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hypnotherapy:
my adventures with clients

Hypnotherapy — my adventures with clients

You are a mind with a body, not a body with a mind...

Therapy is rarely straightforward... statistics show that two thirds of adults experience some sort of mental or emotional problem at some time in their life. These include anything from stress brought about by overwork or tiredness to the emotional aftermath of a failed relationship to schizophrenia to thinking they are being stalked by a giant hedgehog.

The statistics also show that two out of every three patients benefit from some kind of therapeutic intervention and two out of every three patients improve through spontaneous remission without any treatment or intervention. The type of therapy depends on the type of problem — it really is a case of using the right tool for the right job.

First, we will take a brief look at the different approaches on offer.

We already know that hypnosis is merely suggestion and suggestion is just the way we get people into the frame of mind we call hypnosis. Suggestions given under hypnosis, particularly those that represent the conscious desires of the subject, will change attitude. Attitude change will inevitably lead to a change in behaviour, and this transition — a step by step process — is usually smooth and natural.

In hypnotherapy, suggestion is used to induce relaxation; relaxation helps the client relax and focus their attention, which increases suggestibility. Increased suggestibility modifies and changes attitudes and attitude change leads to behaviour modification. What makes it work is largely the skill of the hypnotist in choosing the right suggestions and a healthy dose of good timing! With practice comes experience.

Just to be clear, let's superimpose this process on someone who wants to stop smoking. First, the smoker has made the conscious decision necessary to make the first step worthwhile. Their awareness of the habit and their own decision to change is an integral part of the cure. Already some of the hypnotherapist's work has been done. They've made the effort to turn up, which is also a step in the right direction. Then, the therapist weaves their own kind of magic, changing the smoker's attitude, thus modifying behaviour, which means not smoking.

But that's the easy bit — smoking is a habit and to stop it, we must find out why the client smokes in the first place, and why they are finding it difficult to stop. What are the real needs of the client? We need to understand as much as possible about the client's behaviour before we start choosing suggestions. But just when you think you've heard everything, along comes another surprise. Clients usually have no inhibitions when it comes to spilling the beans to you — a total stranger.

Relaxation is important, but the actual process of hypnosis is often mere frippery... simply performed to satisfy the expectations of the client. The most important goal of hypnotherapy is behaviour modification and there are some general principles of therapy which are worth expanding on.

Every thought or idea causes a physical reaction because thoughts and ideas can affect the physical functions of the body. For example, feelings of anxiety, fear or anger can

affect breathing rate, heartbeat, perspiration and so on. Worry triggers stomach acids and continual worry causes stress and illness. Ideas and thoughts that have a strong emotional content tend to stay lodged in the unconscious. Once established in the unconscious, these thoughts and ideas continue to produce the same reactions. For example, in the case of fear of flying, the mere thought of getting on an aeroplane will trigger the same physical reactions: A sick feeling in the stomach, sweating, a morbid dread of becoming airborne etc. Hypnosis is the ideal tool to end this chain reaction.

The human brain looks for and recognises patterns in the world. This helps us anticipate what might happen in the future. Once a pattern has been established, the same physical reaction will occur time and time again. In other words, what the unconscious expects to happen, *will* happen and the expected condition usually appears! It's the placebo effect in reverse.

Imagination can be more powerful than knowledge of fact. Reason and logic are easily overruled because the imagination is so powerful. It's easy to imagine things that are simply not there. This is especially true of children... and adult neurotics. For instance, phobias and anxiety reside in truth imagination, as is any idea accompanied by strong emotions. Again, with hypnosis we can alter, modify or even remove old ideas by replacing them with more positive ones.

Once an idea has been accepted by the mind it becomes lodged in the unconscious where it remains until it's either modified or replaced. There is an old Jesuit saying 'give me the boy and I will make the man'. Army training is based on this principal. Training breaks down old ideas and instils new ideas of discipline and obedience. The modern fad of NLP works a similar magic: the student NLP'er is introduced to new ideas and 'beliefs' at the very start of the course. These new beliefs then serve as the foundation for everything the student learns from there on. The problem is that quite a lot of what is taught from then on is drivel.

Another more recent example would be a fixation with climate change and carbon emissions. There are reasonable scientific arguments disputing the belief that the world is so badly polluted it is just a decade or so years away from becoming a dead planet and as a result, all life on earth is doomed. There is also a plethora of scientific arguments to dispute this view. The truth of the matter is whichever side of the argument you hear first.

The longer an idea remains in the unconscious, the more opposition there will be to modifying or eliminating it. Try having a reasoned argument with someone with an erroneous yet deeply held belief since childhood and you may as well talk to a wall. Once an idea has been accepted it becomes a fixed way of thinking. This is how habits are formed, which is why some people feel they need a cigarette with a cup of coffee and why some people engage in the most ridiculous good luck rituals like refusing to cross on the stairs or throwing salt over their shoulder if they spill some.

Ideas are habit forming and affect behaviour. It's easier to keep smoking or biting your nails because you've been told it's difficult to stop. With hypnosis, each new suggestion accepted and acted upon creates less opposition to successive suggestions. When *new* suggestions are accepted by the unconscious, the easier it becomes for successive suggestions to be acted upon, not only modifying old beliefs, but establishing a whole new pattern of behaviour. The best way is to start with simple, easy suggestions and slowly move forward from there... one step at a time.

Some physical symptoms are manifestations of purely emotional problems or ideas, for example, a nervous tummy or tension headaches. Many illnesses have no direct physical

cause, so it's important to uncover the root cause (or origin) because the physical manifestation is probably only a symptom. Anxiety that appears every time a person goes anywhere near a swimming pool is obviously a symptom and not the cause. Maybe they were pushed into a pool when they were a child or perhaps a pool reminds them of another unpleasant life event. Whatever the root cause — predictable, unexpected or unexplained — some investigation, usually by gentle questioning, is needed.

Asking straightforward questions such as “*do you think there was there a time in your life, perhaps a specific incident, when this reaction first started occurring?*” Is a good way to start. Therapy is not rocket science — it's simply the interaction between two human beings in search of a solution to a problem, and as close you can make it to a natural conversation, the more co-operative the client will be.

When dealing with the functions of the unconscious mind, the greater the conscious effort, the less the unconscious response. In other words, the harder you try, the more difficult it becomes. For example, the harder you try to go to sleep, the more difficult it is to sleep. So, the golden rule of the unconscious is... take it easy... just sit back, relax, let it happen rather than try to force it to happen.

This is one of the paradoxes of hypnosis. Some people try too hard to make it happen instead of just sitting back, relaxing and enjoying the experience, which is why I always make a point of reminding clients they won't go to sleep or lose consciousness, they will hear and remember everything I say, and they will visualise what I'm saying as we go along.

There are different ways of dealing with 'difficult' clients ranging from an explanation of what they can expect during hypnosis, to various relaxation exercises which can serve as convincers. With or without hypnosis, the aim of any kind of therapy is to establish *acceptable selective thinking*. Hypnosis presents both therapist and client with a relatively direct approach and carefully worded suggestions are the most effective.

Cognitive therapy succeeds because it teaches the skills that help clients cope with problems. The word cognitive means 'thinking' so what we're really talking about is helping the client to think about their particular problem and review it in a different but positive way. Clients tend to think more logically about problems in the therapeutic situation than they do when left to their own devices.

