, nervosas, personality problems, and depressions. It can also soothe many nervous problems, fear and anxiety, not to mention psychosomatic troubles such as tics, allergic asthma, tetany (convulsions), spasmophilia, sleeplessness, and stammering, and sexual troubles such as loss of desire, premature ejaculation, erection problems, vaginismus, and frigidity.

Pain

In France, hypnosis is used above all to fight acute or chronic pain, in particular when it resists medicines: migraine, backache, rheumatic, muscular or skeletal pain, stiff neck, phantom pains... Moreover, the efficacy of hypnosis against pain is easy to understand: in a hypnotic state, the production of endorphins is at its maximum. These euphorising and anaesthetising substances naturally secreted by the hypothalamus increase resistance to stress, relieve pain and control anxiety, inducing more than one doctor, anaesthetist, A&E doctor, and even dentist to apply hypnotic procedures to attenuate fear and pain.

Addictions

If there is a field in which hypnosis excels, this is the treatment of dependencies. It does in fact constitute a remedy naturally adapted to food disorders (bulimia, anorexia...) and addictions (nicotine, alcohol...), since it attempts to act on the psychological dependence. The idea is to substitute other behaviour by stronger suggestions, such as associating cigarettes with the nausea for people who want to stop smoking, or linking fatty food with disgust for

overweight people who want to reduce bulimia phenomena.

In gynaecology and obstetrics

Medical hypnosis can do a lot for women. Thus, it allows the preparation and positive visualisation of pregnancy and childbirth, the different and agreeable perception of pain during travail pending the peridural or in its place. It also allows fertility problems to be addressed, in particular favouring uterine relaxation and the reduction of anxiety during *in vitro* fecundations. Finally, hypnosis can calm certain gynaecological disorders (breast, vulval, vaginal, pelvic, period pain), and can ease the pain of the placing of intra-uterine devices or endoscopic exploration.

It also works for...

... nearly everything! The field of application of medical hypnosis is expanding all the time. In dermatology, it allows eczema, psoriasis, warts and alopecia to be treated. In gastroenterology, it can relieve digestive disorders (functional colopathies, spasmodic colitis, deglutition), cases of irritable intestines and gastroduodenal ulcers. In ENT, it can help clear up singing in the ears or dizziness. It is also effective in paediatrics and sports medicine; not forgetting cancerology and palliative treatment, whereby it helps patients to bear the treatment and the prospect of a fatal issue.

AUTOHYPNOSIS

It is often forgotten, but the hypnotic state is familiar to us: when we switch off from a conversation, when we are completely absorbed by a captivating text or when we stare fixedly at a corner of the table! This is to say, it is possible to put ourselves into this state. There are a number of books and training sessions for initiating us into this. It is then possible to manage our emotions better, calm certain pains or reduce obsessional links, in particular in connection with cigarettes.

Continued on foot of page 18.

GENERAL SCRIPTS

Chronic Fatigue Syndrome
Beverley Barnsley

This script also works well with depression and ME, and with anyone who needs a general uplift. Start by making the client comfortable, and then use all or part or any adaptation you wish from the following induction. Some modifications are left to your good judgement in order to incorporate the client's symptoms.

"... Suspend your judgement... be accepting... I would like for you to take as much time as you need and.... find your own place, your own space... make yourself comfortable and before you enter an altered state of awareness, it is fine if you decide to move to make yourself more and more comfortable and only you know when you reach that state.... that state of comfort that is.... necessary.... for you to start your journey toward achieving peace, relaxation, quietness.

"Let your mind go wherever it wants to go. Let your feelings go wherever they want to go, let your sensations go wherever they want to go.... and.... I would like for you to accept yourself... whatever your mind, body, spirit are doing. Should you be standing on top of the mountain, you may choose to imagine the soft gentle glow of a rainbow.... and for a moment... you feel that the rainbow contains all the answers you need... all the secrets of life... giving yourself permission to take another deep comfortable breath, you find yourself drifting deeper and deeper.... into a profound hypnotic sleep. And you feel drawn towards the rainbow. In just a moment or so you feel you will finally fulfil your wishes of touching the rainbow, of accessing it, of enveloping yourself in its colours... and something very special will happen to you as I guide you through this wonderful healing journey.

