



HYPNOTHERAPY

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Contents

What the talking therapies aim to achieve	3
Beginning hypnotherapy	5
Uses of hypnosis in specific conditions	9
How I treat my clients	15
Radical therapy	20
The secret of good therapy	25
Hypnotherapy for children	27
Hypnotherapy – without the hypnosis	30
In conclusion	34

What the talking therapies aim to achieve

Psychologists and most Therapists have recently abandoned the notion of a cure.

Trying to cure mental or behavioural disorders is like trying to cure a rainy day – it can't be done! It's far better to focus on Coping Strategies.

Coping Strategies encourage the individual to achieve realistic goals and make the most of everyday life. Clients should be encouraged to have a sense of perspective and to watch out for, or be aware of their own behaviour. Sometimes they are given a key word or trigger word to remember, the mere mention of which will restore calm and reasonable behaviour, rather like the character Mad Margaret in W.S. Gilbert's Ruddigore who was encouraged to use the word 'Basingstoke... Basingstoke!'

Being able to cope with the downside of life on planet earth, with all its setbacks and disappointments is something we all have to come to terms with, deal with, and ultimately survive. Clients should be encouraged to find ways of navigating around life's problems and frustrations.

Some clients have very real and immediate problems. But how many times have you, as a therapist/counsellor encountered someone who really needs a good wake-up call? Trying to improve someone's quality of life requires a carefully considered approach according to their needs and expectations. The concept of 'are in the community' doesn't work very well and more often than not, it means people are left to fend for themselves in a world where nobody gives a damn.

There is no doubt that in the West at least, society as a whole has become more tolerant – no one gets called a 'mong' anymore, unless it's by Ricky Jervais. With the right care and supervision, individuals can become part of society instead of being shut away from it. Thankfully, the lunatic asylums of the Victorian era are long gone. Gone are the days when people were thought of being possessed by demons, although that does still happen in parts of Africa, India and Alabama. Psychologists and psychotherapists have come to the realisation that re-structuring behaviour is the way to go.

Psychotherapy is all about improving the practicalities of the lives of the less fortunate. In short – it's all about helping others to help themselves.

As early as the mid 17th century, Rene Descartes advocated 'the control of the passions through reason and the will.' Descartes was a genius, even though he believed in the 'separateness' of body and mind. The current, and more correct view, is that the individual is a mind *with* a body, not a body with a mind, and that the body and mind are inseparable, which is why more and more mind-therapists take a holistic (wholeness) approach to psychotherapy, treating the whole person rather than just the symptoms.

I have heard it said that in modern society there is a greater need for psychotherapy than ever before, but I do not subscribe to this theory. In the West, we are much more comfortable today than we were say, half a century ago. Before the Second World War, most people didn't have inside toilets and homes were nowhere near as warm or well appointed as they are today, things that we now take for granted. Nor are the Luftwaffe bombing us on a nightly basis. Help has become much more widely available. Disorders are now recognised as disorders and not diseases.

Now for a shocking statistic: In Britain, approximately 25% of all prescription drugs are for psychotherapeutic use. Some observers, such as Dr. Irving Kirsch, an expert in the use of anti-depressants, believe the effectiveness of drugs are largely a placebo effect.

Freud, the famous inventor of psychoanalysis and serial cocaine addict, claimed that mental disorders were the result of conflicts between the different parts of the mind – the id, the ego and the superego – and that these conflicts are repressed in the unconscious. At the beginning of the 20th century psychoanalysis was *the only* available form of psychotherapy. Shame then that Freud was talking nonsense.

Freudian Psychoanalysis basically means that you visit your analyst once a week for however long it takes, sometimes months or even years, until you finally realise that you could have worked all this stuff out for yourself and saved a small fortune, whilst the psychoanalyst sits out of sight, so as not to inhibit or distract the client, and tries his best to stay awake, when in reality, his thoughts are on the golf course.

Psychoanalysis makes use of free association (saying whatever comes into your head) and the idea is to get the client to open up – to get them to talk openly and freely without the interfering censorship of the ego. It often takes several sessions for the client to get used to this and start to spill the beans.

Of all the talking therapies, hypnotherapy is the most effective. Hypnotherapy follows in the footsteps of psychologist Carl Rogers, who gave his name to Rogerian psychology.

According to Rogers, it is the client who decides what is wrong and what should be done about it. Following this rule means that therapy can be more accurately targeted – the hypnosis being the mechanism by which lasting and permanent change can be achieved.

Beginning hypnotherapy

Hypnotherapy now has an enormous amount of academic and medical research behind it. The positive effects of hypnosis as a natural and effective tool are now accepted as both a complimentary and stand-alone treatment for a variety of medical and psychological problems, ranging from pain management to weight loss, to fears and phobias, and the effective management of stress and anxiety.

In short, hypnosis and hypnotherapy are now mainstream, no longer just an 'alternative therapy' but an essential and permanent solution to issues that were once thought incurable!

Hypnosis languished for two centuries until the 1950s as a tragically misunderstood phenomenon. Today, the use of hypnosis as a therapeutic tool is widespread. In the process, clinical hypnosis has been subject to intense scientific research at universities and hospitals around the world.

Hypnosis sessions are about more than just the hypnosis. Addressing emotional or psychological problems always involves examining and interpreting the way we understand ourselves, how we feel emotionally, how we think, our feelings, emotions, habits and behaviour.

To be a successful therapist, you need to take this on board. There are five golden rules when it comes to dealing with clients and they're easy enough to remember.

Rule 1. You must always care about your client.

If you are into the therapy business solely for the money, it is likely you will fail. Of course, therapy is a business like any other – you are providing a service in return for reward, but that does not alter the fact that your client's wellbeing is your primary concern. Trust me, a client can spot any disinterest or boredom on your part a mile off.

The technical term for this is 'cognitive dissonance' – clients can sense you don't care in the same way you can sense when someone is wasting your time.

Humans don't need a degree in psychology to detect this – it's a natural ability we all have. Clients are uncannily adept at spotting if they're being conned – and also detecting the unmistakable aroma of stale cigarette smoke!

One hypnosis 'trainer' in the UK recommends thinking up ways to get the client back for more sessions! [Lawyers are the only people legally allowed to do that.]

Rule 2. Your client is not your friend!

Your client is not someone you will be inviting round for dinner, or someone you will be asking out for a drink. In the UK, an average of two hypnotherapists a year end up having to defend themselves against allegations of some kind of impropriety in front of a jury.

Rule 3. All the client really wants is to feel better.

This is the most important rule. Whatever problem has brought them to your door, all the client really want is to feel better. We are therapists, not miracle workers, so we might not be able to solve all of the problems all of the time, but the bottom line is they should feel they have made some progress.

Rule 4. Big words don't help the client.

I always avoid using long words and overblown phrases. People appreciate straight talk and plain language is taken as a sign of honesty. If you sound too clever, it can backfire by unnecessarily worrying the client. This is one of the great failings of NLP – Neuro-Linguistic Poppycock – too much pretentious, pseudo psycho-babble.

Rule 5.

Remember... always give the client what they want – not what they need. I once sat in astonishment watching a supposedly competent hypnotherapist make this blunder with a female client who was suffering with terminal cancer. What she wanted was an end to the constant (and understandable) anxiety she was suffering as a result of this terrible illness. But instead of dealing with the anxiety, he tried to cure her cancer, getting her to visualise it getting smaller and gradually fading away.

This was the most outrageous charlatanism I have ever witnessed and I made my feelings known after the session was over. A few weeks later, the woman contacted me and I worked with her on the anxiety, which was all she wanted in the first place.

So, now we've got the rules sorted, what next?

My first words to a client when they walk through the door are always *'how can I help you today?'*

And then I shut up. Their answer to that question will be the most important and revealing part of the session. It gives them the opportunity to tell you what they expect from the session and the more they talk, the more information you will have to work with.

The greatest interviewer of all time was English chat show host Michael Parkinson. Even when I was a teenager, I loved watching his show. He understood that the host was not the star of the show, but the medium by which one celebrity after another would be given the opportunity to engage with the viewing audience.

The thing that really sticks in my mind was that when the star had answered a question, Parky would just sit back and wait for his guest to continue. Nature abhors a vacuum, and the same is true of the celebrity interview – a silence needs to be filled. So Parky would sit back and almost imperceptibly nod his head, whilst maintaining eye contact with his guest.

A silence that lasts even for a micro second is embarrassing for the interviewee – and so there is a desire to fill that silence with talk. And so it was that a succession of international mega stars talked to Parky about their innermost secrets – and to the millions watching at home.

I do this with clients all the time, and it works.

According to psychologist Carl Rogers, it is the patient who dictates the direction and pace of the session, and I would imagine that this great man, a true giant among psychologists, came to this conclusion after long experience.

Rogers realised that people understand themselves best when they viewed matters from the vantage point of their own unique experience, perceptions and feelings. Each person's unique outlook is the major determinant affecting behaviour.

The concept is so simple, it's brilliant. Carl Rogers was the inventor and instigator of the best, most incisive, most effective type of common sense client-centred therapy, without the baggage of Freud's sexual repression nonsense.

Letting the patient take charge of their own sessions is empowering in itself, and it saves the therapist having to think too much about what is to be done. People can talk about themselves because that is the subject they know most about – and the therapeutic situation and cosy environment of a therapy session, gives them the perfect opportunity.

Rogers understood that healthy people are aware, or can easily become aware, of the reasons for their behaviour – healthy people are innately good and effective and therefore able to achieve their goals. The only thing stopping them is faulty learning.

Healthy people are not merely passive respondents to their environment, rather, they are self-directed. Effective therapy can create conditions that facilitate independent decision-making.

The ability to make one's own decisions are also part of the survival strategy. People who are able to make their own decisions are invariably healthier and on the whole, more civilised, especially when they are not concerned with the demands, evaluations and preferences of others. Once a person reaches a state of 'self-actualisation' they are well on the way to fulfilling their potential as human beings.

Rogers always avoided the imposition of goals. Instead, he always allowed clients to take the lead and direct the course of the conversation and this is something I have always found works best.