The therapist is the catalyst for thought. The environment of the therapy room also encourages positive cognitive thought. Hypnosis helps the subject focus on more positive thoughts, ideas and emotions. Not only that, but the experience of hypnosis in itself provides clients with a comfort zone — a safe area where they often find it easier to talk.

Cognitive Therapy helps patients recognise negative beliefs that influence their emotions and with practice, this cognition (thought, reflection, contemplation, attention) can change habitual thoughts and thus the behaviour resulting from it. Cognitive therapy is useful for anxiety, phobias, panic attacks, depression and the like. Once the client has recognised they have a problem (that's not hard because it's why they've turned up in the first place) the next step is... get them to put their problem into perspective. All you really have to do is make a molehill out of a mountain.

In the case fear of flying, I always take the time to explain some of the principles of flight: for instance, how and why the thing stays in the air in the first place. Because of the shape of the wing, air has further to travel over the top of the wing surface than it does underneath the wing and so it flows faster. This means the air flowing over the top of the

wing is less dense than the air underneath it, so that the aircraft is always supported by a cushion of air no matter what happens. Except of course if it crashes, but try not to mention that. Air travel is the safest mode of transport — Passengers are a hundred times more likely to get run over by a bus, or... six hundred people die in the UK every year falling down stairs... and so forth. Then you move on to the hypnosis itself, which will contain suggestions for increased confidence and the enjoyment joy of air travel.

Sometimes the fear may have been created by air turbulence a previous flight, or stories of turbulence from other people. Most of these stories turn out to be urban myths, repeated and embellished for the delight of both the teller and the listener. My answer to this is that a lo of people are happy to queue for hours and pay large sums of money to go on rides in amusement parks which are inherently more dangerous than flying. This is the real point — these fears are based on the wrong kind of information and something we are all prone to from time to time... a basic fear of the unknown.

Psychodynamic therapy stresses the importance of the unconscious mind and past experiences and their effect on current behaviour. Past traumatic experiences can often adversely affect the way a person thinks and behaves in the future.

Domineering parents for example may cause an individual to have a low opinion of their own self-worth later in life. Conversely, the same childhood experience may cause an individual to strive to achieve more because they feel they have to prove themselves. You won't know for sure which is which until you get start doing some digging. Even so, you should be prepared for this to be sometimes time consuming.

The great method actor Dustin Hoffman said that no one goes into the theatre because they had a happy childhood. There is some truth in this. My experience of show business types confirms the theory — celebrities love owning grandiose cars because they feel they have to prove to everyone else that they are better than they secretly know themselves to be. They have a guilty conscience because deep down they know that what they do is inconsequential and are afraid of being found out! Secretly, 'celebrities' wish they had worked harder at school and become neuro-surgeons or lawyers. They crave respectability but in the meantime, the laughter and applause serves as a substitute, temporarily repressing their insecurity.

Psychodynamic therapy is good for family problems such as abuse and hatred of persons close. These days however, picking over the minutiae of a person's past is a bit old hat, not to mention tedious. A quick resume of any problems or events may be useful if the particular problem or event can be used as a starting point for a better and more positive future. Whatever the problems of the past, the new thinking is that we have all had some crap to deal with in our lives but it's now time to let go and move forward. This new way of thinking encourages the individual to accept that they may even have been addicted to some of the old feelings and emotions, but it is now time for positive thoughts and actions.

Person Centred Therapy provides patients with a sounding board or good listener to whom they can talk about their problems and thus come to terms with negative feelings and emotions.

Clients often find it easier to confide in a total stranger than they would their best friend or partner, bearing in mind that whatever is discussed in the therapy room is absolutely confidential, unless of course it's absolutely hysterical in which case it can be embellished and repeated at the next psychology conference! All that's really needed is for the client to talk their problems out. Eventually they'll get the solution by themselves, which is precisely

what Carl Rogers was talking about. In this way, the client literally helps themselves — the therapist is really just there to pass the time and offer occasional prods. In the meantime it's enough to pretend to make notes when you're actually drawing a space rocket.

Person centred therapy is particularly good for bereavements and other life crises, but here's a brief word of warning: the therapist should be wary of looking for things that aren't there. Many people — even people with near perfect upbringings and happy childhoods — can suffer from unrelenting low level depression where life can seem unremittingly bleak and which can make even the summoning-up of the energy to do anything seem like a Herculean task.

Trying to unearth an event that didn't happen in the first place can be even more damaging than the original problem. There's a danger the subject could develop an addiction to their own negative feelings. Concentrating solely on the negative is a mistake and something to be avoided at all costs. Concentrating on the negative simply feeds depression. If the client wasn't miserable before the therapy began, they certainly will be afterwards — some people are only happy when they are wallowing in their own self pity.

We already know that around two thirds of adults experience negative feelings and emotions at some time in their lives. Most people will recover on their own, perhaps after a short period of time and get on with their lives again. Problems solve themselves when they're viewed objectively rather than subjectively. Being objective is one of the strengths of the therapist because they can offer a more articulate opinion, whereas the client's view will always be subjective and even prejudiced.

There is also another possible pitfall. Sometimes therapists can be prejudiced themselves. That doesn't mean to say that a woman therapist will always take the side of another woman, or a male therapist take the side of a male client... often women therapists are the most adept at seeing right through women equally adept at spinning a tale of woe.

What I mean is that a particular therapist may be prejudiced toward a solution that might have brought positive results in the past, but ignores all the other subtle nuances that might not be immediately apparent. A lot of therapists miss the point of relationship counselling, thinking that their job is to get the parties to move forward and live in peace at the earliest opportunity. This is a delusion. Often what couples need is an impartial referee — someone who will establish boundaries the couple have failed to establish themselves and provide rules which both parties must agree to stick to. Failing that, sometimes it's obvious that partners will never be able to live together in peace or that one of the two is taking the other for a ride and needs to be dumped. When this sort of advice is dispensed by a perceived professional, it is often followed... handed out by people closer to home, it is often ignored.

Hit your thumb with a hammer and you'll know about it immediately because you feel the pain in your brain, not in your thumb. If you can focus your attention on something else that will reduce the sensation of pain immediately. Taking the Lord's name in vain works for me...

Pain is nature's way of telling us there's something wrong. It's also the worst thing you can sense. The human body is crammed with pain receptors and any damage to the body is urgent news for the brain. The brain needs to know about damage immediately so that it can take action quickly — the affected pain receptors let in a chemical released at the site of the injury. This sends a signal along the nerve to your brain but different types of pain send signals at different speeds.

Sharp pains move at 29.9 metres per second — this is so we can whip our hand away from the burning hotplate quickly to minimise damage. Dull aches on the other hand move at a more leisurely 1.98 metres per second. This is very similar to the way sound waves travel — high pitched sounds have a much higher frequency than low pitched ones.

It's difficult to remember exactly what pain feels like. This is because the brain wants us to notice pain so we can take appropriate action and do something about the cause quickly.

Previously unknown chemicals called Enkephalins, discovered by John Hughes and Hans Kosterlitz at Aberdeen University, can block pain signals. These enkephalins may explain why pain is less noticeable if the mind is distracted or concentrated elsewhere. A good example is soldiers in battle are injured but seldom feel any pain at the time an injury is received — they are concentrating so much on getting the job done and on their own survival, their brain simply doesn't notice the pain, or chooses to ignore it until later.