"And now, imagining, picturing yourself so light... so full of energy as you enter the rainbow. The first colour you enter is the red band... the beautiful red band.... feel it... experience it... feel it all around you enveloping you... feel the redness against you, breathe in the redness and begin to notice how good

you are beginning to feel REDNESS IS STRENGTH.... PHYSICAL STRENGTH... EMOTIONAL STRENGTH MENTAL STRENGTH... the strength you call upon to replenish your strength, to achieve your goals of *[To the hypnotist: fill in the blank according to the needs of the individual client]*.... and now... from now on, any time you need to replenish your strength, all you need to do... is close your eyes and surround yourself, visualise yourself surrounded, enveloped by the colour red of the rainbow.... and now, allowing yourself to go into a deeper level of mental relaxation, see yourself now.... leaving the red band and entering the orange one.... feel the colour against your skin... as you breathe in.... smell it, fill your lungs with it, see it entering your bloodstream....

"ORANGE REPRESENTS HEALING... physical healing, mental healing and emotional healing.... As a matter of fact, the healing process is taking place within you right now... see and feel the orange molecules as millions of microscopic "Scrub Brushes", cleaning you of any impurities... stress... tension.... anxiety.... worry... and discomfort. Orange can heal you of any assaults that you may encounter in your life's experience... simply close your eyes and breathe deeply into the colour orange..... Now take one final breath of the colour orange and allow yourself to float into the yellow band... as you enter the yellow band, feel how warm the yellow is, feel how energetic you feel... feel this energy circulating through your body.... the yellow represents... POWER... sense the power... and now combine the power of the yellow with the strength of the red and the healing of the orange... simply let it fill you... let it rejuvenate you... notice how much better you are beginning to feel... now. Whenever you feel "run down"... or you need your "battery" recharged... just close your eyes and breathe yourself into the power of the yellow... blending in the strength of the red... and the healing of

the orange... and your needs will be met...

"Begin to let yourself drift from the yellow into the green band... as you enter the green band let yourself drift deeper and deeper relaxed... now feel the green on your skin... it feels cool and refreshing... breathe in the green... feel the coolness in your body.... green represents self-control... any time you find your temper and anger heating up... in your personal life... or in your work life... you need only to close your eyes and breath yourself into the green... and you will feel your anger and temper cool with every breath you take...

"Take one final breath of the cooling colour green... and let yourself float into the blue band... as you enter the blue you feel safe and secure... the blue represents PROTECTION... we are all exposed to times of trial... times of trouble, times of sadness... and times of stress... and sometimes we need to withdraw.... in order to protect ourselves for short periods of time... so now, you have the ability to close your eyes... any time, anywhere... whether alone or with others... and breathe yourself into the protective embrace of the colour blue... You will discover that blue will protect you and aid you... as you continue to achieve your goals....

"And now I want you to prepare yourself for the most interesting of the colours of the rainbow.... just let yourself now drift from the blue into the purple band... purple represents TRANSITION... purple will allow you to make the transition from your conscious mind's dominance... into your deeper mind... the purple opens up a whole new world to you... new realisations in your mind... when you are in the purple band... your conscious mind is at rest... and your unconscious mind is free to achieve insights very quickly. So now, any time you wish to achieve insight into a problem... merely close your eyes and breathe yourself into the colour purple."

The induction may be terminated here. Then say:

"... At your own rate, allow yourself to leave the rainbow with all the wisdom power and new knowledge... you have gathered... and take a few moments of total peace... comfort... and tranquillity before you reopen your eyes."

If you choose to go on and reinforce the above, continue with...