A clients own intrinsic qualities of self-determination always surface in the end. Allowing the client to grow in this way is what Rogers referred to as 'unconditional positive regard.'

There are various ways of finding out about people and what makes an individual tick. The more rigid and academic ones are listed below:

Questionnaire

The advantage of the questionnaire is that data can be collected quickly, but the disadvantages are numerous.

People taking part are, even at an unconscious level, often tempted to give answers that make them appear more socially acceptable than perhaps they really are. There can also be an unfortunate tendency for people to just agree for the sake of it or because they can't be bothered to think hard enough about the questions or the answers. Or maybe it's because they are actually on their way to Tesco and want to get away from the questioner as quickly as possible. Some people may even give answers that are purposely designed to shock. I know I do.

Interview

The results of interviews can sometimes be affected by the interviewer's style or even unconscious prejudices. Unstructured interviews can easily stray from the point if you're not careful, and interviewees can unintentionally be swayed by the [perceived] prestige of the interviewer.

Correlation

Correlating results from any of the methods used in surveys will begin to reveal patterns. However, correlations are no indicators of cause and effect, they are just useful for *predicting* behaviour.

The same is true when it comes to the simple observation of behaviour. The danger is that people are more likely to behave differently if they know they are being watched. The obvious solution to this dilemma is to employ covert observation. However, covert observation runs the risk of being confused with stalking and might be difficult to explain when the police arrive. "Binoculars... video camera...?" Best get permission first!

Case Study:

Studying an individual using any one, or a combination of some of the methods described is something that therapists do all the time. Good therapists often see patterns emerging from client to client and this is one way they build up their expertise and experience.

Getting to know individuals this way is time consuming, but in the long run it is easier to form a detailed view of a client. Occasionally, a single case can contradict a whole theory – and then you really are on your own and thinking on your feet!

Uses of hypnosis in specific conditions

Hypnotherapy as a treatment for depression

It used to be thought that hypnotherapy was not a suitable treatment for people with depression. We now know that hypnosis can be a powerful tool to help beat depression. Hypnosis helps to calm the mind and body – something that is extremely beneficial even by itself. Depressed people have higher than normal levels of the stress hormone cortisol and hypnosis can be used to reduce this.

People who suffer from depression experience symptoms of feeling sad, hopeless, that nothing ever goes right, and that they are useless. Physical signs include lethargy, constant tiredness, loss of appetite or at the other end of the scale, over-eating and poor sleeping patterns.

Depression however, should not be confused with grief, which is a perfectly normal and natural reaction to say, the loss of a loved one, or when Manchester United loses against Portsmouth. Only when sadness is disproportionately prolonged does it become depression.

Manic depression, sometimes called bi-polar depression, is a different thing altogether. In these cases, the individual experiences extreme mood changes – swinging from extreme sadness to extreme feelings of elation for no apparent reason.

The truth is that a lot of people get depressed at some time in their lives, although the down times make one appreciate the up times so much more! However, some people seem to be permanently stuck in their own poor-me party!

Depression brought on by a certain event or series of events is known as Reactive depression. If, on the other hand, there seems to be no discernible cause for the depression, then it is known as Endogenous Depression.

To complicate matters further, some people find that their depression can come and go, often descending without warning.

About 10% of the population find themselves subject to depression at least once in their lives, although women seem to be more prone to it, especially between the ages of 35 to 45. Creative types seem more prone than others to depression – Robbie Williams, for example, seems to be in and out of The Priory for no other discernible reason. A lot of the great composers and artists suffered interminable bouts of chronic depression – Van Gogh even cut his own ear off!

Hypnosis can help you recoup lost energy, rehearse new positive behaviours, and build motivation. These hypnotherapy sessions not only focus on better sleep and reducing anxiety, they also improve self-esteem and self-confidence, helping depressed clients regain ownership of their lives.

Hypnotherapy as a treatment for anxiety

Anxiety is typified by unusually debilitating apprehension or continuous dread, most often about imagined problems – again most often about imaginary events.

General Anxiety Disorder is now a recognised mental illness and is more than just an overreaction to normal life and events. People can easily become continually overanxious because they are unable to cope with excessive stress, especially stress caused by job-loss, financial worries, kids on drugs, wife having an affair with the milkman, and so on.

The therapist can't solve your financial predicament, get you your job back, get your teenage daughter off heroin or stop your wife having sex with people she's just met in a bar every time she consumes more than five cans of Stella Artois. But the therapist *can* give the client the tools to cope better. If that's any consolation.

But anxiety is quite common, and it can be dealt with. Where the cause of the anxiety can be traced to a specific real cause, it can be successfully treated the same ways as any phobia, using, amongst other things, hypnotherapy. A skilled hypnotherapist can teach clients the exercises that will help them regulate their own anxiety.

Anxiety is a subjective experience. We all get anxious at some times in our lives – anxious when the kids are late home from school, anxious when you suddenly get a much bigger than expected bill from the lawyers, that sort of thing.

Everyone gets anxious on occasion, and again, this is normal and natural in most circumstances. But constant excessive or unreasonable anxiety with no reasonable cause should be treated. Some people find anxiety unbearable... but there is a way out

Hypnotherapy as a treatment for phobias

A phobia is an irrational and uncontrollable fear of something specific. Most phobias are animal phobias, especially a fear of things like spiders, snakes, rats, etc. because these animals are associated with unclean, slimy things or rotten food. Of course, a healthy respect for things which can do us harm is a good thing! No one in their right mind is going to mess about with a rattlesnake or jump in the sea when the sharks are circling.

Other phobias, for example, fear of flying or a fear of bananas [a real client of mine had that one] are learned and can be unlearned equally quickly and easily. Many people become conditioned to their Phobias. Hypnotherapy is a fantastic cure for phobias that normally takes about thirty minutes! Hypnotherapy for Healing, Pain Management and Immune Response

Hypnosis really can have a profound beneficial effect on the workings of your body.

Physicians and psychologists agree that we are a mind with a body, not a body with a mind. In other words, the way we think can affect our physical as well as our mental health, and there are volumes of scientific evidence to back this up.

For example, a 2007 study found that women who were hypnotised before undergoing breast biopsies required less sedation during the procedure, experienced less pain, nausea, and emotional distress. Major operations have been carried out with hypnosis as the sole anaesthetic.

Hypnotherapy is effective for controlling pain caused by accidents, post operative pain, and the ordinary aches and pains that accompany old age and illness, as well as chronic long-term pain or disease.

There is also a considerable body of evidence that hypnosis can enhance the effectiveness of the immune system. In a study at Washington State University, volunteers who

underwent hypnosis specifically to boost their immune systems showed significant increases in their levels of immune cells.

Hypnotherapy for anxiety, fears and phobias

Hypnosis has long been proved successful in overcoming stress and anxiety, and fears and phobias. Many hypnotherapists use a powerful hypnotic technique called disassociation which has been shown to reduce fear by making troubling memories feel 'safer'. This can be referred to as creating 'emotional distance' where overcoming fears and anxieties becomes an entirely natural and comfortable process.

Researchers at Stanford University School of Medicine carried out a study on 44 children who were anxious about invasive medical examinations. The children had already been through at least one painful examination and reported being fearful when they had to undergo these procedures again. But the children who had been taught self-hypnosis were much less anxious, and the examinations also took less time.

Hypnotherapy for self-esteem and self confidence

Emotional problems stem not just from what people think, but also from how they misuse their imagination. It's often easier to imagine all kinds of negative things about ourselves and socially anxious people tend to focus less on other people and more on their own [imaginary] shortcomings.

Hypnotherapy utilises your own imagination to harness self-confidence and encourage a more healthy and optimistic sense of who you are – and what you can be. It also helps to increase confidence in social situations and focus in the same way that naturally self confident people do.

Hypnotherapy as a treatment for anger

Anger can be very damaging to relationships as well as your own peace of mind. Chronic anger is the biggest predictor of early death through heart disease – perhaps surprisingly, even more so than chronic smoking. Anger, jealousy, hypochondria, pessimism, can be generated and aggravated through the misuse of the imagination.

In a study conducted at Stanford Medical School, heart patients were asked to recall times when they had been angry. Although the patients said that the anger they felt on recalling the events was only half as strong as it had been originally, their hearts started pumping, on average, 5% less efficiently. Cardiologists view a 7% drop in pumping efficiency as serious enough to cause a heart attack.

Imagination and recall are processed in the same parts of the brain. You can generate angry feelings by remembering past anger, or even imagining you are angry – both create very real physical changes, so it makes sense to use hypnosis constructively to stop anger being triggered too easily or too often.

Hypnotherapy as a treatment for eating disorders

Over-eating is the most common eating disorder, which might go some way to explaining why there are so many fat people around. That, and the ready availability of cheap, offal-

based, animal products masquerading as fast food. This 21st century deluge of salty, sugary, lardy, crap gives people instant access to the type of short-term gratification known as comfort eating.

The obvious resultant health problems are obesity, heart disease, diabetes, and not being able to find anyone willing to be seen in public with you.

Bulimia and Anorexia are both ways of binge eating followed by vomiting or abusing laxatives so you can eat what and as much as you want *and* lose weight at the same time.

Anorexia Nervosa is now an enormously popular disease, thanks to the media and most especially teen magazines, and is often linked to Bulimia, which involves stuffing your face then making yourself vomit before your body has time to digest the contents of your stomach. Both occur when young girls erroneously think they are fat, or when they find themselves marrying into Royalty. It is really a form of self-harm, and is considered as such by many health professionals.

Hypnotherapy as a treatment for self-harm

The tragedy of self-harm, or self-inflicted injury, is prevalent mostly amongst teenage girls.

Again, these vulnerable youngsters are far too easily persuaded by the girlie magazines they are encouraged to buy and more recently, harmful things on the internet masquerading as fashion tips. Youngsters often find themselves susceptible to the ghastly delusion that supermodel posh spice stick figures are the norm, which they are not.

Self-mutilation generally goes hand in hand with feelings of extremely low self-esteem. The symptoms are easy to spot because self-inflicted injuries are easy to spot.