Another example is a child tripping and scraping its knee. Instead of drawing the child's attention to the pain by dabbing the graze with a handkerchief, the clever mother immediately distracts the child's attention by pointing out something that will capture the child's attention, for instance a bird, an aeroplane or a toy in a shop window. By rubbing the affected parts of the body, applying ice, or swearing, etc., sends different signals that swamp the pain signals.

As hypnotherapists, we must always be circumspect when dealing with pain relief. Pain may be a symptom of a deeper underlying problem. You must investigate thoroughly and even then, the greatest of care must be exercised. It's one thing to deal with a series of headaches but another to discover, too late, that the real cause was a brain tumour. It's always a good idea to ask the client if they have sought advice from their doctor.

The most common pains occur in the back, shoulders and neck, as well as the lower back and lumbar region. These and similar conditions can be easy to deal with — as early as 1892 the British Medical Association recognised that hypnosis was an effective therapeutic agent in the relief of pain. Dealing with pain is simply a case of mind over matter!

Researchers led by Ulrike Bingel at the University Medical Centre Hamburg-Eppendorf in Germany have identified an area of the brain that processes both pain and working memory. This is another example of groups of neurones having a dual function, but to complicate matters, this particular area seems to give preference to pain over memory.

Using fMRI scans, the researchers found that when pain was applied to volunteers hands, activity in the brain areas involved in processing pain increased, whilst at the same time, activity in areas assigned to carrying out cognitive tasks decreased. Bingel believes that the work may have implications for pain management and given that as hypnotists, we already know all about distraction and refocusing to reduce or eliminate pain, he is almost certainly right. Pain really does interfere with effective mental functioning, which is why it's hard to concentrate on anything (for example, name, rank, serial number) when you're being subjected to severe pain by an overbearing German. Nonetheless, the experiments sound fun.

Pain can be blocked out by telling yourself it doesn't exist. We can even train our brains to switch pain on and off. If we allow our imagination to run wild, the experience of pain is often increased, yet we can also harness our imagination to manage or numb the pain or our perception of the pain. The technique works best by first getting the client to give the pain a number from one to ten and then counting down a level every time you describe the reduction of the shape, size and colour of the pain as it decreases. Everyone notices a

reduction to some degree and most people can reduce it down to one or two after less than five minutes. It also utilises visualisation techniques such as imagining that the pain has form — a sharp jagged shape in the case of a sharp pain or rounded shape in the case of a dull ache. We can also give the pain a size, which may correspond to the size of the affected area, and a colour. Most people choose an angry red or bright orange but the exact colour doesn't matter. By using hypnotic suggestions it is possible to reduce the size of the pain, the general shape (by making the edges fuzzy and less well defined) and by 'phasing' the colour from say, the angry red to a pale blue.

Other techniques include engaging the creative imagination to visualise snowflakes falling on the affected part or even the whole body or imagining the pain ebbing away like a receding tide. Some people find it easier to imagine the pain being drained out of a small hole in the affected body part.

Scientists have been able to confirm the effectiveness of these methods by monitoring the level of activity in the rostral anterior cingulate cortex. The Journal of the Proceedings of the National Academy of Sciences in the USA reported that volunteers who tried these visualisation techniques managed an average of a 64% reduction in chronic pain – and that's without hypnosis! Once hypnosis enters the equation, the effect is even more dramatic. The idea here is the subject is taught to retrain their own brains to manage pain.

It happens in two stages... first, the subject is taught the relaxation exercises that enable them achieve self-hypnosis followed by the appropriate suggestions to give themselves when they have a quiet moment or when the pain becomes noticeable again.

It is said that we live in an increasingly stressful world, but I would beg to differ.

Stress is a matter of historical perspective, although the stresses and strains of the twenty-first century are somewhat different than those of the last. Whereas historically, stress was generally experienced in short bursts, latterly, the stress of this modern world has become constant and unremitting and this makes it harder to bear.

My paternal grandfather fought in both World Wars and my maternal grandfather was killed in North Africa in the second. My father was in the RAF in WW2 and my parents and grandparents endured food rationing and none of the conveniences we take for granted today. That's not including the sheer terror as men murdered each other every day and the strain on the civilians left at home as the bombs rained down night after night. In the First World War, the cure for stress was the firing squad. I once told my father I was under too much stress. His reaction was to laugh, saying "*try having a Messerschmitt up your arse... that's pressure!*" And of course, he was right.

Stress releases *real* stress hormones! In the case of *real* fear, hormones are produced in the brain. This is important information for the hypnotherapist. Look at it like this: it's easy to think suggestions are just imaginary ideas, but stresses and fears, even imaginary stresses and fears are *real*!

Hypnosis can't take away the causes of stress (only a major win on the Lottery can do that) but hypnosis can teach the skills to manage stress. The induction of hypnosis is a profoundly relaxing experience and, once an individual has learned the relaxation process, which only takes a couple of minutes in a quiet corner, is supremely beneficial. It's also a wholly and perfectly natural way of training the brain to calm down. It's quick, effective, really simple and costs nothing.

Given today's snowflake, easily 'offended' compensation culture, the word 'stress' has come to mean that stress is someone else's fault. The very word has been so devalued as to be now virtually meaningless.

There are therapists who do well from seeing stressed clients over long periods of time, making lots of appointments and prolonging the torment, (sorry, treatment) unnecessarily. Therapists who take this sort of money from clients are nothing short of bandits and should be thoroughly ashamed of themselves. Clients smart enough to see through the mumbo-jumbo might well be told they are 'in denial.' My point is, if you're not making progress after the third session, you need to give up and refer to someone else.

Stress is so closely linked to loss of energy, loss of enthusiasm and loss of confidence, it is often underrated as the debilitating disability it really is. Post traumatic stress disorder (PTSD) burnout and chronic fatigue are all inextricably related. There are genetic predispositions which have a hand in dictating an individual's response to stress and this should always be taken into consideration if the client or the therapist is to tackle stress effectively because the information encoded in an individual's genes means that the balance is often tipped toward one set of symptoms rather than another.

Long before you get out of bed in the morning, the hypothalamus sends a signal to the adrenal glands to start producing cortisol. Rising levels of cortisol tell the hypothalamus to put your built-in early morning alarm clock on snooze, protecting you from the shock of returning to consciousness and starting a new day.

Dr. Rachel Yehuda, a neurochemist and expert on PTSD at the Mount Sinai School of Medicine in New York pinpointed cortisol as a major cause of stress — and depression. People whose hypothalamus continually produces too high a level of cortisol throughout the day instead of peaking just a few hours after they wake up are much more prone to depression. On the other hand, low levels of cortisol, even in the morning, were common in Holocaust survivors, rape victims, returning soldiers suffering from PTSD, and burnout victims.

Stress can often overwhelm the system and choices suddenly seem, at least subjectively, limited, causing more stress. Behavioural psychologists call this 'learned helplessness' and if left untreated can easily become an insidious vicious circle.

In an unnecessarily cruel experiment, mice were given mild electric shocks but also provided with an escape route. Every time the shock was administered, the mice used the escape route provided by the scientists. However, when the escape route was blocked, the mice were forced to endure the shocks and soon learned there was no escape. Later, when their road to freedom was open again, the mice failed to make use of it and became resigned to their fate. This is a good example of learned helplessness and it happens to humans too. If a person has been beaten down too many times in life, they eventually just give up. Learned helplessness is evident in abusive marriages, in the workplace and anywhere people are bullied. Once you're aware of what it is and how it's caused, you'll probably start noticing it a lot more.