"Allow your eyes to fall on the next mountain... and go beyond it towards infinity.... be on the highest peak so that nothing obstructs your vision, and begin to feel whatever you feel. Maybe you are becoming aware of slight changes within yourself, for there is nothing at this time between your vision, hearing, and sensations that requires your conscious participation, and maybe you would like to choose to look at yourself experiencing this sensation. That's right... letting go for a moment of those feelings... those experiences of being in communion with the universe you may wish to choose to imagine; visualise yourself the way you would like to be, the way you would like to feel when everything is comfortably getting together and offering a well deserved sense of balance.

"I will be quiet now for a period of 3 minutes of clock time... a good time for you to take all the time you need... slowly.... comfortably.... for yourself. And after you have created and found your peace the way you would like it to be spiritually, physically, psychologically, take that imprint inside you... look at the horizon

beyond the fields of flowers.... or the horizon of the ocean, and in that journey, which will begin in a few moments... allow yourself, allow your deeper mind, allow your intuition... to connect you to what you need to know. Now I will be quiet for the next 3 minutes... that's right... you may wish to allow yourself, your being... your soul.... your guide to dance a comfortable dance for you... you may find yourself smiling inside and out... feeling liberated and free and feeling comfortable and dancing and running and feeling free and liberated... feeling free and liberated mentally and physically and letting go of pain and hurt and feeling that you are allowing yourself to feel, to just be you.... you may wish to take some more time to dismiss.... to slow down to turn your back to all the issues that are not necessary for you.... with each out-breath you may welcome releasing the pressures and taking as much time as you need allowing yourself to come back..... free.... when your mind and body are reconnected once again you will feel a sense of well being..... again I will stop talking and you may reopen your eyes knowing that you can always return to that journey."

The following is based on HEALING IMAGERY from Dr. Friedberg's book COPING WITH CHRONIC FATIGUE SYNDROME.

"Your healing can now begin, yes... your healing begins from within yourself... an inner radiance that begins as a mere speck of light... that's right, an inner point of light and warmth.... radiating strength and power.... that's right... warm and

radiant... inner strength, physical strength. Feel it, experience it fully, thoroughly.... growing stronger.... and now directing it to yourself, directing the healing towards your weakened system and watch it slowly... and surely gaining strength.... gaining strength... becoming stronger and stronger, re-experiencing the vitality, the enthusiasm and the spark in every cell of your body. Feel that inner sense of strength beginning, working within your body. Feeling revitalised, re-energized... strengthening as your inner radiance strengthens and energises. Feel the warm, intense energy doing its work, reactivating, restoring your body.... yes, restoring your body.

"Experience that strengthening fully, thoroughly, that inner boosting, growing even stronger now, stronger, more powerful than before. As you feel that strength, you believe in yourself and your ability to succeed in your goal of rebuilding your body. Yes, believing in the strength of your thoughts, images and the totality of your internal powers. You believe so strongly, feeling that boost even now, yes, yet remaining tolerant, letting time pass, knowing that any worthwhile goal takes time, any worthwhile goal. And you have resolved to accomplish your goal, believing that you can... re-energising, boosting your system. You hold firmly to that belief, yes, so firmly.... feeling less fatigued... and this message remains with you, far beyond these words, far beyond these words. Now, slowly coming back to wakefulness, eyes opening gradually, feeling relaxed and refreshed."

RELAXATION AND INNER PEACE: A TECHNIQUE

By Jacqui Yeowell - Submitted by Marilyn Upton

Dear friends

I am passing this on to you because it worked for me, and we all could use more calm in our lives. By following the simple advice I heard on a medical TV programme, I have finally found deep inner peace. A doctor proclaimed that the way to achieve inner peace is to finish all the things you have started. So, I looked around my house to see things I'd started and hadn't finished, and before leaving the house this morning, I finished off:

a bottle of Merlot
a bottle of Shhhardonay
a bodle of Baileys
a butle of vocka
a pockage of Prunglies

the res of the tchesescke an a box a choqolettss.