The current and conventional wisdom is that self-inflicted injuries are ways of relieving anger or frustration and the physical damage reinforces the individual's feelings of low self-worth.

Other forms of self-harm are more mundane and more familiar – alcohol abuse, excessive smoking, or drug use. Self-harmers are often in denial; they nearly always claim they know what they are doing and somewhat laughably, they also claim they are in control. Although I can find no reliable research on this, I believe tattoos and body piercings must fall into the same category. Fashion is one thing, but a fashion statement that stays with you *forever* is a rather different matter. Self-mutilation is does not you a better or greater person.

Hypnotherapy for motivation

Lack of motivation, procrastination, fear of success and even plain laziness can all be turned around with hypnosis. One highly successful technique is 'third person motivational visualisation'.

Research has proved that people are more able to do something they've already rehearsed under hypnosis, just like watching themselves do it in a movie.

Hypnosis can be used for all kinds of motivational issues, from starting a business, practicing a musical instrument, getting slimmer and fitter – even just getting out of bed in the morning and starting the day!

Hypnotherapy for insomnia and sleep disorders

Insomnia can be caused or worsened by anxiety and stress. A vicious cycle of stress, exhaustion and insomnia can build up, with one feeding off the other.

Hypnotherapy can offer a natural approach to calmness and rest, without the side effects of pharmaceutical drugs. Several studies have confirmed that hypnotherapy sessions and progressive hypnotic relaxation exercises can significantly improve the quality of sleep.

Hypnotherapy for addictions and bad habits

The National Council for Hypnotherapy recently circulated University of Iowa research about the effectiveness of hypnotherapy as a way of stopping smoking. The study, involving 72,000 people, investigated the most effective ways of kicking the habit. Hypnotherapy was shown to be three times more effective than nicotine replacement therapy.

Overcoming addictions involves instilling hope and optimism. Hypnotherapy can successfully treat all sorts of addictions – not just smoking, but also alcohol and drugs, shopping addiction and social media addiction.

Hypnotherapy as a treatment for obsessions and compulsions

Obsessions and Compulsions are recurrent and persistent ideas that affect not only the behaviour of the individual, but those around them. Obsession easily leads to compulsive behaviours and there is an emotional component to obsessional ideas – think Howard Hughes, people who wash their hands twenty-seven times a day, people who can't get through life without indulging in pointless and bizarre rituals etc.

The good news is that compulsions, no matter how bizarre, can be treated.

Hypnotherapy for sports performance

There is plenty of evidence to show hypnosis can help you master a skill and generally improve your performance – giving you 'the edge'. Have you ever watched Olympic athletes 'limbering up' before a race? The chances are they are mentally going through the steps they practised under hypnosis.

Hypnosis has long been proved to improve focus, reaction time, confidence and even physical strength. Hypnosis can enhance skill as well as actual practice! Of course, rehearsal under hypnosis will never replace *actual* practice, but an ability to increase concentration could improve your game!

Hypnotherapy can make you feel younger!

Stress, anxiety, worry... all contribute to ageing, yet surprisingly, researchers discovered that 'living in the past' can actually make you feel younger.

In 1979, Harvard psychologist Ellen Langer conducted a study of a group of elderly men to discover if they could be made to feel young again. She had them live in an isolated New England Hotel, retro-fitted to how it would have looked twenty years earlier. The men, all in

their late 70s and early 80s, were told not to reminisce about the past, but to actually act as if they had traveled back in time to find out if 'acting' younger actually made them feel younger.

After only a week, the men in the experimental group showed more joint flexibility, increased dexterity and less arthritis in their hands. Their mental acuity rose measurably and they showed improved gait and posture.

Outsiders who were then shown the men's photographs judged them to be significantly younger than those of a control group. It was almost as if the ageing process had actually been reversed!

Hypnotherapy is often used to encourage people to feel younger and help them regain that lost feeling of youth.

Hypnotherapy as a treatment for schizophrenia

Schizophrenics have had a bad press over the years. The fact is, you are much less likely to be attacked by someone suffering from schizophrenia than you are by a 'normal' person with anger issues. If you think that schizophrenia means split personality, like some sort of Jekyll and Hyde character, you would be wrong.

Schizophrenics are mainly harmless, although they plagued by disorganised thoughts and emotions. They can become increasingly detached from reality, especially in their teens or early adulthood. One telltale sign is that they are often careless about their appearance. So that's most Americans and Australians then...

Another telltale sign is repetitive rocking back and forth (Adolf Hitler at the 1936 Olympics) and an inability or unwillingness to communicate properly with others. Schizophrenics sometimes hallucinate and have visions and/or hear voices.

Schizophrenia is easily confused with madness, although these days we prefer to call it distraction. Either way, they need urgent help. If left untreated, schizophrenics can even wreck other people's lives.

The diagnosis of schizophrenia depends to a very large extent on observing the individual's behaviour. About a third of sufferers recover on their own, about a third experience only intermittent episodes, and about on third remain locked in chronic mental illness.

Hypnotherapy *cannot* and *should not* be used to cure schizophrenia – this is the domain of the psychiatrist. However, a better understanding and tolerance from the rest of society would be helpful.

The Diagnostic Statistic Manual (DSM) gives useful information on schizophrenia. The DSM is also useful because it encourages us to disregard the term 'mental illness' and instead refer to abnormal behaviour as Psychopathology, or the even the more mundane term 'disorders.'

I get depressed when I see hypnotherapists (or any other kind of therapist for that matter) advertising schizophrenia on their list of potential therapies. Schizophrenia is a genetic disease of the brain, a real mental illness, and is something that is best left to the bona-fide physicians and psychiatrists who are best qualified to deal with that sort of thing.

How I treat my clients

Working with clients can often be a battleground. Here are some ways to win the war:

Therapy is really divided into four parts: Opening, Exploring, Problem Solving and Closing.

It's just as important for the therapist as it is for the client to get into the right frame of mind. I always have a brief chat with a client at the start of the session to find out what they expect and need. I usually open with *'So, tell me a bit about yourself...'* which breaks the ice and makes it easier for the client to start talking about their issue.

It's important to prioritise the client's needs, but you can let them do that themselves – they're going to do it anyway, it's just that sometimes they might need help putting their thoughts in order. As the therapist, you should be able to spot action points that will enable the client to move toward what they really want, which is to feel better!

The thing that should be uppermost in your mind is *what's in it for the client?* I have always said that it's a mistake to give the client what you think they should have rather than what they really want – it's their session not yours.

What they want usually coincides with what they need, so with this in mind, the next step is to make them do as much of the work as possible!

I always try to tap into my client's self-interest, using questions to persuade, such as *'How do you see the problem? What do you think would happen if...?'* and so on.

More examples would include phrases such as *'lets do a bit of brain-storming... let's consider some different possibilities... one option might be... what if you were to...?'* and so on.

Sometimes I encourage clients to map out what they want by getting them to draw a diagram [pens & paper at the ready!] This may help the client get things clearer in their own mind, and later, see ways of getting from *A* to *B*.

They don't need to be any good at art or drawing because no one is ever going to look at what they've drawn – not even me most of the time, but the diagram should include references to all the factors involved, including all the obvious key points. From there, a process of working toward the goal, or even backwards from the goal, might help to identify some key steps.

It's important to get the client to do as much of the thinking as possible – if you can get your client to bring to the surface that which they already deep-down knew to be the truth in the first place, then that's a massive leap in the right direction.

Clients are too often influenced by the beliefs of others and this can be especially true if one of these 'others' is the client's own therapist!

It's vital that the client is free to make their own decisions without any interference from you. It's one thing to act as guide but you must try not to offer your own solutions. These will be discarded anyway, but therapy works best when the client is allowed to discover their solutions, although it's also OK to carefully drop hints.

I often leave sentences unfinished and let my client fill in the blank!

Once the client has made a decision about the way they want to be, they can start to practice mentally. Imagining how their feelings and emotions will change means that the better behaviour will follow automatically, although sometimes it can take a little time for clients to get used to this new way of being.

I once had a client who at the end of the session remarked that she didn't really need me after all, and that she had been able to work it all out for herself. She was of course correct.

It's up to the client to ask themselves '*who do I want to be?* and *how do I want to be?*

Actually, they all want to be confident, charming and unstoppable, but *they* have to realise that by themselves... on their own... and without it being handed to them on a plate. A good way to achieve this is to get the client to practice the images of themselves as if they were acting in a movie.

Establishing Rapport

Rapport establishes trust. I try to connect on a personal level, and a little small talk at the outset, peppered with some gentle good humour often helps. I'm sometimes self-deprecating but I try to find some common beliefs, or some common interests to talk about. All this helps to get the client on board. Good therapy is all about being able to connect at the human level.

I'm informal (I gave up wearing a suit years ago) I smile, I'm relaxed, friendly, helpful, and understanding. I try to relate to my clients in such a way that they feel good about themselves. Above all, I try my best for my client.

My credibility is established by employing measured speech. I occasionally pause if I need to think. If I need to get an important point across, I place my hand palm down on the table to signify it's not negotiable, although I avoid engaging in too much gesturing. I try to avoid pulling faces unless it's to smile or gently nod in agreement.

If I don't agree with something, I don't shake my head. A gentle nod is a reward. Body language has to be flexible and loose and relaxed. I try to be the example of the behaviour I want to see in the client, but I definitely avoid 'mirroring' NLP style, which is irritating.

Another thing to remember is that it's OK to be tough on the problem, but not on the person.

And I do find an occasional well-timed relevant joke helps! Laughter excites the pleasure centres in the brain, producing endorphins that make clients feel good – the client gets a reward, and a small dose of humour, delivered correctly, can even make them think about their problem in a completely new way, possibly leading to a solution in itself. [Stand-up comedians can do more to change or reinforce beliefs with one clever line than the most persuasive rhetoric can ever achieve.]

Conversely, when clients are confronted with uncomfortable truths, the fight or flight mechanism kicks in and the body produces adrenalin. This is counter-productive so I avoid confrontation at all costs.