I said the experiment was unnecessarily cruel because the mice could not defend themselves. It would be far better to carry out this sort of experiment on criminals, after all, they are human and scientists would learn more, whilst such a project would have the additional benefit of dissuading said criminals from re-offending in the future.

But back to stress. Humans have more intellectual resources at their disposal than mice but even so, the underlying principle is the same. When too many of the rules change,

especially if they change suddenly or without adequate warning, what used to work well will no longer work because an individual's ability to reason is undermined. It is the job of the therapist to ensure that a client's awareness of their learned helplessness is the first item on the agenda. The nervous system has a built-in bias toward learned helplessness in the face of unremitting and unrelieved stress. Once that is cleared, one can move forward and find more natural ways of dealing with it. Here are some of them:

1. Breathe deeply. Regular, controlled breathing (a common element of meditation and prayer) slows the heart rate, lowers blood pressure and (astonishingly) removes wastes and toxins from the bloodstream. It fools the brain into thinking that you are in a safe place, away from woolly mammoths or Scousers.
2. According to the results of a study carried out on behalf of Air New Zealand, a change of scenery not only recharges the batteries but improves reaction times by up to 82%. After two weeks you will be ready to go back to the office and give the boss the piece of your mind he so richly deserves.
3. Not too strenuous exercise protects the heart, often the first casualty in the body's war on stress. Exercise also helps the brain maintain its ability to change focus more quickly and easily from one situation to another.
4. Having a sense of purpose — a pet project or hobby for example — can distract the mind from the mundane or irritating activities that caused the stress in the first place...
5. ...as will getting regular sleep. Irregular sleep patterns cause metabolic imbalances and increase the risk of heart disease.
6. Fresh fruit and vegetables — because you can't beat a healthy diet! Fresh fruit and vegetables contain vitamins and antioxidants that counteract the inflammatory proteins the body produces when you're stressed.
7. Social isolation, caused by the loss of confidence that stress can induce, is potentially psychologically damaging but it's also something that can easily be rectified by visiting friends and just going out a bit more.
8. If you think you're stressed as the result of persecution by a particular individual, then make up some story about them making loads of money on the side and give the tax man a call. Then you can sit back and over the next few months watch their life fall to pieces.

Sometimes the old ways are the best. At least as effective as therapy is the old adage that *a change is as good as a rest*. In fact, in a lot of cases a change might be the answer because there is nothing worse than relentless drudgery. So maybe a few days away will leave a client refreshed and able to climb back onto the treadmill. Or maybe they need to turn their backs on the treadmill altogether and try something else more challenging.

When it comes to insomnia, the relaxation techniques of hypnosis are just perfect. Listening to an induction on CD last thing at night once the house has been locked up and the lights turned out does the trick very well, especially if followed by a few simple positive suggestions and before you know it, zzzzzzzzzzzzz... It works every time! One client was so excited by the relaxation exercises I taught him and the way the messages on the CD had helped him unwind, he lay awake until three in the morning thinking about it.

There is another technique which I recommend clients try which doesn't involve hypnosis at all, but it seems to work with most people. Lying in bed unable to sleep? Try this simple

exercise. In your mind, do all the things that you did before you got into bed, but in reverse order — turning out the light, reading a book, brushing your teeth, getting undressed, climbing the stairs, turning off the TV, and so on. Try to include as much detail as possible. The reason this works so well is because it is a surprisingly difficult task and requires a lot more concentration and effort than you would think. After a while, the brain starts to get tired and before you know it, you are off to sleep without realising it.

If you are *really* stressed, then forget about squandering your hard earned savings on therapy... get yourself down to the record store and get into some toe-tappin' tunes... not the mind numbing, thumping, meaningless rubbish pumped out by most radio stations twenty four hours a day or the unremitting assault on our ears known as rap, acid house, ghetto fabulous and rave, and go back to our real musical roots.

Did you know that all the rules of harmony were invented (or maybe discovered would be a better word) by Johan Sebastian Bach nearly four hundred years ago? Before Bach came along, music consisted of a rather uninteresting (but calming) plainsong. Plainsong is music without harmony, just the tune sung in unison, usually by monks, and the madrigal, which is music without a tune but made up of very simple harmonies, sung by people who aren't monks. But Johann Sebastian Bach changed all that forever and every piece of music written since (with the exception of a dreadful but mercifully short flirtation with atonality in the twentieth century) from Beethoven to the Beatles is based on the rules that Bach laid down.

Putting a handful of men on the moon was impressive accomplishment in its own way but it can never be as emotionally challenging as Verdi or Wagner. Neither can it touch the hearts of literally billions of human souls in the way that a well written and performed song can. Music can be uplifting (it can also be frightening depressing) and, like some great indefinable yet irresistible force, can affect our moods and our emotions and it can do this much more effectively and quickly than any kind of medication.

Music enhances our imagination, music paints pictures, music brings film to life – films without music soundtracks would be lifeless. Music is without doubt mankind's greatest achievement. When we hear a waltz, we dance, when we hear choral music, we exalt, when we hear a Mass, we fall to our knees in prayer, when we listen to a military band, we are just as likely to march. Music can be sensual: Wagner's opera *Tristan und Isolde*, with its rich and intense chromatic harmonies was considered by King Ludwig's advisors to be so sensual that it might corrupt youth and performances were banned for many years.

Music can also be subversive: audiences were left in no doubt as to Beethoven's political leanings when they heard the opening four notes of the 5th Symphony, taken from a well-known revolutionary song of the time — and it caused outrage. Beethoven himself said *“it is the power of music to carry one into the mental state of the composer; the listener has no choice; it is like mesmerism.”*

Listen to the final movement of Hindemith's *Symphonic Metamorphosis* or the last part of Gustav Mahler's 'Resurrection Symphony' and tell me you are not moved. Listen to the Adagio from Khachaturian's *Gayaneh Ballet* and say honestly, you do not experience feelings of desolation and loneliness, or the relentless brutality of war in Shostakovich's *Leningrad Symphony*. For some light relief, enjoy the cartoon absurdity of Darius Mihaud's *Le Creation du Monde* or Saint Saens' amiable *Carnival of the Animals*. Music is infectious!

It is only in the last eighty or so years that music has become readily available at the touch of a button. Before the twentieth century, music was the exclusive preserve of the wealthy.

Only kings and Emperors maintained orchestras and gave patronage to composers. Only upper classes could afford to attend concerts and recitals, and only members of an almost non-existent middle class had access to the rear stalls and upper circles of the opera houses. With the coming of the music hall, twice nightly performances meant that ordinary people could enjoy popular music. But it was with the invention of radio and the gramophone and more recently, the iPod and latterly the smart phone that music has become more conveniently available to everyone.

Look around you and somewhere someone is listening to a portable music device. While writing this, I am listening to Vaughan-William's Folk Song Suite. So music is now accessible to anyone who cares to listen, and that is a really good thing. An even better thing is that interest in classical music is growing in a market which has traditionally been dominated by the factory produced culture of rock and pop. The latest offerings of the music manufacturers are literally factory produced — the same tempo, usually set at seventy-two beats per minute and the same formulaic sixteen bar phrases. If you're lucky, there will be a key change for the final chorus. The depressing majority of modern music does little for the imagination, because it presents little intellectual challenge and is generally as mindless as the people who seem addicted to its background noise.