Yu haf no idr who bloudee gud I fel. Peas sen dis orn to ennyun yu fee ar in ned ov inr pece.



THE CHANGING FACE OF TRAINING

Chris Smith
Training Director, WellMind Ltd

How did you train? There was a time when training to be a hypnotherapist was a fairly cut & dried process, as the trainee worked through a series of lectures with some practical exercises thrown in. The more 'conditions' – *Smoking, Anxiety, Phobias* etc – you could tick off on your list, the more qualified you clearly were. The journey towards attaining a diploma was predictable, fairly undemanding and expensive. Unfortunately clients were not to be so easily pigeonholed!

To be a trainee with WellMind these days is a whole different experience. A lot of the learning is through **Open Training [OT]** where the trainee receives detailed guidance notes on a unit s/he has chosen. This is sent usually by email and a section of summary notes for the accumulating manual folder comes through the post. With back-up from the trainer if needed, the trainee has to return a written assignment for assessment and prepare a practical task for a

'workshop'. Periodically, when the trainee has completed a few units, there is an Assessment Seminar, where assignments will be discussed and a 'Workshop' where trainees may be called upon to deliver any of their prepared tasks. In the same weekend, there will be a more traditional training session for those topics which cannot properly be handled through **OT**. The journey towards attaining a diploma is more self-managed, fairly demanding and not expensive.

Something else has changed too. Dealing with presenting conditions like *weight, stress, depression* etc still forms a central part of WellMind's programme but the checklist does not define the training. What of the many clients who cannot be so easily pigeonholed? Modern practitioners must feel able to take their place within a broad spectrum of options for people struggling with mental health issues. We are seeking to give practitioners

the confidence to be intuitive and the insight to understand their clients' needs. For example, a few years ago we introduced a unit on *Emotional Intelligence*. It raised a few eyebrows but in fact is critically important in establishing a scientific basis for why hypnosis works. Nowadays *Emotional Intelligence* crops up in all sorts of contexts. WellMind trainees are there already!

The face of training is about to change in another way too. WellMind is looking for Associate Trainers* to bring their experience to a team that can train hypnotherapists to operate beyond the pigeonhole. That's where the future of hypnotherapy lies.

Chris Smith, Director of Training

***If you would like to receive 'person specs' and other details of being an Associate Trainer, please contact Chris at chris.smith@wellmind-training.co.uk**

From page 15

IN HOSPITAL, TOO

Staying awake and conscious during a surgical operation, without suffering, by listening to the anaesthetist evoking agreeable memories in the patient's ear: this is what hypnosedation offers. This technique allies hypnosis with a light sedative. While still marginal in France, this practice interests an increasing number of hospitals. Furthermore, some of them, in Lyon, Nantes, Rennes and Angers, already use it for catheter placing, perfusions, peridurals, colonoscopies and biopsies, and for carrying out ablations of inguinal hernias and fracture reduction. Hypnosis is also used in the severe burns departments of French army hospitals, in particular when changing dressings.

OUR EXPERT REPLIES

Dr Jean-Marc Benhaïem, hypnosis specialist, is a doctor in a pain treatment centre. He is chairman of the AFEHM.*

What is the contribution of hypnosis to treatment?

This practice reconciles body and mind, since it causes the patient's own resources and healing aptitudes to emerge. It not only allows a number of affections to be treated directly, but also very often brings about a reduction in quantity of prescribed medicine, corresponding to a real demand from patients, on the one hand, and increasingly from doctors who want to make an end to the body/mind split still dominating medical world.

What are its limits?

Those of the patients themselves! Hypnosis is powerless faced with

people who resist, who want to keep control of themselves and accordingly resist the detachment which goes with the operation of hypnosis. It does not have any effect either on people who do not recognise or do not accept their problem, nor on those who expect miracles.

Who to see?