Anyway, humour is what I'm good at and more important, I've found it works very well indeed!

Listening to the Client

Listening to the client takes a lot of practice, a lot of patience, and sometimes a lot of note-taking. Highlight pens are useful!

Unlike many hypnotherapists, I do not read from pre-prepared generic scripts – the words that I say are tailored to the needs of that client.

I set aside at least two and a half hours for clients and the time usually goes by quickly. Mainly, I prefer to get the job done in one session, and that can sometimes mean spending a whole afternoon with just one person. This is something I'm doing a lot now and I've found it to be a very effective way of working because I believe in 'flow' – bringing a client back after a week or two weeks is just an interruption. The client benefits more from this continuity... and what can I possibly say next week that I can't say this week?

I understand that clients sometimes need a 'top-up', but we are living in the 21st century. Recordings can be emailed to clients and during the Covid lockdown, I have been conducting sessions just as efficiently online. I record part of every session as a matter of course anyway (with the client's permission of course) so they can have it on their phone and listen to it whenever they feel the need.

Listening to what the client has to say is of course all-important, and I firmly believe they should be doing most of the talking – and therefore most of the work.

When a client is talking, they are also putting their thoughts in order, collating if you like, all the relevant information. But listening to the words alone is only half the story. Often it's what the client doesn't say that is just as revealing. I listen for the meaning behind the words. That means paying attention to the client's non-verbal communication, listening to the sub-text and being able to identify the client's emotions are just as important.

I constantly check that my understanding is correct. In this respect it's perfectly alright to let the client to drive the session. In fact, I prefer it when this happens – it's a perfect situation. It means that the client is actively participating in the process – that has to be a good thing!

I also employ very careful questioning. For example, it might not be good enough to ask the client *did you like (or dislike) the experience?*

You will get more information and it will be more helpful to the client to ask *what was it about the experience you liked (or didn't like) in particular?*

I constantly refer back go the bigger picture. This keeps the client focused and helps keep everything in perspective. Of course it's up to the client to try to work out the real reasons for the way they feel, just as Carl Rogers said, but it's also good to get into detail as well as be objective and creative. Always remember – *there's plenty of time – no hurry!* Even if it means finishing later than you expected.

I understand the whole process can be a difficult balancing act, especially if there are time constraints, but that is exactly my point. You're not going to get anywhere if you're in a rush! This is why I set aside plenty of time so both client and therapist can explore different solutions to problems, even though the solution is often blindingly obvious to me.

I encourage clients to come up with their own ideas, even if all I'm really doing is letting them come up with my ideas! That's OK too – they can have my ideas if it helps them move forward.

I often use metaphor [an old method that goes back to Jesus and the New Testament and has since been purloined by the cult of NLP] to describe similar circumstances or problems in search of solutions, such as *'A friend/colleague of mine had a similar problem... I recently had a client with a very similar problem – he/she found XYZ useful...'*

Sometimes clients do not always heed what they say themselves. You should watch out for this. Understood does not necessarily mean agreed – and agreed does not mean an agreed solution will always be applied. And even if it is applied, it does not mean it will always be followed or maintained.

Detecting Deceit

I am aware that some clients are not always entirely honest, even with themselves.

Of course it's only natural that human beings, with all their frailties and weaknesses sometimes seek to paint an improbably perfect picture of themselves, especially when it comes to matters of morality, but this is normal and you should allow for it.

However, if you start to spot contradictions in your client's story, this should start the alarm bells ringing.

At that point you should start to question your client's motivation. Suddenly there is likely to be a whole new spin on where the session is heading and on what might actually need to be done!

You should be able to spot narcissism for example – a client suffering from narcissism (although admittedly rare) will spin you a line that will tie the session up in knots if you're not careful.

Generally speaking, telltale signs include, but are not limited to, hesitation, vagueness of detail or far too much detail.

This is where you have to use your own experience of life to make some decisions about the direction the session should take.

I know I have used this example before, but you don't need a degree in psychology to know when someone is flirting with you... or spinning you a line.

A prime example of this is when the client is using the problem for secondary gain. I once saw a woman whose pathological fear of spiders was nothing of the sort. In fact her life, and the lives of her immediate family – her husband, her son and her daughter – were also ruled by this lady's arachnophobia. If she was alone in the house when a spider appeared and her husband was at work, her son or daughter (both of whom were married and lived close by, would have to drop everything and immediately rush to her aid.

The first thing that struck me was that the situation was, to say the least, extreme... and rather selfish. But trying to get this woman to relax was an impossibility. Everything I tried was met with resistance, and for the most ridiculous reasons, one of which was because she had always been told to sit up straight and not slouch. And so it went on... and then it hit me...

This woman's non cooperation was a symptom in itself – a symptom of not wanting to be cured! For her, the spider phobia was at the very least, a way of keeping her family close, and at the extreme, a way of having them at her beck and call 24 hours a day. In short, she

was being totally and unutterably selfish and controlling. And there was nothing I could do about that. How I wish I could have had the whole family in the room so I could have taught them how to help mum move forward.

So if you think that something has been planned or too well rehearsed, it should make you suspicious as to what the client sat in your therapy room is really there for.

Are they after confirmation that they are right and someone else is wrong? Are they trying to use the session (and you) to prove a point? Are they using the session to confirm they need to be treated as someone special? What if their particular phobia or aversion means that others must see them as special and give them special treatment?

Maybe they just want to feel special themselves – this is often true of people who have supposedly lived ‘past lives.’

If you’re not careful, pandering to beliefs like this may impact on the lives of others and even exacerbate a client’s problem.

Exploring the emotions attached to what is being concealed might be a good direction to go in because it’s very hard to conceal emotions – facial expression is a dead giveaway of faked smiles, phoney enthusiasm, sorrow etc. Lack of eye contact where there has been plenty of eye contact – or if they suddenly look away – is also a good indicator. Like I say – you don’t need a degree in psychology...

Psychology is not, as most people think, the study of the mind – it’s the study of behaviour. Behaviour forms patterns and it is vital to recognise these.

As clients talk about their problems, their lives and the people in them, they will give away clues as to how they view the world and their place in it – they will also give away clues as to how they think the world perceives them.

This is all good information. It will help you to eventually see the truth lurking behind the smokescreen.

Most clients however *are* honest. Therapy is a two-way street. It’s a fair exchange of ideas between two people in search of a solution to a problem, and with a little co-operation, it should be an easy road to travel – It usually is.

You just have to remember what you’ve just read.

Radical therapy

All the talking therapies have one thing in common – an awful lot of talk. Freud is credited with the invention of Psychotherapy, but Carl Rogers perfected the idea. Hypnotherapy has always been regarded as an (almost) perfect short cut to a cure, but it seems that there are even quicker, more effective ways to turn your client's life around. Some are so radical, they border on common-sense.

Dealing with depression is depressing in itself. People who come to me saying they are depressed represent a real challenge, but one which I accept.

It usually goes like this... I start by asking what exactly is making them depressed, when it started making them depressed, and what *they* think should be done about it.

One useful trick is to get the client to pick a celebrity they admire, perhaps a sports personality, or maybe a movie star, or favourite uncle, or best friend, or former teacher, and imagine that if they were able to have a conversation with this person, to think about what advice they might give. *'If you could talk to Princess Diana or Uncle Fred, what do you think she/he would tell you to do..?'* That sort of thing...

All that happens, is that thanks to Carl Rogers, the client starts to give themselves advice based on what, deep down, they already knew, or at least suspected to be true, in the first place.

We incorporate this information – employing Emile Coue's tried and tested repetition of phrases encouraging greater self-respect, self-confidence, and self-assuredness – into the script.

Or, I could say something like 'I'm sure we'll be able to sort this out and have you full of the joys of spring in no time, say... in about six sessions! Then, employing some mental arithmetic, you multiply six sessions by £200 and the answer equals two weeks in the Seychelles. Or perhaps it would be more professional to be honest.

I have doing this for nearly thirty years now, and I found out very early on that a lot of what I was taught at the beginning simply does not work, especially the bit about hugging trees!

This depressed me more than I can say, so in the end, I knew I had to find a better way. I did. And I did it by using my common sense and my experience of life.

Confronted one Monday morning with an over-large and extremely slovenly individual (female) with long and very greasy hair, wearing flip-flops (in the middle of winter) on dirty feet and smelling extremely sweaty, I decided that whatever this woman's problem was (it was depression) I was not being paid enough to let her sit on my expensive leather *Stressless* recliner or breathe in her sweat germs.

'When was the last time you had a wash?' I enquired in my most genial manner. The woman (in her mid to late thirties I would say) looked genuinely astonished. *'Tell, you what'* I continued... *'Why don't we reschedule your appointment for Thursday afternoon at three-o'clock, when you can turn up bathed, hair washed, wearing smart clean clothes, with a proper pair of shoes on your feet, and generally looking human? Because I'm not prepared to see you looking like that.'*

Well... the lady in question did return on the Thursday, wearing a clean dress, with her hair tied up in a bun and with a relatively clean pair of shoes. She was wearing a little perfume and had applied a little make-up – badly – but that's not the point. For the first time in God knows how long, she had made an effort.

The very first question I asked her that day was about how much better she felt now that she had smartened herself up a bit. And her answer was *'Much better... thank you'*.

And that was precisely my point. Feeling better, like charity, begins at home. Next, I made sure she cleaned her pigsty of a home up and persuaded her to get into some kind of regular routine. *'If Queen Victoria was giving you advice, what do you think she would tell you to do...?'*

Over the next few weeks I saw this woman about ten or twelve times, but only for twenty minutes or so. In the end I stopped charging her because as pleasant as she turned out to be, the real work had been done on her first and second visits. We did rapid inductions and repeated Coué inspired mantras a lot, always tailored to her needs of course. She lost enough weight so she no longer waddled into the room, but walked in like a human. Then one day, she decided that she didn't need me anymore. Her weight, and her inability to do anything about it, was the cause of her depression. She had thought things over and decided that she wanted to go it alone. Maybe it was something I said. Or maybe it was because she had been forced to recognise truths that even her closest friends would not tell her. I had forced her to recognise the truth, and that was what was needed.