So, my point? Try something a bit more interesting. Open your mind to music, because the right music for the right occasion can exert a much more powerful influence than even a string of verbal suggestions. In short, music can aid recovery!

Music can also mean revival, healing, revitalisation, not only in cases of depression. Music can help put someone back on the right track. The potential library is virtually limitless and some of the very best music the 20th century has been written for film. Composers like John Williams, Jerry Goldsmith, and James Newton-Howard regularly produce music that stands up in its own right; magnificent, heartening, stirring and inspirational.

Music in the major key is great for reinforcing positivity and happiness while music in the minor key can just as easily be a reflection of sadness and frustration. Recent studies by Dr. Frances le Roux PhD. in South Africa have shown that patients suffering from physical ailments recover more quickly when prescribed music therapy than those who are left to recover in silence. The theory behind this is that great music improves a patient's psychological state and therefore acts as a boost to the body's own immune system. The music positively influences hormones and at the same time decreases the stress hormone cortisol, and improves immune markers. There is an 'affirmative action' between the brain and the immune system. Happiness and contentedness boost chemicals such as dopamine and serotonin which also positively influence the immune system. What better way to do this than with the simple application of a few pleasant and stimulating bars of music. No tablets three times a day, no injections, no drugs, just a few of your favourite tracks.

The advantage that Mozart has over Boyz-R-U's is that the structure of Mozart's music is so flawlessly mathematical, so perfectly proportioned, that it's processed in the positive emotional centre of the brain. This has a dual role — it inhibits negative emotions as well as strengthening the positive emotions by releasing them and allowing them to come to the surface. Another benefit of music therapy is that it's easy to arrange a prescription-free top-up whenever it's needed! If the immune system can be conditioned to respond to music in the same way that all our other experiences in life can be conditioned to relate to circumstances, then there is no reason why it should not be continually boosted.

Classical music's rhythms and tempos also reflect the body's natural rhythms and tempos in that they are ever changing, ever challenging and it's a healthier option than the mind-

numbing monotonous thumping beat of the disco! Classical music is a roller-coaster of meaning and emotion. No two phrases are ever exactly the same because classical music, like the human body, is a living breathing entity with ups and downs, diversity, excitement and the sheer joy of life.

And so onto my experience of trying to use hypnosis to treat drug addiction, something that was about as effective as trying to paint the Eiffel tower with a toothbrush. My advice...? Don't waste your time. However, if this type of mission of mercy work appeals to you, here are a few pointers...

Drug addiction is difficult to treat because unlike people who are genuinely seeking help, addicts don't want to get better. Drug addicts need their drugs in the same way that you and I need air to breathe. However, if you are mad enough to try, there are three things to remember.

First, the person before you is not the same person they were before they started taking drugs... that person no longer exists. Chemicals in drugs have a physical effect on the brain that is irreversible. They destroy brain cells and create new neural pathways. The individual before you, with their uniqueness and their own special experiences of life, their special memories and their individuality, has ceased to exist. That person, that human being, whose mother held and loved and cherished through childhood started to commit suicide the day they took their first hit. That single act was the start of the slow death which no one knew or cared about until the moment the police came to the front door.

The person facing you is skilled in the arts of guile and deception. First, it was a few coins from mum's purse and then their sister's music player that went missing. Before long they graduated to shoplifting and credit card fraud. Eventually it was violence and prostitution. *'Just one more and I'll stop.'* But of course that never happens.

As hypnotherapists there are only two things we can do to help those who genuinely wish to come off drugs. We can help the client manage the pain of the physical withdrawal — the technique is the same as another kind of pain management (withdrawal from heroin for example is punctuated by recurring and severe stomach cramps) but that is not even half the battle. We then have to dig deep to find the real reasons they turned to drugs in the first place. Problems at home are a common cause, as is childhood deprivation or physical or sexual abuse. I often found an addicts family had a history of addiction. Then there are mental health disorders to look out for, or peer pressure, which seems to be the most common. Drug use from an early age is difficult to deal with because the addict has no stable earlier life to remember and compare to their present position.

It is difficult to instil in addicts any sense of self-respect because (in the main) they have long forgotten what that *feels* like. Trying to impose a different structure in their lives is by far the most difficult aspect of the work simply because sourcing and obtaining drugs has been a full time seven days a week job. Part of the treatment will have to involve other people the addict will trust instead of their dealer or their similarly addicted friends. Drug addicts require many regular sessions. They also either miss appointments or disappear altogether. And of course, they won't pay. And... never leave anything lying around because it will disappear before you even notice it missing. If you're thinking of helping addicts, it's a good idea to try to understand what you'll be up against before you start.

Taking Heroin (Diamorphine) either by injecting it or smoking it (known as 'chasing the dragon') makes the addict drowsy. It also affects fifty types of transmitters in the brain. To counteract the heroin, which in itself is a poison, the body produces the opiate morphine. The morphine floods the brain's transmitters and over time receptors become less

sensitive. As the transmitters become less sensitive, the addict needs more and more heroin to achieve the same effect or 'high'. As the body becomes more tolerant, the addict needs to take more all the time and the amount needed grows at an exponential rate. At first, it's enough to smoke it but usually within just a few weeks, smoking is no longer enough to satisfy just the physical need so injecting the drug directly into the bloodstream to achieve the same effect — something which in itself is indicative of their desperation — will be the preferred method.

It is precisely because of the need for ever increasing doses of the drug that trying to solve the problem by distributing heroin to registered addicts legally simply will not work. Its substitute, methadone, which registered addicts can sometimes get on prescription, isn't as good apparently, and methadone is often sold to other addicts to get money to buy more heroin.

The drug slows down breathing and there is a danger of overdose because users have to increase the dosage just to feel normal. Occasionally, addicts score heroin which is more pure than the usual stuff or has been mixed with talcum powder or kitchen cleaner by the dealers. Discovering too late the new stuff is more potent than usual, the body gets a massive shock and this also brings about overdose. There are branded antidotes such as Narcan, often used by paramedics, but these are only any good if the addict gets treatment in time. Heroin addiction is a slippery slope where overdose and death is often the end result.

Finding the money to buy heroin is for most addicts a twenty-four hour a day operation which quickly takes over the user's life. Habits that cost £300 a day are not unusual — in fact they are the norm. This money has to be generated somehow, usually the proceeds of crime. There is no day off for a drug addict... every day is the same and the monotony of this daily routine completely absorbs their lives. Because addicts lack normal social interaction, the brain develops abnormally.

The subject's only meaningful contact is with other addicts or their dealers, so normal everyday experience is denied. The effect of this aberrant lifestyle manifests itself in antisocial behaviour in all its forms — disregard for others and an increasingly narrow view of the world. Because of the repetitive nature of the subject's lifestyle (crime, visiting the dealer, oblivion, followed by more crime, more visits to the dealer, oblivion, more crime... there is an abnormally large allocation of neurons and pathways related to these activities. Because of this, addicts become less and less aware of the real world and more and more comfortable with the destructive world of drugs and crime, often stealing from each other.

There is nothing so terrifying for a drug addict than the prospect of not being able to 'score'. When arrested, their first concern is to get bail because as soon as bail is granted, their first port of call will be to their dealer...

