



***Easy Therapy,  
Easy Everything***

***Andrew Newton***

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# Easy Therapy, Easy Everything

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**Statistics show that two thirds of adults experience some sort of mental or emotional problems at some time in their lives. These problems 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 sort of therapeutic intervention. However... two out of every three patients improve through spontaneous remission without any treatment or any sort of intervention. The type of therapy really depends on the type of problem: it really is just a case of finding the right tool for the right job.**

**Remember... you are a mind with a body, not a body with a mind... So first, let's take a look at some of the different solutions on offer.**

## 1. Antidepressants will just make things worse.

**Antidepressants and antipsychotics are now doled out in their millions... but they can make your condition worse!**

Medicine has progressed at an astonishing rate over the past five decades. Diseases with chances of survival have risen from around 25% to 80%. This impressive improvement can be seen in almost every area of medicine — except in mental health, where there has been no reduction in the presence of mental disorders since the 1980s.

This is despite tens of billions of pounds having been spent on psychiatric research in the past 25 years. Despite £18 billion being spent every year on mental health services, and despite nearly a quarter of the entire UK adult population now being prescribed psychiatric drugs each year, mental health remains the one issue that seems unbeatable. Mental health outcomes have got worse... and so have the number of suicides. So it begs the question, what is wrong with our approach to mental health?

The answer is that the vast majority of people diagnosed and prescribed psychiatric drugs were not mentally ill or dysfunctional in any medical sense. They were simply people who were experiencing the inevitable painful human consequences of being engulfed by life's trials and tribulations. Sane people were simply struggling with poverty, trauma, family breakdown, social exclusion, abuse and life in general.

Patients with stress, anxiety, depression, get a seven minute consultation with a GP before being prescribed psychiatric medication — antidepressants or tranquillisers — which they take for unnecessarily extended periods and labelled with a depressive or anxiety disorder. In more affluent areas, serving a mostly white, middle-class and well-educated population, most people are prescribed medication and labelled with anxiety, depression and sometimes more severe diagnoses such as bipolar personality or psychotic disorder.

But these people are not mentally ill. Instead they suffered from relationship problems, sexual problems, unhappiness at work, low self-esteem, bereavement and loneliness. So understandable, although painful feelings and emotions, were renamed symptoms of a specific psychiatric disorder, for which a specific psychiatric drug was prescribed.

This is the typical response to anyone who opens up about their mental distress today. It completely overlooks the harmful social, political and work environments, and instead relies on drug interventions which may do more harm than good in the long run.

Mental suffering is blamed on faulty minds and brains, or chemical imbalances, despite there being no known tests or other kind of physical examination that can prove this diagnosis. Worse, recent research has shown that believing mental illness is rooted in biological abnormalities can have an adverse effect on someone's recovery. It's the placebo effect in reverse!

According to a Harvard study published in 2020, people diagnosed with depression who believe their problems are due to chemical imbalances experience greater pessimism about their recovery, as well as more depressive symptoms after their treatment has ended.

Rational use of psychiatric drugs for the most severe forms of distress is understandable, and patients deserve care and support. But we should also bear in mind that the over-diagnosis and over-treatment of emotional distress is driven principally by the drug companies.

Since the 1990s, the pharmaceutical industry has significantly shaped psychiatric research, training and practice through financial sponsorship. It has funded many influential mental health charities, and heads of psychiatry departments. And the cost of doing this is borne by the tax-payer. Drug companies commission, design and conduct nearly all clinical trials into psychiatric drugs. Even the two questionnaires widely used by the NHS to help doctors determine if a person has depression or anxiety — the PHQ-9 questionnaire and the GAD-7 questionnaire respectively — were originally developed by Pfizer, which makes two of the most prescribed anti-anxiety and antidepressant drugs in the UK, namely Effexor and Zoloft.

The over-medicalisation — and subsequent medicating — of emotional distress has mushroomed, just like the drug companies' profits.