Hypnosis is fashionable, and it is important not to trust just anybody. It is better to remain within the health professions and choose a doctor or a clinical psychologist who practises hypnosis.

* Association française pour l'étude de l'hypnose médicale [French association for the study of medical hypnosis], 19 avenue Franklin Roosevelt, 75008 Paris. He is also the director of the university medical hypnosis diploma at La Pitié-Salpêtrière [a Paris teaching hospital].

Points to help you

STOP STRESS

By Laurence Nicholas

- S** - tart to be aware. Once you're aware of the problem you can begin to do something about it, to get control back.
- T** - ake on a different attitude. If you can't change a stress-inducing situation, change your attitude and regain the initiative.
- O** - rganise alternative challenge for yourself. Deskbound? Take up a sport. Athletic? Take up a mental challenge. Make it different!
- P** - ositive thinking is vital. When given a new but very difficult task, thoughts of past successes will reinforce your confidence.
- S** - top trying to do more than one job at a time. If that's not possible, prioritise. Then you've got an action plan and have regained control.
- T** - ake time to learn mental relaxation. Switching off mentally for 20 minutes a day will restimulate and revitalise you enormously.
- R** - eassess your goals. Are they your own or someone else's? If they're unrealistic, they'll cause failure and unhappiness. Set your own goals.
- E** - xercise, a good way of managing stress. It burns off some of the stress chemicals that tension produces and relaxes the body.
- S** - ense of humour is important. Learn to see the funny side in tense situations and you'll soon reduce your stress levels.
- S** - top thinking and start managing your stress **NOW**. Some of these points will appeal more than others. Use those that appeal most.

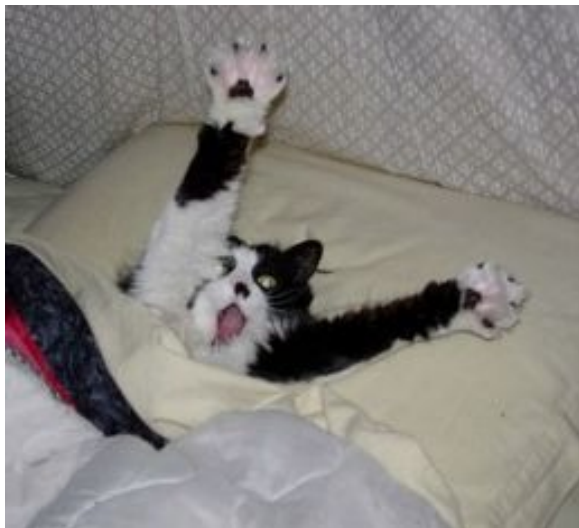
As winter is fast approaching I thought some humour would help lift those of you who can't wait until spring is with us again - Editor.

CAT CORNER

From Beverley Barnsley

How is your day going.....? This is how I heard how YOUR day went yesterday!

First you had trouble getting out of bed



You had a stiff neck



You washed your hair and couldn't do a thing with it



Your new diet really doesn't seem to be working out



You pulled a muscle when you tried to exercise



The boss chewed you out at work



You got caught in the rain at lunchtime



On top of that you think you're coming down with the flu



Then the lunch you had didn't seem to agree with you



And finally, you're alone in the house at night when you think you hear a noise in the basement



You feel trapped



MAYBE TOMORROW WILL BE BETTER!
Thought for the Day
Handle every stressful situation like a dog.

Uninvited guests showed up at dinnertime



**If you can't eat it or play with it,
Just pee on it and walk away.**

HYPNOTHERAPY REGULATION

As you know, Peter Matthews is a member of the Hypnotherapy Regulatory Forum (HRF). I have contacted Peter about updating members on the most recent developments within the Forum, and he has informed me that important matters are under review but that he is unable to report on them at the present time.

As the work of the HRF is so vital to hypnotherapy as a profession, I believe it appropriate to bring to the attention of members the current general situation.