People overeat for one of two reasons. Either they love the taste of food (perfectly normal) or they guzzle for emotional reasons (abnormal).

When people are sad or anxious, food is like a drug, exciting the pleasure centres to such an extent that for a short time, they forget they are ballooning like a whale. Carbohydrates and fats are thought to elevate a person's mood by lowering stress hormone levels. Carbohydrates in particular increase the amount of a mood-altering chemical messenger in the brain. Even just the taste of food can alter mood and emotional states. Sweet foods are believed to induce the release of pain suppressants and activate the pleasure centres.

This is obviously a vicious circle – the more people eat, the more pounds they pile on, and the more depressed they get about it afterwards, so to avoid depression, they eat more...

What is truly amazing is that the loss of a mere couple of pounds gives them immense pleasure too – the trick is, to replace the old pleasure with the new one!

It's that or pay for the liposuction. Either way, the danger times are when the client feels depressed, disappointed or let down, worried or emotionally upset, lonely, feeling restless or bored (this is a very common one) or when they are afraid, irritated or angry.

The danger times are when the client is experiencing any kind of negative emotion, which for most comfort eaters, is most of the time.

I've said this before and I'll say it again – the secret of the cure lies not in the hands of the therapist, but within the client. Carl Rogers knew it, and I learned very early on that he was right. The client already knows what's wrong and what should be done about it – the therapeutic situation merely provides a comfort zone in which it is appropriate to explore these issues and the almost infinite possibilities for modifying behaviour.

The most common phobias are related to either creepy-crawlies like rats, mice, spiders and er, more spiders, or creatures associated with slime, such as snakes, frogs, toads, slugs, and lawyers.

Some very clever scientists believe that both these categories, the creepy-crawlies and the slimies, are the result of fears which are inbuilt, that is, genetically passed on rather than learned.

Opinion is still divided over this issue, but it might be worth considering that we are born with some instinctive emotions (protection of our children, the ability to laugh, a sense of awe, and so on) that these fears may indeed be inborn and not learned.

Spiders spin webs which many phobics find really disgusting because they are sticky and clingy and often full of dead flies. By the same token, rats and mice remind us of rotten food and disease (the plague and the black death of the Middle Ages immediately spring to mind) whereas frogs, toads and snakes *look* slimy even though they are actually dry and leathery.

But it makes no difference when all you have to do is to sit the subject down, and make whatever it is they're frightened of a figure of fun – wellington boots, a top hat and a clown's red nose on a spider is a popular image. But here's a better example...

A young woman came to see me because she had a dread fear of being called in to see her boss, which happened at least once a week. He was over six foot tall and rode into work on a motorcycle. He also had a rather loud, booming voice and for no particular reason, she was terrified of him.

A little relaxation, and some creative visualisation, in this case the certain knowledge that like all men, he had at some stage in his life been dumped by a woman, and in all probability had been down on his knees begging that woman not to leave him – and not to tell his friends that he'd done that. What a loser!

My client began to giggle and then laugh out loud. She was never afraid of her boss again. The whole process, from initial investigation to cure, took five minutes. That is the sort of case I like, because you can make a difference, a spectacular difference, in a very short time.

In a lot of cases, fear of flying may have been brought about by an experience involving turbulence in an aircraft, or stories from other people about bad turbulence (I have heard many such stories about people being flung around aircraft cabins or of drinks hitting the cabin ceiling due to a sudden loss of altitude. Some of these stories are exaggerated – repeated and embellished for the delectation of both the teller and the listener.

Most people are willing to pay large sums of money and queue for hours to go on rides like that in amusement parks – rides which are inherently more dangerous than flying. This is the real point – fears like the fear of flying are based on lack of information and therefore fear of the unknown.

And so to one of the more complicated problems faced by hypnotherapists, and that is Obsessive Compulsive Disorder (OCD.)

OCD is an odd one, because in some cases OCD may well just be a learned habit, for example glancing in mirrors at every available opportunity, or constantly twirling strands of hair. Continually stroking one's chin whilst deep in thought is certainly not OCD, but

continually stroking one's chin whilst deep in thought in order to keep the evil spirits away, very definitely is.

On the other hand, some of the greatest scientists and artists who have ever lived could be said to suffer from OCD – composers who can't stop composing, painters who can't stop painting, cleaners who can't stop cleaning. The search for perfection is often obsessive and compulsive, but not necessarily a disorder. It all depends on one's perspective.

Composers who turn out fabulous music are not obsessive compulsives, they are geniuses. Nevertheless, it is always tempting, when talking about OCD, to differentiate between the artists and the cleaners. The woman who continuously cleans her house from top to bottom may be obsessive and compulsive, but only if that obsession is borne out of a pathological and unreasonable fear of germs. There are women who just enjoy cleaning... and they should come round to my house once a week.

The problem with OCD is that certain people often confuse reasonable (though repetitive) behaviour with obsession or compulsion. A client of mine thought she had OCD because she experienced an overwhelming desire to wash her hands every time she shook hands with people with abnormally sweaty or clammy palms. That is not OCD – that is NORMAL!

Likewise the woman who came to see me with what she believed was an unreasonable fear of stepping in vomit on the pavement, so much so, that if she was out at night and spied a pool of someone's lager and donner kebab, she would avoid it at all costs. Again, this is not obsessive compulsive behaviour, it is COMPLETELY NORMAL, and for obvious reasons.

The examples cited above simply do not constitute unreasonable behaviour at all. In fact it is quite the opposite. Normal precautions are perfectly er... normal. Neither woman's (completely rational) wariness stopped them going out or meeting people. They had just got the idea in their heads that something was wrong with them because they had seen something about OCD on TV and jumped to the wrong conclusions. Why? Because they were suggestible.

My job was to use this suggestibility and simply reassure them that they were in fact, completely normal, which of course they were. And of course I agreed with them that such people should be shot.

Now for a quick dip into the new and exciting world of Virtual therapy.

We understand how a very gradual introduction to the stimulus of a fear or phobia (for example, a spider) can get the client used to seeing these beasties and not to be surprised or shocked when they do see them. This technique has been accepted as a tried and tested way of curing those fears. But the idea of recreating objects of fear on a computer screen is something relatively new and it's proving to be something of a success.

Before we look at this in any detail, suffice to say that one of the great advantages with this method is that the client can operate the mouse on their own and can therefore retain total control over the speed at which the session progresses. Another advantage is that the therapist does not have to have cabinets full of creepy crawlies on stand-by to terrorise his clients.

The goal of the treatment is a new word with an old meaning – Habituation. I think the word is self-explanatory. It's a method of learning whereby a response to a stimulus is diminished as the result of repeated exposure.

Three dimensional computer simulations are the best because they add that touch of reality. In any case, simulations are less likely to result in patients backing out of treatment. They are in full control of the process and understand that they can hit the panic button at any time. Obviously the treatment doesn't work with people who have a phobia of panic buttons.

At present, it is estimated that less than 10% of therapists in the United States are making use of virtual reality therapy, but this number is bound to increase as the technology is made more readily available. It represents a paradigm shift in the way we might practice therapy in the future – for the simple reason that therapy will no longer be mostly talk.

It seems that the age of Freudian psychoanalysis is mercifully drawing to a close and not before time, and being replaced with a more 'getting straight to the point' type of therapy.

So where does this leave hypnosis? It might be worth reminding ourselves that the imagination is the ultimate virtual reality machine anyway and there is no reason, as in the case of pretty well every other type of therapy on offer, why hypnosis cannot be used in conjunction with virtual therapy to provide added oomph.

It would be a poor choice to replace hypnosis induced imaginativeness with a computer in the same way that it would be unthinkable to replace a symphony orchestra with a Hammond organ.

Any therapist who has been involved in talking therapy, which gives clients the opportunity to express themselves and explore, knows the immense value hypnotherapy can provide. It is just as effective as antidepressant medicines although the disadvantage is that it takes more time and care – much more time and care than the two minutes it takes to write out a prescription.

The undeniable advantages of hypnotherapy however, shine through both in the long and short term.

It can be anywhere from two to four weeks or longer for chemical antidepressants to begin to show results, whereas talk is capable of producing results with immediate effect.

In addition, the results last many times longer than the chemicals and drugs aggressively marketed by the pharmaceutical companies, and there are rarely any side effects. It can accomplish changes in the brain associated with depression and usually only has to be administered once a week.

Thanks to the most modern of modern technology, these changes can be, and have been, measured on PET and MRI equipment, much to the delight of the psychotherapists and the annoyance of the drug companies. If we can use all this information sensibly, there should be no reason why we should not be able to achieve equally spectacular results.

The secret of good therapy

The two most common forms of mental disorder are Neurosis and Psychosis.

Neurosis and psychosis are very distinct. With a neurotic person, only a part of the personality is affected – the person is aware that there is something wrong, that they are not thinking straight or that they have some form of ‘mental block’ and they are able to recognise that they have to take steps to address it.

Examples of Neuroses are phobias, obsessions or anxieties where the patient is aware that they have a problem or awareness that their behaviour is abnormal.

With a psychotic person however, the whole personality is affected and the person is not aware.

Mood Affective Disorders on the other hand are a different kettle of fish altogether. Examples of these disorders are antisocial behaviour (this comes under the heading of psychopathology) and dependency – that is, dependency on anything from alcohol or drugs, to dependency on one’s own emotions, to dependency on another specific person. (If you are a therapist, make sure that person isn’t you!)

People who are depressed or who are unable to let go of their own emotional baggage are often addicted to their negative emotions in the same way that someone who cannot stop drinking is addicted to alcohol. They remain comfortable in the world of their own depression and use it as a refuge or a barrier against the real world. They lack the confidence to enter into social interaction and have an affinity for self-absorption. They can be difficult customers and would probably get more out of a visit to the Comedy Store than they would out of an hour’s consultation with a trained therapist. Depression is really anger without enthusiasm.