But in nations where antidepressant prescriptions have doubled in the last 20 years — the UK, U.S., Australia, Iceland and Canada — the number of people claiming disability payments due to mental health problems has doubled. This is opposite of what one would expect if the drugs were actually working. It can't be due to an increase in mental health conditions because if psychiatric medications were effective in the long-term, then an increase in diagnosis and treatment wouldn't lead to an increase in mental illness!

There is a large body of evidence that shows psychiatric drugs appear to worsen long-term results. A thorough 2017 study into long-term antidepressant use monitored the progress of 3,300 patients over nine years. It revealed that medicated patients had significantly more severe symptoms after nine years than those who ceased treatment. Even the patients who received no treatment at all did better than those who received medication long term.

In 1998, research published in the British Journal of General Practice found that patients prescribed antidepressants stopped getting better after three months, while a group who didn't receive the drugs continued to improve.

In 2007, the most comprehensive study of long-term psychiatric drug use at that time was published in the Journal of Nervous and Mental Disease. It followed a large number of patients who had been diagnosed with schizophrenia. The study monitored the participants 5, 10 and 15 years from their first diagnosis and course of antipsychotic treatment. After only four-and-a-half years, 39% of those who had stopped their medication had fully recovered. Only six per cent of those who had continued taking their medication.

After ten years, the gap had widened further. In fact, the longer people stayed on the drugs, the worse their outcomes were, including anxiety, cognitive function and capacity to work.

In 2019, researchers at Zurich University of Applied Sciences found that in the long term, antidepressants might increase the risk of re-hospitalisation in patients diagnosed with both depression and bipolar. They said that their findings 'challenge the alleged long-term benefit of antidepressants and raise the possibility that, in the long run, antidepressants may do more harm than good.'

There is evidence that long-term use of psychiatric drugs can change the brain, which may explain the increased risk of relapse or worsening symptoms described in other studies. In 2011, one of the foremost neuroscientists in the U.S., Professor Nancy Andreasen, led a team exploring long-term drug use. MRI scans revealed that long-term use of certain anti-psychotics was 'associated with smaller brain tissue volumes'. Most importantly this degeneration was not a symptom of the disease, as previously thought, but the result of long-term psychiatric drug use. Although the study looked at people being treated for schizophrenia, the researchers noted that anti-psychotics are increasingly used for other conditions such as bipolar and depression.

A drug-heavy approach may partly explain why mental health outcomes are falling far behind other areas of healthcare. Worse, the long-term use of psychiatric drugs is associated with an increase in a whole host of other problems such as weight gain, risk of neurodegenerative diseases such as dementia, and sexual dysfunction.

In the UK, our love affair with psychiatric drugs appears to be stronger than ever. There is widespread long-term prescribing for mild and moderate problems for the kinds of mental health issues managed by GPs. About 4.4 million people in England have been taking antidepressants for more than two years. One reason people seem unable to come off medications like antidepressants is widespread misunderstanding about the withdrawal effects, which have been assumed, incorrectly, to be mild and short-lived, and subsiding in a week or two. We now know that many patients experience severe symptoms such as increased anxiety when they try to stop their medication including trouble sleeping and even suicidal thoughts for months and beyond.

The type of mental health therapy offered by the NHS, Improving Access to Psychological Therapies (IAPT), has been heralded a huge success, with nearly ten million people treated since its inception in 2006. It's claimed that almost half of people recover as part of their IAPT treatment, which generally involves up to six sessions of CBT (Cognitive Behavioural Therapy) which is largely about changing people's perspectives which helps them adapt

better to the circumstances in which they find themselves. IAPT was built on the promise that it was a quick, cost-effective way to get people back to work, but there is evidence that IAPT is failing hundreds of thousands of patients every year.

In 2010, Dr Michael Scott, a clinical psychologist at the University of Manchester, noticed something odd when he was assessing IAPT patients. Alongside his work as an academic and clinician, Dr Scott acted as an expert witness for the courts, where he heard time and again that patient's IAPT treatment had not helped.