Editor

HRF UPDATE

The General Hypnotherapy Register and Council (GHR, GHSC) and the UK Confederation of Hypnotherapy Organisations (UKCHO), who together represent 95% of the hypnotherapy profession, have jointly, under the patronage of the Prince's Foundation for Integrated Health, formed the

Hypnotherapy Regulatory Forum (HRF).

As a result of the four meetings that have taken place, balanced progress is being made, including establishing an **Education and Training sub-committee**.

UKCHO is pleased to report that, at its meeting on Thursday 24th September last, it was unanimously agreed to appoint Dr Jenny Gordon as independent Lay Chair of the HRF which is essential before the Prince's Foundation will support the HRF.

Apparently, the Department of Health prefers a federal model for most CAM professions, and therefore has been funding the Complementary & Natural Healthcare Council (CNHC).

There are still those in the hypnotherapy profession who have doubts about handing over control to a

central body, whereby the special identity of hypnotherapy might be lost if integrated into a general CAM classification. There are also many who believe that hypnotherapy is not a CAM profession and is essentially a 'talking therapy' in the same category as psychotherapy.

Whatever the eventual model, the main points to be resolved are in effect the same. Let us hope that all these issues can be discussed and agreed upon by all those involved, so that we all know where we have been placed in the scheme of things, thus enabling all professional hypnotherapists to have their rightful and recognised place in the national healthcare system.

The Editor looks forward to receiving members' views on these vital matters.

BOOK REVIEWS

Mike Dillon

THE FIELD – Lynne McTaggart

Lynne McTaggart first started on her quest for the knowledge contained in this book during the course of her work, when she witnessed healing occurring in complete contradiction to how the majority of scientists believe the world works. This belief was substantially the Newtonian model of the world that had remained basically unchanged for 300 years.

These apparent miracles were happening within complementary therapies and in so-called 'alternative' medicine, even during faith healing. Many of these therapies were claimed to work on 'energetic levels', and Lynn wanted to know what this energy these healers spoke about actually is. The term 'subtle energy' was often used, and Lynne wanted to know what this subtle energy was, where it came from, and whether there were such

things as 'energy fields' that humans could tap into.

Using best practice, Lynne researched many of these healing processes, and was convinced that there was sufficiently strong evidence to support investigation. It appeared that an entirely new understanding of biology and physics was necessary to understand so-called 'energy healing'.

Lynne then travelled the globe. In Russia, Germany, France, England and the USA she met many leading physicists researching the frontiers in modern science. She wanted to know about theories that were provable, mathematically or experimentally precise.

Once Lynn started investigating, she found a small but cohesive group of top-grade scientists with impressive credentials in the field of quantum physics, all working on some aspect of

the same thing – researching the possibility of an intelligent field of energy that the human mind is capable of harnessing for its own benefit.

Lynne discovered that what these quantum physicists were discovering seemed to overthrow the current laws of biochemistry and physics. Not only did their work appear to offer an explanation of why energy healing could be successful: their theories, experiments and research formed a new science, a new view of the world and universe we live in.

This book should appeal to those people who find God, as traditionally conceived, more and more difficult to accept, but who nevertheless are still searching for something beyond their earthly existence that can help them through the trials and tribulations of mortal life.



Discounted Liability insurance for members

As a member of the Society of Stress Managers you're now entitled to preferential rates on Professional Liability insurance from Towergate Professional Risks.

You can now get £1m of cover for £63.00* with cover provided by AXA Insurance plc – an established insurer with many years' experience in your sector. In the event of a compensation claim from a client, the policy would provide cover for any damages awarded against you, as well as your legal costs for defending the claim. There are no excesses to pay, and all legal costs would be settled directly by the insurer.