Psychotherapy literally means ‘mind-healing.’ Whatever your preconceptions of the plethora of modern therapies, they’ve got to be better than the pills and potions dished out by overworked, overstretched GPs, bribed with free trips to conferences, free dinners and free samples by the pharmaceutical companies. So forget the chemical cures and instead, read Irving Kirsch’s excellent book, *The Emperor’s New Drugs*.

The best kind of counselling is non-directive, non-judgmental, and client-centred – the client’s wellbeing and welfare being the main objective.

Usually, the first step taken by the patient is to consult their GP, who may then refer the patient to a psychotherapist or counsellor.

In the latter half of the 20th century, the conventional wisdom, or assumption, was that the cause of the majority of psychosomatic problems was a chemical imbalance in the brain.

This is no longer the current wisdom. This sea change in medical opinion has spawned a whole new industry in human ‘well-being.’ All the non-medicinal therapies are Humanistic, Cognitive and Behavioural.

Psychodynamic Therapy is based on psychoanalysis – endless sessions where clients pay their money so that they can come back at the same time next week to hand over even

more. I'm sorry... I mean, where the client 'talks out' their problems to a fully qualified therapist, usually a psychologist or psychiatrist.

Cognitive Therapy helps clients to identify their own personal goals and gets them to think positively about ways of achieving them, while Group Therapy gets people with similar difficulties, like alcoholism, get through their shit lives so that they can offer help, support and advice to each other about their shit lives.

Psychotherapists are not to be confused with psychiatrists, who are medically qualified and regulated by genuine professional bodies like the British Medical Association (BMA) or psychologists, who have at least got some kind of degree from a recognised academic institution like a University.

Believe it or not, anyone can call themselves a 'psychotherapist.' There are no real rules and regulations or indeed any recognised qualifications, although there are plenty of professional bodies that recognise certain courses and teaching institutions and supposedly regulate member's conduct and set ethical standards.

Aromatherapy and the placebo-based therapies such as herbalism and Prince Charles' favourite, homeopathy (and I do wish the right royal twerp would stop going on about it) work a lot of the time because of the recipient's suggestibility, satisfied by a slightly more expensively packaged but environmentally friendly placebo.

Most people seek out the help of therapists because they are experiencing problems associated with depression, anxiety, phobias, obsessive compulsions, eating disorders such as anorexia and bulimia – but in the main, the real problem is that they simply need to improve their confidence or social skills.

But therapists who are not qualified psychologists or psychiatrists should not attempt to deal with people who show symptoms of schizophrenia, bi-polar disorder, or who self-harm. Believe me – that stuff is best left to the professionals!

Hypnotherapy for children

Montreal Children's Hospital, Quebec, Canada, has embraced hypnosis after the results of a pilot project showed it can reduce pain and anxiety in patients.

Johanne L'Ecuyer, a medical imaging technologist at Montreal Children's Hospital in Quebec realised that one of his biggest problems was getting patients to remain perfectly still during sometimes lengthy medical imaging procedures.

Desperate to reduce the amount of medication administered to ensure patients don't move during the process, L'Ecuyer and colleague Maryanne Fortin flew to France to meet specialists at the Rouen University Hospital Centre and Hospital Femme Mere Enfant in Lyon. So impressed were they by their work, that a French hypnotherapist was brought to Montreal to train members of the hospital's medical imaging department.

The result is that examinations once done under general anaesthetic are now done under hypnosis.

Eighty examinations were conducted between January and September 2019 using imaging procedures known to trigger anxiety in children – the insertion of a central catheter and a procedure used to examine a child's urinary tract and bladder.

Ultimately, the success of the procedure comes down to trust, but the important thing is to make the patient feels comfortable with the specialist doing the procedure.

Crucial to the success are the technician's verbal and non-verbal cues, such as smiling, showing empathy, and establishing a bond of trust (otherwise known as rapport) with the patient.

The hypnosis starts as soon as the child arrives in an ante-room, where the technician guides the child into an imaginary world, using the child's own imagination, creativity and visualisation to dissociate themselves from the procedure they are about to undergo.

The patient decides what they would like to talk about – sports, the beach, movies, music etc. and that subject is discussed throughout the procedure. In fact everything that happens during the procedure must be related to this story – an injection becomes the bite of a mosquito, the noise from the machine, the hum of a spaceship, and so on. A product that heats the skin becomes the sensation of the sun and a machine that rings becomes a police car that passes nearby. In this way, the technician associates what is happening outside the patient's body with what they see and feel in their imaginations.

The technique does require a certain amount of imagination and creativity on the part of the technician, and of course a lot of patience, empathy and kindness, but the results speak for themselves, because there's now a queue of staff wanting to take the training.

The story was first reported by *The Canadian Press* on December 5 2019.

The Montreal Children's Hospital story is a major leap forward for the use of hypnosis in children's medicine.

In other parts of the world, increasing numbers of parents are sending their children to hypnotherapists for exam stress, eating disorders, anxiety and behavioural issues. The

number of of children I have seen in the last 12 months has doubled. Children are receptive and respond well, but it's less about the hypnosis and more about how to communicate with a child. I should stress that in each case, one parent was present throughout and the sessions were conducted online. I was also careful only accept those I absolutely knew I could work with and help.

There is a story about famous psychologist Milton Erickson who achieved a miracle cure with a child who was still wetting the bed at the age of nine.

Invited into Erickson's office, the child sat still while the mother explained the problem. Erickson's answer was to the point. He simply explained that he had dealt with many cases of this nature and although some nine year-olds did still wet the bed, ten year-olds didn't, and when this child reached the age of ten, he wouldn't either.

Of course this advice was delivered directly to the mother, but the child, as children do, was listening to every every word of the adult conversation. The result of the encounter was that the boy stopped wetting the bed the moment he turned ten.

Erickson's genius for turning what could have been a complex problem into the simplest of solutions is the way it should be done. Children are uncomplicated things and respond well to simple solutions!

Normally, hypnotherapy is restricted to teaching the child simple techniques for relaxation, focus of attention and the ability to banish distractions for short periods of time. Add to that the setting of step-by-step achievable goals and so long as there are no promises of stellar achievement or exam results, then the process can be beneficial and safe.

Offering straight forward solutions is all well and good, but I am concerned reports that very young children (some as young as two) are being hypnotised and 'treated'. In my opinion, there *is* such a thing as 'too young to be hypnotised'. Children under the age of eight could find the whole process confusing, and so for me, it's a no-no. But I have had good results with children as young as 12.

Of course all growing children have to learn about boundaries and the difference between good and bad behaviour as they grow and develop, but it seems to me that some parents (not to mention some hypnotherapists) are running the risk of using therapy that was never intended or designed for youngsters. The reason is, to me at least, fairly obvious – very young children do not have a fully developed understanding of the subtleties of language and can be prone to interpreting things either too literally, or they might misunderstand the meaning of the words.

Given that hypnosis works with the imagination, I can already see possibilities for conflict. The bottom line is that sometimes kids don't have the emotional maturity to cope with what is after all, a highly unusual social situation.

In the UK, as in many other parts of the world, anyone can set up in business as a hypnotherapist – unregulated and monitored.

In the same way that some hypnotherapists are better or more experienced than others, some courses are better than others, and some are truly appalling! Mostly, hypnotherapists learn in the job and top up their knowledge from time to time, attending specialised seminars for pain management, painless childbirth, emotional trauma and so forth. Some therapists take additional courses in EFT (Emotional Freedom Technique) and other suggestion related therapies.

As for the effectiveness of hypnosis as a tool to treat children, there is hardly any hard evidence available. Nonetheless, adverts for children's hypnotherapy have started to appear on Netmums, the UK's largest parenting website.

The National Council for Hypnotherapy (NCH) said its 1,600 members had reported a rise in the number of youngsters being treated over the past three years. Word-of-mouth referrals passed from parent to parent seem to be the primary reason for the increase in the number of child clients – word of mouth being the best kind of publicity.

I suspect there is a certain amount of pressure on parents to ensure that their offspring should have the best start in life, especially as pressure to do well at school is not only growing, but is starting earlier as pupils are tested at school more and places at the best universities become harder to achieve.

There is a danger that some parents may see hypnosis as a short cut to success in life, but for very young children – for example those under the age of 10 – it isn't.

Actually, a child should NEVER be left on their own with a hypnotherapist – not just because of the obvious concern for the child's safety – although if you're working online, this wouldn't be a problem – but because the parent is the best person to communicate and explain a young child's problems. If the therapist feels that it might be more beneficial if the parent is not present, then another trusted adult could be there.

Some qualified members of the medical profession say that many hypnotherapists are quacks and to be fair, some are, but there are also a lot of hypnotherapists who are very skilled and good at their job.

The very best will also be in possession of a generous helping of common sense and will have a much more rounded view of the human condition.

Hypnotherapy without the hypnosis

A friend has started to put on weight. Already she's up three dress sizes. She's having a hard time with her boyfriend, her whole life seems as if it's falling apart. What should she do? She wants to talk about her problems and I listen. As a friend, of course I do my best... I listen to her... I talk to her... I give her the benefit of my advice. Every atom in my body screams *'move on; don't allow that no good psychopath ruin your life – most important, comfort eating is not the answer!'*

Even if I try my best, my friend isn't necessarily going to listen to my advice. My friend won't be able to move on with her life until she can bring herself to accept the real truth of her situation. She will continue making excuses for her partner's bad behaviour and continue the downward spiral until she eventually reaches the bottom. Only then will the slow process of recovery begin.

Hold that thought! I'm not a marriage counsellor! *What am I thinking?*

It's part of the human condition that people tend not to listen to or follow good advice... most of the time they have to learn the hard way, by their own (often painful) experience. A lesson hard learned is a lesson remembered! But what if there was a short cut to this realisation, one based on sound psychological and humanistic principles?

Actually there is and as an experienced hypnotherapist I know that the answer has been staring me in the face since my friend first started to talk to me. Moreover, I know that I can fix her damaged emotions and repair her self-esteem.