As if all this wasn't bad enough, the latest research shows that habitual use of heroin and crack-cocaine actually cause certain parts of the brain to rot away leaving holes where normally there would be healthy tissue. This problem only recently came to light because heroin and crack are relatively new drugs — they did not come into widespread use [in the UK] until the 1970's. Medical researchers are only just getting the chance to examine the physical brains of life-time addicts. Most disturbingly, it is the areas of the brain that are thought to contain the conscience that are worst affected by this wasting away of neurons. So next time you ask a druggie the question '*have you no conscience?*' the answer will be obvious... they will say 'no'. And they will mean it.

In the UK, where the cool New Labour government downgraded **cannabis** in a supremely cynical attempt to lower the crime figures, its use has increased, particularly in the inner cities. Psychologists are beginning to see a related rise in the number of teenagers suffering from paranoia, even years after they stop using the drug.

In South Africa, at the University of Stellenbosch's psychiatry department, brain shrinkage caused by drug addiction has been studied by a research team headed by psychiatrist Dr. Bonga Chilize. Just like any other place in the world, Dr. Chiliza's drug addict recovery programme is desperately short of resources, but two things are beyond doubt. The first is that there is definite shrinkage in certain areas of the brain as certain types of neuron are targeted by the drugs. The second, and more frightening, is that addicted teenagers whose brains are naturally in a vulnerable developmental stage are much more likely to end up with severe forms of mental illness later in life once they start messing with drugs.

The bottom line is, teenagers who experiment with drugs today are destined to become the apprentice criminals of tomorrow, destined to be marginalised by the rest of society because they lack the communication and interaction skills learned by normal teenagers. Add to that social isolation and the probability that most will graduate to the inevitable life of crime, a career move making life more difficult for the rest of us, and one begins to realise that New York Mayor Rudolph Giuliani's *'three strikes and you're out'* policy has a lot to offer. Personally, after the third home invasion (burglary) or car theft, I'd gas them. But try and get that one past the human rights brigade. The problem is, the human rights brigade ignores the fact that decent, non drug-addicted members of society have rights too, for instance, the right not to be mugged or raped or murdered by thieving, murderous fuckers. It has become fashionable to blame the rest of society for the failings of an extremely tiny minority. So who do I blame for the crime? I blame the criminals. And the people who sell them drugs.

A lot of research has gone into finding out whether some people are born with an addictive personality. Most people would no more take drugs than they would hurl themselves under a bus. Drug addicts come from every walk of life and from every section of society although in the main, they are poorly educated, often come from broken homes and from poorer areas — the areas targeted by the dealers.

Coming off heroin is like a bad dose of flu, which lasts for about three or four days, by which time the chemicals in the brain have had chance to rebalance. These withdrawal symptoms are known as going 'cold-turkey' and the best thing parents or loved ones can do is to lock them up in a room for at least a week. That way, the addict has a sporting chance of coming off and not chickening-out at the first sign of discomfort. I'm not absolutely sure that this is legal, but if it's not, it should be. Addicts who find themselves arrested will usually spend a few hours in the cells, sometimes being kept in overnight before an appearance in the magistrate's court where they are almost certain to get bail pending a further court appearance.

Most addicts admit that they were sorry they ever started in the first place but this does not seem to be sufficient motivation for them to stop! The general consensus is that heroin makes you feel so good, you don't even want to try it once. It certainly bestows an inflated sense of confidence on the user which is why addicts take unnecessary risks and always end up getting caught eventually.

Drug addiction is a vicious circle of highs and lows, arrest and incarceration. In the end, an addict will end up in prison (which would be the best place for them if it were not for the fact that drugs are available inside most prisons in the UK anyway). The system therefore

does not work and needs to undergo drastic change. If there were special units where addicts could be held for three weeks immediately they were arrested, this would give them time to get over withdrawal and leave some time left over for a little re-education. It would also give the rest of us a break and we would be able to walk the streets again without fear of being mugged or bashed over the head. In the UK, more than a quarter of a million addicts use heroin so the cost is simply too high, especially considering the prisons are overflowing as it is, although in the long run it would be cheaper. Extermination is another solution but I doubt if that would get past the European Court of Human Rights. Pity.

Cocaine has the opposite effect of Heroin. Cocaine puts the user on war mode. It works on the synapses and remains in the brain for an abnormally long time. It causes both physical and mental hyperactivity and as a consequence puts great strain on the heart thereby increasing the risk of heart attack and stroke. It is not as addictive as heroin and users are much more likely to be able to sort themselves out given the right motivation. In the 1980s, cocaine used to be 'a rich man's drug' now it's a lot cheaper. Cocaine does not represent quite the same nuisance to society as heroin does.

Ecstasy works on the brain's neuro-transmitters and contains strychnine which is a poison. Ecstasy produces an explosive amount of released transmitters which swamp the brain creating a sense of mood enhancement. Like heroin, ecstasy permanently kills off brain cells. It encourages repetitive behaviour, including physical movements and there is a risk of overheating, particularly in the hot sweaty clubs where it's sold and used. One of the long term effects is bad-temperedness between hits. Ecstasy use usually starts as a treat once a week but within a few months it's likely to be taken on a daily basis.

Experiments done on rats clearly show how behaviour becomes repetitive. Whereas a non-drugged rat will roam freely around the cage exploring, the drugged rat will go over and over the same ground. This exact behaviour can be observed in drugged humans at parties where the drug is openly sold.

Cannabis, or marijuana, has recently been downgraded in the UK from a class 'B' drug to a class 'C' drug. This was a huge mistake as increasing numbers of teenagers and younger children started trying it. Although not nearly as addictive as heroin, long term use can cause bouts of paranoia and antisocial behaviour. Prolonged use can also cause bad temperedness and short term memory loss. This short term memory loss is permanent because cannabis destroys the brain cells that assist short term memory. Cannabis users tend to be quiet and go out less, preferring to smoke the drug at home. Cannabis stuns ambition and kills conversation, users preferring to go off into their own little dreamworld.

Youngsters who start smoking cannabis before the age of sixteen do not develop properly because ALL learning is suspended while they are on the drug. Users who start early literally do not grow up mentally — they get stuck in a time warp and are unable to learn anything new apart from how to roll a 'nine-skinner' on special occasions.

It is virtually impossible to overdose on cannabis as the user ends up too stoned to roll another joint. Because joints are smoked without the usual protection of a filter, smoking one cannabis cigarette is roughly equal to smoking twenty ordinary cigarettes.

Overall, drugs are... moreish, so better not start taking them in the first place. There are a million other, more healthy things in life that are also moreish and much better for you. The best results come when the addiction to drugs is replaced by a more healthy addiction to something like a hobby. Even religion would be preferable to the slow death that is the inevitable result of drug addiction.

Living in Cape Town, I've had plenty of time to sink back into the *Stressless* leather recliner I use when I'm short of a few quid and need to see some private clients. In my clinical practice, I have one rule – the client will do all the work.

One of the things uppermost in my mind during this labour of love is the inescapable fact that practicing hypnosis is a learning curve: steep at first, as the experience of watching the first twenty, thirty, forty, fifty clients eyes close is the first part of the learning curve.

You learn to drive when you've passed your test and finally released onto the open road, which is when you start to learn by experience. The lessons teach you all about the rules of the road and the basic driving skills, but they don't teach you how to grab a parking space, or how to eat a Big Mac steering with your knees.