He decided to conduct his own small review. Looking at 65 cases of those who had passed through IAPT services, he found that whatever the condition being treated, only about 16% of people could be said to be recovering — an outcome seriously at odds with the results reported by IAPT. It turned out that IAPT only includes patients who complete the course of treatment in its results. This means that a full half of all IAPT patients — those who don't turn up or drop out — are simply not factored into the success rates. And when you include those who drop out of treatment — as the University of Chester's Centre for Psychological Therapies did in a 2013 study — the number recovering plummets to about 23 per cent. In other words, only around two of every ten people recover as a result of IAPT, which is woefully below the nearly five in ten reported. This is no more effective than no treatment at all. A large review of data by Australian researchers in 2012 showed that 23% of people spontaneously overcame their symptoms of depression within three months, without receiving treatment.

The origins of the IAPT myth can be traced to a decision by a committee at a 1996 symposium, funded by the drug company Eli Lilly. The myth made its way into clinical guidelines internationally, despite no real corroborating research. As it took root, doctors who encountered more severe or protracted withdrawal would assume that their patients were relapsing and so the drugs would often be reinstated. This may partly explain why, since the guidelines on withdrawal were issued in 2004, the length of time the average person in the UK spends on an antidepressant has doubled.

In 2018, a review conducted at the University of East London, finally helped to debunk the withdrawal myth. The study showed that withdrawal affected more than 50% of antidepressant users. Half of those reported it was severe, and a significant proportion experienced withdrawal symptoms for many weeks, months or more. This research and other studies led to the UK's guidelines being revised, as well as to a U-turn by the Royal College of Psychiatrists.

Of course, many people take psychiatric drugs simply because there are often few alternatives. Millions of adults were prescribed an antidepressant in the NHS, while just over a million were referred for a psychological therapy.

People do not prefer drugs because research shows that the majority of people consulting a GP for help prefer a talking therapy or some other form of social support. But even when patients do receive some form of counselling, the results are often unsatisfactory. This matters now more than ever because there is every chance that the psychological aftershocks of the Covid pandemic will be reframed as rising 'mental illness' and thus a rise in psychiatric prescriptions in response.

In April 2020, with lockdown already taking its toll, the Royal College of Psychiatrists warned of a coming 'tsunami of mental illness'. By July, the Office for National Statistics reported that rates of depression had doubled in four months, while the London School of



Economics concluded that by the end of the year, the nation as a whole had pretty much reached the threshold for psychiatric illness.

Data emerging during the 2021 Covid lockdown showed that the worst-affected people were women with small children, the sick, the bereaved, those who lost their jobs, and young people aged between 18 and 24. The root of this distress was not an imbalance of brain chemicals or a genetic predisposition to mental illness, but the obvious social stressors to which these groups were exposed.

The chances of Covid providing an opportunity to re-evaluate and restructure the bigger problems that underpin our nation's apparently declining mental health and around nil. When YouGov undertook the largest survey into the national outlook, only 9% of people reported wanting life to return to 'normal' after the pandemic. Many of them were relieved to be temporarily away from jobs they disliked or were dissatisfying. Others were presented with opportunities to spend more time with family, to deepen connections, to read, to reflect, to walk and exercise. Covid changed the sense of what really matters, it has also changed our understanding of what makes us human, what brings us down, and what is really important in life.

## 2. Cognitive therapy

Cognitive therapy succeeds because it teaches the skills that help people cope with their issues. Remember, the word cognitive means thinking, so what we are really talking about is helping the client to think about their particular problem. Clients tend to think more logically about their problems in the therapeutic situation than they do left to their own devices. Why? Because the therapist becomes a catalyst for such thought, offering positive encouragement and encouraging cognitive thought.

When the time comes, hypnosis helps the subject to focus on more positive thoughts ideas and emotions. Not only that, but the experience of hypnosis in itself provides a client with a comfort zone, a safe area where they 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 thinking and thus the behaviour that results from them. Cognitive therapy is good for anxiety, phobias, panic attacks, depression and the like. Once the client has recognised they have a problem, and that's not hard because that's why they've turned up in the first place, the next step is to get them to put their problem into perspective. In effect, all you have to do is make a molehill out of a mountain.