Most people think that Hypnotherapy means sitting in a chair while the therapist tells you that you're feeling sleepy until you end up in some kind of trance. Then, some time later, you wake up, remembering nothing about what has been said, and walk away from the session cured of whatever it was that ailed you when you walked in.

This is a misconception, because 90% of hypnotherapy is... therapy. Only around 10% of hypnotherapy is hypnosis. The key to good therapy is the ability to listen to the client! More important, the most vital part of therapy is letting the client discover their own solutions to their own problems. In other words, therapy is just like having a chat with your friend... except you're not making the mistake of actually offering advice. The cure happens when your friend comes to her own realisation!

There are some astonishingly simple and straightforward ways to make this happen – you just don't know what they are at the moment.

Surprisingly, some of the easiest things to deal with in hypnotherapy are the most severe traumas, because trauma and the anxiety it creates is an emotional state – and therefore imaginary. No form of therapy can ever erase the memory of a tragic or life-changing event, but hypnotherapy can create emotional distance – the client will still remember the incident, it just won't hurt any more.

Most people's experience of hypnosis comes from watching stage hypnosis... where the hypnotist weaves his spell over an 'unsuspecting' group of volunteers who then proceed to cluck like chickens and conduct imaginary orchestras. But stage hypnosis is very different from clinical or therapeutic hypnosis! The subjects performing on the stage have genuinely

Benn hypnotised and experienced hypnosis first-hand, but after the induction of hypnosis, the success of the performance relies entirely on the volunteers' willingness to indulge in a succession of amateur theatrics. Stage hypnotised subjects are aware of what they are doing even though they genuinely can't stop themselves. Some deliberately play up for laughs, and that's acceptable, but it's nothing to do with therapy – and most people understand the difference.

Therapeutic hypnosis utilises the same process that gets them into that twilight zone of relaxed consciousness, but there the similarity ends. The success of hypnotherapy derives from allowing the client to identify what it is that makes them feel bad and deal with the cause of their anxiety or distress and to do something about it.

The great French psychologist Emile Coué discovered that giving a client a very simple mantra to repeat six times a day – *'every day, in every way, I'm feeling better and better,'* does have a profound and positive effect. And that's how it works! No trance, no fairy dust... just close your eyes... relax... and let your brain soak up the messages.

In America, several states banned the practice of hypnotism. Then, in the 1960's, a group of free-thinkers started NLP (Neuro-Linguistic-Programming) which is... HYPNOSIS!

They just changed the name and hey presto! before you could say *'one, two, wide awake!'* the petty rules and regulations became redundant.

Hypnosis as a stand-alone phenomenon does not exist... because it does not exist, it cannot be defined... because it cannot be defined, it cannot be controlled or regulated. Telling someone to relax does not constitute hypnosis... relaxing while listening to positive messages does not constitute hypnosis... but it does constitute hypnosis when you say it does!

Once you have a person's undivided attention the mind becomes more open to suggestion and suggestions that help and encourage the individual to put problems into perspective, retake ownership of their feelings and emotions, and eventually, their lives, has to be a good thing. These easy simple mental gymnastics are rarely practiced by psychologists, but these tools and techniques are available to anyone.

There are literally hundreds (if not thousands) of books, tapes, DVDs, downloads – all dedicated to self-improvement. Almost without exception, they utilise the techniques of hypnosis.

Advertisers use the same subtle techniques of persuasion and attraction found in hypnosis (as do politicians) and yet I don't hear anyone getting over-excited about that.

Do you know what I do with clients who tell me they are nervous about 'being put under...?' I tell them that were going to take hypnosis and put it over there in the corner... In fact let's forget about hypnosis altogether and do some creative relaxation and visualisation... because creative relaxation and visualisation is much more effective. And ironically, it is!

[From an article by Andrew Newton published in *Odyssey* magazine, South Africa – February 2006]

Hypnotherapy is losing its mystique, but only because it is better understood. Ever since Dr. Franz Mesmer first passed magnetised iron rods over his neurotic patients, the debate as to what actually constitutes hypnosis has raged on in academic circles and in countless psychology labs and psychology conferences world-wide.

Now, at long last, it seems the debate between the 'state' and the 'non-state' theorists has been settled.

The 'state' theorists believe that hypnosis is a special stand-alone phenomenon that is completely removed from any other kind of mental state. State theorists have been almost obsessive in their insistence that subjects undergoing hypnosis enter into a trance-like state totally like any other and that when they 'wake up' at the end, they have no recollection of what has occurred. This is the popular image of hypnosis, a mythology perpetuated in part by stage hypnotists and B-movies, both of which have been largely responsible for the public misunderstanding of hypnosis.

However, after five years of intensive study and experiments carried out with more than three hundred real people and post-hypnosis investigation, supervised by some of the UK's leading academics and psychologists, it appears that the non-state theorists have won the day.

Hypnosis is *not* a stand-alone state but has similar neurological correlates to any other kind of experience. For example, the same areas of the brain are activated when we see a real object or experience a real emotion as are activated when we merely *imagine* an object or a feeling or emotion.

In closely monitored test conditions, we found that volunteers in hypnosis do not forget what happened and nor do they experience any form of spontaneous amnesia, although many participants in stage hypnosis show swear they can't remember a thing about it.

In hypnotherapy, clients will remember every part of the relaxation process [the 'induction' of hypnosis] and any meaningful suggestions.

However, people who take part in hypnotherapy or stage hypnosis do share one common experience – the awareness that their attention is finely focused and that the suggestions given by the hypnotist creates an overwhelming compulsion to stick to the suggestions. Even so, no one falls asleep, no one loses consciousness, and no one goes in to any kind of 'trance'.

Hypnosis is a peak experience, but one which results in an effect or consequence, and particularly for those undergoing hypnotherapy.

An example of a peak experience would be say, being attacked by a dog. It's a peak experience not only because it's memorable and your full attention is focused on the event, but because it changes your future behaviour. That experience may well cause you to avoid dogs in the future or even to develop a phobia of them. Most phobias are created as a result of a bad experience (think fear of flying) and can be easily and efficiently dealt with in the therapy room.

The combination of relaxation, together with the repetition and reinforcement of ideas, creates a greater openness to suggestion. Combined, all these constituent parts conspire to change even deeply held attitudes and as a result can modify behaviours such as smoking or over-eating or nail biting. Mainly though, its value is greatest in reducing stress and anxiety, managing pain, and dealing with a variety of emotional problems – even deep trauma and PTSD.

Hypnotherapy is used on a daily basis to treat depression – an area only a short time ago considered out of bounds. Hypnotherapy can trigger rapid change, enabling clients to turn their backs on learned helplessness and encouraging people to end their own social

isolation. Again, hypnosis offers a short cut that other talking therapies are unable to deliver.

Hypnotherapy also has other advantages. Unlike its close neighbour, NLP, hypnotherapy doesn't use big words to impress (or confuse) the client. Hypnotherapy is successful because it is honest, straight to the point, and based on common sense. The advantage the hypnotherapists have is that he or she stands outside the goldfish bowl looking in, whereas the client is trapped inside, often struggling to find a way out. In other words, the client has only the subjective view while the therapist takes the objective view. The trick is to help the client to do the same.

I once knew a hypnotherapist who had a sign over his door that every client who walked into his therapy room would have seen as they walked in. It simply said, '*You have arrived... the worst is over*'.

This kind of easy therapy depends on the client being able to perform a series of simple and straightforward and well understood mental gymnastics, all of which take place purely in the imagination.

Hypnotherapy isn't rocket science, but neither is it a cure-all... Hypnotherapy does have limits and it's important that hypnotherapists understand that. Hypnotherapists are not miracle workers, but sometimes they can be the next best thing.

From an article by Andrew Newton, published in *Natural Medicine* magazine, South Africa.

In conclusion

Sometimes clients need a comfortable space to discuss things which would otherwise be difficult. Hypnotherapy provides a comfort zone that allows the client to do just that. It is quicker and cheaper than hours and hours of psychoanalysis. Freud abandoned hypnosis because like many others of his time, he was still searching for the ‘trance’ – the elusive, magical state of mind that only the very suggestible or susceptible can achieve.

In modern hypnotherapy, we don’t worry about trances and ‘altered states of consciousness,’ we just get the client to focus their attention on what they already know deep down to be the truth – and then take it from there.

At the same time as getting the client to ‘freewheel’, analysts concern themselves with trying to spot any ‘resistance’ such as a reluctance on behalf of the client to talk about certain things or the client trying to change the subject, or the client cracking jokes – the general idea being that resistance is the client’s way of stopping painful thoughts coming to the surface.

Clients are not always willing to share their innermost thoughts to their therapist – even though what is talked about in session will always remain confidential. My experience, and that of most of the therapists I have spoken to, don’t worry too much about this. The *client* knows what the problem is, and even if they don’t want to talk about it directly – which sometimes they don’t – it makes no difference to the positive outcome of the session – so long as the *client* knows what it is, I don’t necessarily have to know.

I have conducted entire sessions where I have absolutely no idea [well, little idea] what the client’s problem is, but by the end of the session, they feel a lot better about it and even visibly relieved. So... Freud had it all wrong. Not *all* his fault of course, after all, he was a pioneer in a field at the time not fully understood field, but maybe he should have laid off the cocaine a bit.

It was Carl Jung who introduced word association. As with Freud’s free association, the general idea is to say out loud the first word that comes into your head, the theory being that from your random words, the analyst can work out what is troubling you – a kind of guessing game with real people’s lives.

Another beardy-weirdy technique involves looking for ‘psychological cues’ like blushing, turning pale, sweating, changes in breathing or changes in voice pitch. Fortunately, this method has already been exposed as being worse than useless, not only because environmental influences can affect a client’s physical responses, but because it really is no more revealing than tasseographic augury (tea-leaf reading).

The the hypothesis suggests that once the data has been conscientiously written down, once the unconscious conflict has been made conscious, the analyst can then go on to the business of interpreting what has been made apparent.

The client then *transfers* – through a process perhaps unsurprisingly termed ‘transference’ – their feelings of frustration, jealousy, hostility or hatred, or love and affection, onto the analyst. Freud believed that by doing this, even disorders such as schizophrenia and depression could be cured, but then Freud really was nuts.