Therapy was not why I originally became interested in hypnosis. Stage hypnosis was a very steep learning curve which taught me how to think on my feet. Excuses for failure are no good in the unforgiving business of entertainment hypnotism, but I found I was able to work well under stress. My mind often raced to find solutions to difficult situations and I developed a pretty good talent for ad-libbing when the going got tough. After a few dozen appearances in the old Working Men's Club circuit (mostly gone now) I began to get a clear idea of how hypnosis as an entertainment should (and should not) be performed and presented. The clubs gave me the grounding and a road into the legitimate theatre.

I hired my first theatre and drove around Liverpool at two-o'clock in the morning with bucket and paste, fly-posting bright yellow posters on derelict buildings. I did the same in theatres around the country and was rewarded with a loyal following.

But in the mid 1990's, stage hypnosis in the UK was in crisis and things had to change. After a couple of years of doing almost nothing (you should try it, it's exhausting!) I was approached by a hypnotherapist who asked me to speak at a conference he had organised. There were nearly a hundred people in the room and the question on everyone's lips was "*what can this stage hypnotist possibly teach us?*" The question on my lips was "*what can I possibly talk about for two hours that can possibly be of any use?*" The answer turned out to be "*quite a lot actually.*"

Once the awkward introduction and the lukewarm applause had faded away, I surveyed an audience more intimidating than a crowd of hostile Australians in the Sydney suburbs. So I knew, just like any other performance I had given, that I had to grab their attention from the word go and impress the hell out of them. All my practice and experience of more than fifteen years came into its own in that moment and I showed them a quick way of inducing hypnosis and making sure a few simple but important suggestions would stick and be effective long term. Maybe there was something they could learn from this stage hypnotist after all.

I hadn't planned any kind of formal talk, I just did what I always did – think on my feet and employ plenty of humour. Even so, I had pretty much run out of steam after about an hour, and that's when the questions started. "What would you do in this or that situation? What if this happened? What would you do if someone reacted in this way?"

Most of my answers were based on not allowing these situations to develop in the first place – something I had learned from stage work. If I didn't have a clue, I said "I don't have a clue." And they warmed to me because I had been able to show them a new approach to clients, which was fairly simple really... forget the scripts and listen to the client's story, which might not have a beginning or an end... new characters might be randomly introduced... it might not be in any logical order... but all the information you

need will be in there somewhere, and that's your starting point — understanding what the client really wants, and not trying to give the client what you think they should have.

That was when I first got interested in hypnotherapy. I did some rudimentary training and talked to people who'd been doing it for years. After a while, I began to recognise patterns of behaviour in clients. I started to read books on psychology and it was the psychology books (and the psychologists) that made the most sense and gave me the confidence to find ways of dealing with other people's problems and making them disappear, and like a child with a new toy, I couldn't wait to take them out for a test-drive.

I cannot ignore the fact that my stage experience paid off once I settled into private practice. Getting clients 'under' was easy, but the new learning curve was all about what happened *after* hypnosis. I had no shortage of clients because I was known from the live shows. I started working with small groups of five or six. That was where the big money came in. Working with up to fifteen people at one time, all of whom were struggling to lose weight, was just like doing another show. Fifteen hundred quid for an afternoon's work ain't bad. And for light relief I still did short three or four week tours of New Zealand, Australia and latterly, South Africa. The trick was to make sure everyone enjoyed themselves but also to give them at least three things to remember and think about.

One other thing I had not planned but seemed to happen on its own anyway, was that once one person or group had cured themselves of whatever problem was holding them back, they didn't head for the door, but stayed to watch the magic work on others, and were genuinely excited by it.

Failure is not an option when dealing with groups and to make absolutely sure it worked every time, I found myself unashamedly using the methods used in stage hypnosis. Yes, I utilised suggestibility tests... yes, I picked out the most suggestible to work with first... and yes, I had to resort to different inductions, including eye-closure when needed... but the system worked!

So the groups were great for dealing with fears and phobias, anxiety, weight loss, and so forth, but there were still very personal problems that were not suitable to deal with in groups, but armed with these new possibilities, I started thinking about short cuts, mainly in order to make more money. But mainly I thought about ways to win every time. Carl Rogers' books taught me a lot. Carl Rogers was my driving instructor and he taught me how to really drive.

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 is 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!

I'm sure you will understand when I say that dealing with depression is depressing in itself. Clients who tell me they are depressed represent a real challenge. The conversation usually goes something like this:

"I'm depressed..." There follows a quick investigation as to what exactly is making the client depressed, when it started making them depressed, and what *they* think should be done about it. Useful tricks of the trade include picking a celebrity they admire, or best friend or favourite uncle, to give them imaginary advice. "If you could talk to Princess Diana or Uncle Fred, or the Dalai Lama, what do you think *she/he* would tell you to do..?" That sort of thing. All that really happens, thanks to Carl Rogers, is that the client gives advice

to themselves, based on what, deep down, they always knew, or at least suspected to be the truth in the first place.

Then some hypnosis, employing Emile Coue's tried and tested technique using phrases encouraging greater self-respect, self-confidence, and self-assuredness. Then I tell them to fuck off. It certainly always makes me feel better.

Alternatively, one can try a more altruistic approach, starting off with something like "oh, I'm sure we will be able to sort this out and have you full of the joys of spring in next to no time!" Positivity always works better than doubt! I have been doing this for more than forty years, and I very early on came to the conclusion that ignoring the latest fashionable NLP nonsense and instead using one's common sense and experience of life works!

Sometimes, one has to be cruel to be kind. Confronted one Monday morning with a grossly over-large and extremely slovenly individual with long greasy hair, wearing flip-flops (in the middle of winter) on dirty feet and smelling of sweat, I decided that whatever this woman's problem was (she said she was depressed) I was not being paid enough to let her sit in my expensive leather *Stressless* recliner or breathe in her sweat germs.

"When was the last time you had a shower?" I enquired in my most genial manner. The woman (in her mid 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 as you are now." Etc...

The lady in question did return on the Thursday, wearing a clean dress, with her hair tied up in a bun and wearing a relatively clean pair of shoes. She smelled of perfume and had applied a little make-up, badly as it happens, 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 was about how much better she felt now that she had smartened herself up a bit. "Much better, thank you," was the answer. And that was precisely my point. Feeling better, like charity, begins at home. Next, I made sure she cleaned her pigsty of a home 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 ten minutes or so for a quick catch up. The real work had been done on her first and second visits. We did a rapid induction, always tailored to her needs of the moment. Over the weeks, she lost enough weight that 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. She had thought things over and decided that she wanted to go it alone. Was it something I said? I wondered. She smiled and pulled out a bottle of red wine as a parting gift. Maybe it was because I had said things that even her closest friends would not tell her, such as the truth, and that was, after all, what was needed. Or maybe it was because I just thought outside the box and found a different, but logical, way of moving her forward. Or maybe it was just about giving her the idea of self-respect.

Weigh loss sessions account for maybe 50% of my client load. People overeat for one of two reasons. Either they love the taste of food (normal) or they guzzle for emotional reasons (not normal).

When people are sad or anxious, food is like a drug — a short fix which excites the pleasure centres to such an extent that they forget they are piling on the weight.

Carbohydrates and fats elevate a person's mood by lowering stress hormone levels and in the particular case of carbohydrates, 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 known to cause the release of pain suppressants in the brain and to activate the pleasure centres.