In the case of a fear of flying, I always take the time to explain some of the principles of flight, for instance, how the aircraft 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, which means that the air flowing over the top of the wing is less dense than the air underneath it, supporting the aircraft on a cushion of air.

You can add that air travel is the safest mode of transport and the client is a hundred times more likely to get run over by a bus, or... that six hundred people die in the UK alone falling down stairs. Then you can move on to the hypnosis itself, which will contain suggestions for increased confidence and the joy of travelling in an aluminium tube for hours on end breathing air contaminated by three hundred other people's farts.

In some cases, fear of flying may be because of an experience involving turbulence in an aircraft, or stories from other people about bad turbulence. I have heard many such stories about people bouncing around aircraft cabins or of drinks hitting the roof due to a sudden loss of gravity. Most of these stories turn out to be urban myths, repeated and embellished for the entertainment of both teller and the listener.

I should point out that most people are willing to pay large sums of money and queue for hours to go on truly hair-raising rides at amusement parks, rides which are inherently more dangerous than flying. This is the real point is that fears like the fear of flying are based on lack of information and something we are all prone to from time to time... an instinctive fear of the unknown.

### 3. Psychodynamic therapy

Psychodynamic therapy concentrates on the importance of the unconscious mind, past experiences and their effect on current behaviour. Real traumatic experiences of the past can often adversely affect the way a person thinks — and thus 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 in there and start digging. Even then, this can be time consuming and something of a hit and miss process.

The great method actor Dustin Hoffman said that no one chooses a career in the theatre because they had a happy childhood. There is some truth in that. My long experience of show business types very definitely confirms the theory. They crave the respect denied to them in childhood and the acquisition of a Lamborghini makes it easier for them to feel good about themselves and disguise their fear of the world, and of course it will be one in the face for all those people who used to laugh at them. As the previous owner of two Rolls Royce motor cars, when I was swanning around Manchester in them in the 1980's and 1990's, and I had an absolute ball! Then I grew up.

I now spend most of the year in South Africa and the problems of climate change are apparent on my own doorstep. In order to 'do my bit' as it were, I have downgraded to one of those nice economical four wheel drive Toyotas. Nice motor, if a bit overpowered, but the five litre V8 16 valve engine ensures a smooth ride which really gives you the clout over rough terrain. Also, the air conditioning is an absolute must in the summer months when the temperatures in the Western Cape can reach the high thirties.

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 is alright 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 shit in our lives at some time or another but it's now time to let go and move forward. The 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.

## 4. Person Centred Therapy

Person Centred Therapy provides patients with a sounding board (or good listener) with whom they can talk over their problems and come to terms with negative feelings and emotions. Patients often find it easier to confide in a total stranger than they would their partner or best friend — bearing in mind that whatever is discussed in the therapy room is absolutely confidential (unless it's absolutely hysterical in which case it can be embellished and repeated for the benefit of your friends at the next psychosomatic illness symposium. All you have to do is encourage the client to talk their problems out.

Eventually they'll come to a point where they will find a solution by themselves. This way, the client literally helps themselves! The therapist is really just there to pass the time and perhaps also offer occasional alternatives. Until that point, it's enough to sit back and pretend to take notes when you are actually sketching a space rocket.

Person centred therapy is particularly useful in dealing with bereavements and other kinds of life crisis. But here's a brief word of warning... the therapist should be very wary of looking for things that aren't there. Many people, even people with happy childhoods and near perfect upbringings can suffer from unrelenting low level depression where life seems unremittingly bleak and which makes 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 because there is a significant danger it may encourage the subject to develop their own negative feelings. Concentrating solely on the negative is a serious mistake and a method to be avoided at all costs. Concentrating on the negative simply feeds depression. If the client wasn't miserable before the therapy, they certainly will be after it for the simple reason that some people are only happy when they are wallowing in their own self pity.

Two thirds of adults experience these feelings at some time in their lives. Most simply get over it and after a reasonable period of time are able to pick themselves up and get on with their lives again. The rest have to be motivated by a simple talking to, or to put it another way, having their particular hang-up put into perspective by the reasoned argument of an objective observer.