The only real way to deal with these kind of issues, is to get the client to understand or accept that they are distressed (easy) and then show them how to create emotional distance from all the negative thoughts feeling and emotions that have been holding them back – which takes about 10 minutes on a bad day!

Nonetheless, what the analyst is trying to do is to get the client to gain *insight* into their own particular bugbear and be *mindful* of its emotional content, thereby gaining the ability to control it. Or perhaps re-taking control of their lives would be a better way of putting it. Or maybe, re-taking ownership of their lives...

Dream interpretation – believe it or not another Freudian idea – is supposed to indicate a client's 'wish fulfilment'.

Freud believed that dreams were symbolic and reveal what the client really wants. For example, a dream about eating a giant marshmallow could be the mind's symbolic way of saying 'I want to have sex with a very large woman.' Or maybe not.

The truth of the matter is that any symbolism in dreams means whatever the client wants it to mean. Symbolism is unique only to that particular client and is of no use whatsoever to anyone else.

Hypnosis is not much better at revealing information, although within the relaxed and secure environment of the hypnotic 'cocoon,' clients are more ready to talk about and explore their issues. But that is not what hypnosis is for. Hypnosis is about the solution to the problem and getting the client to change, not picking over the debris of some repressed (or false!) memory.

The main problem I – and most others in the know – have with Freud is his obsession with aggressive and sexual impulses, characteristic of the Id (if indeed the Id exists in the first place – we only have Freud's word for it).

You can take a horse to water, but you can't make it drink. All psychotherapy is dependent on the client's willingness to identify and face up to their issues, and then take steps to effect *change*. Today, most therapists are dismissive of Freud's psychodynamic therapies, if only because things have moved on. Freud, I'm afraid, has passed his sell-by date. There are now faster, more efficient, more targeted therapies on offer.

For instance, Behaviour Therapy aims to literally change a person's behaviour. No big surprise there! Gone is the time-wasting process of delving into a client's unconscious. Instead, behaviour therapy means what it says on the tin – bad or undesirable behaviour is unlearned and new, good behaviour is learned – just like the naughty six year-old in kindergarten, but more expensive.

Cognitive Therapy, or Cognitive Behaviour Therapy (CBT) is based on the premise that mental disorders are the result of faulty thinking. CBT is useful for dealing with a variety of disorders, including, but not limited to, phobias, bulimia, anorexia, depression, to name but a few.

Some say it can also be effective in dealing with chronic fatigue, but I'd watch out for that one if I were you – how would you know that the chronic fatigue you are trying to cure is not caused by chronic heart disease...?

Anyway, the basic premise is that the individual is not disturbed by actual things or events, but by their *perception* of things or events. In other words, the way they *view* things or events.

Albert Ellis put the process into three easy stages:

- **Activating event** – example: I was expecting a phone call from my friend – she always calls on Friday, but she hasn't called in three weeks!
- **Consequence** – I'm very worried that I may have said or done something that has upset her and she's fallen out with me.
- **Belief system** – I'm a useless person and no one likes me!

In reverse, the premise is that by changing the belief system, we can go on to deal with the emotional problem tied to it, and thereby dismiss as irrelevant or inconsequential the activating event, after all the friend might be away on business or visiting her parents! This sort of rationalisation with clients is easy.

Many people hold onto irrational beliefs, and again, this is a subjective experience and is nearly always the result of negative attitudes toward oneself. Some of these negative beliefs are extreme enough to be considered paranoia. Paranoia is a difficult rut to get out of. But there is an answer. Clients should be encouraged to take a more realistic approach. Like everyone else, clients need to face up to some of the harsh realities of life.

The secret lies in our ability to be *objective* rather than *subjective*. We have all had friends who have had problems, and it's always easy to see the solutions to those problems when you're looking at the problem from outside the bubble. Not so easy though to see the solutions to our own problems – because we are too close to them, trapped inside the goldfish bowl – a classic case of not being able to see the wood for the trees.

Cognitive Restructuring Therapy is another variation on the same theme. Developed by Aaron Beck, it encourages clients to think of alternative explanations to perceived problems or threats, thereby regaining control of their emotions. For example:

- **Interpretation 1** – the cat has not returned home; maybe it's been run over;
- **Interpretation 2** – the cat has not returned home; maybe it has found a mouse-hole to play with.

Beck says that excessive criticism from parents or teachers in childhood and adolescence can lead to depression later on, through a triad of inter-related negative beliefs:

- The self-view feels worthless, undeserving of love, helpless and unable to ever be happy
- The world-view is that life is always too demanding with too many obstacles
- The future view confirms these negative feelings – that there is no likelihood of improvement and no hope...

This is obviously a distorted and unrealistic outlook. Nonetheless, once these feelings take a hold, they are *almost* impossible to shake off. *Almost* impossible...

Cognitive Restructuring teaches the client how to think about their thinking – also known as mindfulness – and encourages them to correct the faulty thinking that created the problem in the first place. It's simple enough to do...

First, the client learns to monitor their own negative thoughts. Next, they rationally and logically examine the probabilities (the cat has disappeared before, but always comes back in the end.)

Finally, the client substitutes the more realistic explanation, In this way, the client learns to first identify, and then alter the negative beliefs that lead to the distortion of reasonable expectation. And so forth.

However... we must understand that expecting the worst is a deeply ingrained survival strategy. Expecting the worst forces us to think of a plan B or even plan C and D. People who always think the worst, deep down know that the worst is unlikely to happen, and that things will almost certainly turn out all right in the end, because most of the time, they usually do.

The small flaw in the plan is that the therapist is often tempted to offer guidance to the client. According to the rules, this is something the therapist should not allow themselves to do (*reference Carl Rogers.*)

There is a common theme running through all the above therapeutic techniques – it's called 'attributional bias', which is all to do with how the client attributes the problem.

Most people feel that any successes in their lives are mainly due to their own efforts, with maybe a sprinkling of good fortune, such as being in the right place at the right time. Failures however tend to be attributed to outside influences – other people's faults or unexpected environmental influences such as earthquakes or getting mugged.

People in depression don't see it like that. Depressives see it in quite the opposite way. They attribute their failures to their own shortcomings and successes caused by factors beyond their control.

What the therapist has to work out are ways of changing this mindset. Lists, tables, diagrams, charts, can be useful. Clients make these themselves with no assistance or interference, laying out in a legible manner their successes and failures, and what they were all down to. They give the client something tangible to look at – a pictorial representation of their beliefs – and it's a brilliant way of helping them to decide what needs to be done!

Once that's done, we can then move forward and get the client to use their own logic and intelligence to improve their self-esteem, confidence and of course, overall performance. It takes a little time and some patience, but it can be done. I have found clients often starts to see it soon after they start the exercise.

Carl Rogers said that *'individuals have within them vast resources of self-understanding that can alter their self-concept, attitude, and self-directing behaviour. These resources can be tapped if a definable set of goals can be presented to, and agreed on, by the client'*.

By now, you may have realised that Carl Rogers is a something of a hero of mine. I learned by experience that Rogers' idea of Person-Centred Therapy is simply the best approach. It's non-directive and non-judgmental – it makes perfect sense and seems to work every time. Possibly it's because it forces the client to do most of the work! At the very least, it certainly encourages the client to face reality, something they have been putting off for too long! The other point to bear in mind is that although the therapist must never give advice, it's OK for the therapist to agree with and support the client when the client gets it right!

I can throw out a list of words and phrases like *unconditional positive regard, genuineness, empathy, authenticity, realness, transparency, congruence, honesty, openness, acceptance, respect, understanding*, but I'm not going to, although all those terms precisely describe what the relationship between therapist and client should be like.

You will know when a client is trying their best the same as you can tell when they're just not trying! It's all about building a trusting relationship. Furthermore, we have two ears and only one mouth, so we should listen twice as much as we talk. What are we really there for, except to help the client make their own decisions about their present and future situation?

Gestalt Therapists might want to start throwing in their ten-pence worth at this point. Gestalt simply means 'wholeness' and as far as the people in therapy are concerned, it can include factors like diet, social life, who your friends are, the sort of entertainment you prefer, even the amount of natural light you are exposed to – anything in fact that might have a bearing on your general well-being.

Psychologist Fritz Perls used role playing games to help clients deal with 'unfinished business.' These amateur dramatics can be useful in that they attempt to put the client in someone else's shoes – it's always healthy when individuals can see someone else's point of view. If a client's behaviour is irresponsible, it might be possible to amplify the behaviour to such an extent that the client starts to see how ridiculous, childish or harmful it really is.

Perls also stressed the usefulness of concentrating on the present and the future rather than the past, getting them to focus on what they have rather than what is absent. Do I need to flog this point?

Last but not least, bad news for the NLP enthusiast, clients shouldn't try to be someone else. All this modelling and mirroring palaver does no good. Pretending to be someone, or something you're not is more stressful than it's worth... and a bit sad...

Just be yourself... honestly, it's a lot easier.

So, to sum up, here is a quick summary of 10 things we need to get the client to do:

1. take responsibility for thine own self, thine actions and thoughts
2. become independent and self governing
3. exercise thine own conscious intention
4. make ethical and moral choices
5. confront the anxieties and disappointments that are part of everyday life
6. move beyond thine isolated, lonely, self... and seek the company of others – in other words, make some friends
7. engage in loving relationships (not you, Oedipus!)
8. get involved in something creative – there are plenty of opportunities to do this: dance classes, art classes, film clubs, musical and dramatic societies etc... above all, don't just sit at home in front of the idiot lantern all the time!
9. Get together with someone else, or better still, a group of people and invite them to go rock-climbing or paintball shooting or a concert or a theatre show
10. Read Dale Carnegie's books *How to Win Friends and Influence People* and *How to Stop Worrying and Start Living*. Honestly, it's all in there!

Through all this therapy stuff, visualisation is the most powerful tool. It helps people enhance their performance in sport, music, in the workplace, in relationships... need I go on? And in case you didn't realise it, just talking to someone is HUGELY rewarding...