For a quotation, or to find out more, contact Towergate Professional Risks

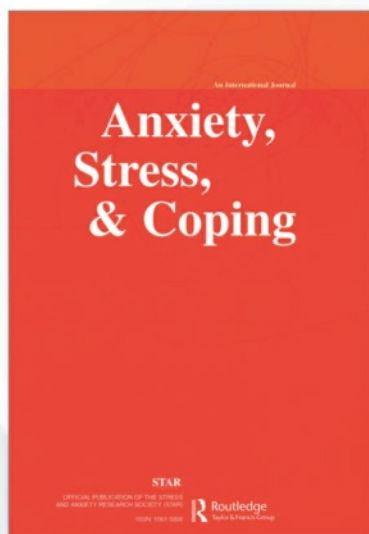
Call **0113 391 9595** (Mon – Fri, 8.30am – 5.30pm)
Or visit **www.towergateprofessionalrisks.co.uk**

 **towergate professional risks**

*This is an indicative premium based on a sole practitioner with a turnover below £50,000

Towergate Professional Risks is a trading name of Towergate Underwriting Group Limited
Registered Office: Towergate House, Eclipse Park, Sittingbourne Road, Maidstone, Kent ME14 3EN.
Authorised and regulated by the Financial Services Authority
5161/065/FL/03.09/9253

Stress Journals from Routledge



Anxiety, Stress, & Coping

An International Journal

Official Journal of the Stress and Anxiety Research Society
www.star-society.org

2007 Impact Factor of 0.588

© Thomson Reuters 2008

Now indexed in MEDLINE

Volume 22, 2009, 5 issues per year. Print ISSN: 1061-5806, Online ISSN: 1477-2205

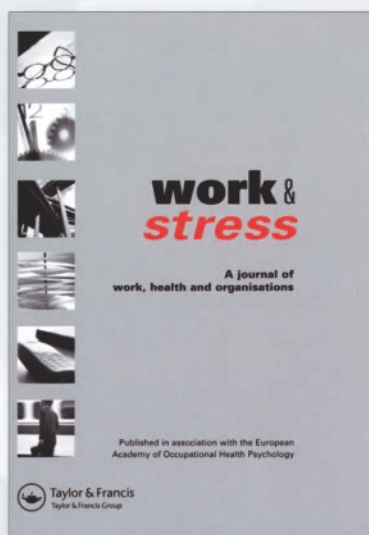
Editors-in-Chief:

Aleksandra Luszczynska, *Warsaw School of Social Psychology, Poland*

Joachim Stoeber, *University of Kent, UK*

This journal provides a forum for scientific, theoretically important, and clinically significant research reports and conceptual contributions. It deals not only with the assessment of anxiety, stress, and coping, and with experimental and field studies on anxiety dimensions and stress and coping processes, but also with related topics such as the antecedents and consequences of stress and emotion. We also encourage submissions contributing to the understanding of the relationship between psychological and physiological processes, specific for stress and anxiety. Manuscripts should report novel findings that are of interest to an international readership. While the journal is open to a diversity of articles, it is primarily interested in well-designed, methodologically sound research reports, theoretical papers, and interpretative literature reviews or meta-analyses.

www.tandf.co.uk/journals/gasc



Work & Stress

Published in association with the European Academy of Occupational Health Psychology (EA-OHP)
www.ea-ohp.org

2007 Impact Factor of 2.089

© Thomson Reuters 2008

Volume 23, 2009, 4 issues per year. Print ISSN: 0267-8373, Online ISSN: 1464-5335

Managing Editor:

Professor Tom Cox CBE, *Institute of Work, Health and Organisations International House, University of Nottingham, UK*

Work & Stress is an international, multidisciplinary quarterly presenting peer-reviewed papers concerned with the psychological, social and organizational aspects of occupational and environmental health, and stress and safety management. It is published in association with the European Academy of Occupational Health Psychology. The journal publishes empirical reports, scholarly reviews, case notes, research notes and theoretical papers. It is directed at occupational health psychologists, work and organizational psychologists, those involved with organizational development, and all concerned with the interplay of work, health and organisations.

www.tandf.co.uk/journals/twst