This is obviously a vicious circle — the more they eat, the more pounds they pile on, and the more depressed they get afterwards. So to avoid depression, they eat, and eat. What interesting that the loss of a mere couple of pounds gives them immense pleasure too — the trick is, to replace the old pleasure with a new one... or save up and pay for the liposuction. Either way, the danger times are when the client is feeling down, disappointed or let down, worried or emotionally upset, lonely, or when they are feeling restless or bored (boredom is a very common trigger) or when the client is afraid, irritated or angry. So there's a lot to explore.

The danger times are when the client is experiencing any negative emotion. For most comfort eaters, that 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 is wrong and what should be done about it — the therapeutic environment merely provides a comfort zone where it's appropriate to explore issues and the possibilities for behaviour modification.

Reward expectation is a major force that drives behaviour. We learn from a very early age which of our actions promise reward and which actions promise no reward. This is true of all behavioural problems. The task is simple — to persuade the client which behaviour will elicit the greater reward, and which behaviour is in the long run, counter-productive.

There are a couple of old sayings which some people seem to have forgotten. The first is one my grandfather used to say on a regular basis: "Smile, and the world smiles with you — cry, and you and you cry alone." This is certainly true for my clients. The other, is perhaps less well known. "If you can smile when everything is going wrong, it means you have found someone to blame." That is also true.

The most common fears and phobias are related to 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 these categories are the result of fears which are inbuilt, that is, genetically passed on rather than fears which have been 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) so 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 full of other dead insects. 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 dry and leathery.

But does it really make any difference when all you have to do is to sit the subject down, and make whatever it is he/she is 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 a large

and loud motorcycle. He also had a rather loud, booming voice and 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 time in his life been down on his knees begging a woman not to leave him, and then in all probability, begged her not to tell anyone he had done it. Maybe, beneath that overbearing demeanour, he had a small penis and his behaviour was to compensate. My client began to giggle and then laugh out loud and she was never afraid of her boss again. The whole process, from initial investigation to cure, took less than ten minutes. That is the sort of case I like, because you can make a difference — a spectacular difference — in a very short time and be on the motorway before rush hour.

Therapy that simply rakes over the same old ground at £150 a time is not only counterproductive, it's a complete waste of time and money. Very often it gives a client the opportunity to cling to a reason rather than encouraging the inevitable 'moving on' process. Some therapists are expert at this. After all, why help the client move on in one session when you can drag it out for three?

In the case of Obsessive Compulsive Disorder (OCD) however, there may be an excuse for this. OCD is one of the more complicated problems faced by hypnotherapists. It's an odd one, because in some cases OCD may be just a learned habit, for example glancing in mirrors at every available opportunity, or constantly twirling strands of hair. On the other hand, stroking one's chin when deep in thought is not OCD, but continually stroking one's chin whilst deep in thought in order to keep the evil spirits away, *is*. See the difference?

Some of history's greatest scientists and artists could be labelled OCD: composers who can't stop composing, painters who can't stop painting. In the same way cleaners can't stop cleaning, the search for perfection is often obsessive, or compulsive, but not necessarily a disorder. It all depends on one's perspective. Composers who continually turn out fabulous music are not obsessive compulsives, rather, they are creative geniuses. Nevertheless, it's always tempting, when talking about OCD, to discriminate between artists and cleaners. The woman who continuously cleans her house from top to bottom may be obsessive and compulsive, but only if that behaviour is borne out of a pathological and unreasonable fear of germs. There are women who just enjoy cleaning... and they are welcome to come round to my house once a week.

The problem with OCD is that certain people often confuse reasonable (though repetitive) behaviour with obsessive or compulsive behaviour. A client thought she had OCD because she experienced an overwhelming desire to wash her hands every time she shook hands with a person who had 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. But this is neither obsessive or compulsive behaviour, it's again, *normal*.

The examples cited above *do not* constitute unreasonable or abnormal behaviour at all. In fact, 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 social media and formed the wrong conclusion. Why...? because they were *suggestible*. So I used their suggestibility to their advantage and reassured them that they were in fact, completely normal, which of course they were.

A slow hypnosis induction to calm the stimulus of a fear or phobia (for example, a mouse) is a tried and tested way of eliminating those same fears and phobias.

Recreating objects of fear on a computer screen though, is something relatively new and is proving to be something of a success.

Before we look at this in detail, suffice to say that one of the great advantages with this method is that the client/patient can operate the mouse (no pun intended) on their own and thus retain control over the speed at which the session progresses. [I have used a variety of small plastic spiders and images of spiders on the computer screen.]

The goal of the treatment is a new word with an old meaning: Habituation — a method of learning whereby a response to a stimulus is diminished as the result of repeated exposure to that stimulus, but three dimensional computer simulations are the best because they add that touch of reality. In any event, 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, although the treatment obviously won't work with people who have a phobia of panic buttons.

As at 2015 it is estimated that only 2% of therapists in the United States are making use of virtual reality therapy, but this number is bound to increase as the technology becomes more realistic and more readily available. 'Virtual reality' could mean a paradigm shift in the way we practice therapy in the future... therapy may no longer be mostly talk as clients confront and control their fears on screen. The age of Freudian psychoanalysis is mercifully drawing to an end and being replaced with a more 'getting straight to the point' type of therapy. Using an interactive computer generated programme will get better results than telling the therapist about your mother!

It's worth reminding ourselves that the imagination is the ultimate virtual reality machine and there is no reason why hypnosis cannot be used in conjunction with virtual therapy to provide added strength. I believe there is value this kind of treatment can provide. It's more effective than antidepressant medicines although it is more time consuming. The other advantage is that the programme could be emailed to the client to practice in their own time. In fact its advantages shine through in the long *and* short term.

Chemical antidepressants can take anywhere from two to four weeks or more to begin to show results, whereas hypnotherapy can produce results almost immediately. In addition, the results last many times longer than the chemicals and drugs aggressively marketed by the pharmaceutical companies, and of course there are no side effects. Hypnosis can establish changes in brain processes associated with depression and 'top-ups' can be administered in a few minutes. 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 psychotherapists and the annoyance of drug companies. If we can use all this information sensibly, there's no reason why we can't achieve equally spectacular results.

Psychology has been described as common sense dressed up in fancy words and to a certain extent that might be true. Psychology has come a long way since Freud and the future of psychological intervention looks promising. The talking therapies go beyond simple suggestion, although suggestion plays a major part. However, amongst all the legitimate and scientific uses of hypnosis and hypnotherapy, there still lurks the spectre of charlatanism.

As a postscript, I feel I have to share with you a lesson I learned about life. A few weeks after I had dealt successfully with the overweight self-diagnosed manic depressive, I had some friends round for an evening of Monopoly, which we played with real money. I still had the bottle of red given to me as a parting gift, so the four of us shared an excellent

Malbec. The thoughtfulness of that lady had proved to me that generosity to one's fellows can indeed bring people together. Quite unexpectedly, my friends and I met up again in the early hours of the next morning — in the casualty department of Manchester Royal Infirmary suffering from acute poisoning which was traced to the wine.

When lockdown came along, I gave up my practice in Lancaster Gate. Fortunately, the news came just as I was about to commit to another 12 months of renting office space. As I emailed clients to postpone or cancel their sessions, most asked if they could do it online, something I hadn't considered. It was an immediate success. Although I missed the walks in Hyde Park and the Proms in the evening, I didn't miss the travelling or the constant noise of London. I also discovered — from the very first online session — that clients were more relaxed and generally happier and more comfortable in their own home. Significantly, that first five or ten minutes of nervousness and self-consciousness has disappeared!