This is one of the strengths of the therapist, who can be objective and offer a more coherent and rational opinion of the problem whereas the client's view will always be subjective and most of the time even prejudiced.

There is another possible pitfall. Sometimes therapists, especially those whose only experience comes from attending a seven day NLP practitioner course or those who are dealing with relationship problems can be prejudiced themselves. That doesn't mean to say that a woman therapist will always take the side of the woman... often women therapists are the most adept at seeing right through women who are equally adept at spinning a tale of woe. What I mean is that a particular therapist is prejudiced toward a particular solution that might have brought positive results in the past but ignores all the other subtle nuances that make up the relationship.

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. What couples often need is an impartial referee — someone who will help establish the

boundaries they have failed to establish themselves and formulate a set of rules which both parties would then ideally agree to stick to.

Failing that, given that sometimes it's obvious that couples will never be able to live together in peace or that one of the two is taking the other for a ride, the only workable solution is that one or the other of them needs to be dumped. When this sort of advice is dispensed by a perceived professional, it is often followed. When the same opinion is dispensed by people closer to home, it is often ignored.

This is not a book about how to perform therapy but I feel that it would be useful to take brief look at some of the techniques, simply because they are all based on suggestion and they might serve as an indication of how remarkably straightforward the process can be: common sense being the main tool of setting a resolution.

## 5. Hypnosis

Hypnosis is simply a matter of listening to suggestions when you're completely relaxed. It has nothing to do with sleep, just conscious relaxation and concentration on new ideas that best describe your needs and desires. The process is designed to change the way you think about things and 'reshuffles' your priorities. If you can do that, it will also change your behaviour, from stopping smoking, to having more confidence, to improving your social skills, to eating more healthily. This transition is smooth and natural because it gives you the determination to do what you wanted to do in the first place!

The process is simple... Suggestion induces relaxation, relaxation — focuses the attention and helps you concentrate, which increases suggestibility, which in turn modifies and changes attitudes, which leads to better, more healthy, behaviour.

Let's look at how the process might work on someone who wants to stop smoking. First, they make the conscious decision to make the first step worthwhile. Their awareness of the habit and their own desire to change is an integral part of the change. Already some of the hypnotherapist's work has been done! The therapist then weaves his own kind of magic using suggestion and guided imagery to change the smoker's attitude to cigarettes, thereby modifying behaviour, which in this case means stopping smoking.

But that's the easy bit... Smoking is a habit so a cure cannot be complete without exploring the reason the client smokes in the first place. What about the unconscious needs of the client? The therapist needs to find out as much as possible about a client's behaviour before choosing the right suggestions. People turn up with all sorts of problems, ranging from OCD (obsessive compulsive disorder) to a raft of other emotional problems, to you name it, they've got it.

Just when the therapist thinks they've heard everything, along comes another surprise — especially as people have no inhibitions when it comes to spilling the beans to a total stranger!

As we will see, the actual process of hypnosis can be a mere frippery — only carried out to live up to the expectations of the client and often redundant.

There are some general principles of relaxation therapy which are worth explaining further: 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 more. 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, thoughts and ideas continue to produce the same reactions. For example, when looking at a fear of flying, the mere thought of getting on an aeroplane will trigger the same physical reactions in a subject, but it *is* possible to change this 'chain reaction' with hypnosis.

The brain looks for patterns in the world and pattern recognition helps to anticipate 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 is realised! This is why the placebo effect is so important to our understanding of the hypnosis we are about to perform. The anticipation is a negative placebo in itself!

Imagination can be more powerful than knowledge of fact when dealing with either your own mind or the mind of another. Reason and logic are often easily overruled by one's imagination because the imagination is so enormously powerful. Often a person imagines things that are simply not real. This is especially true of children and adult neurotics. Examples are unscientific beliefs such as reincarnation, jealousy, phobias, alien abduction and windmills will halt climate change, in fact any idea accompanied by strong emotion. Again, using hypnosis we can alter, modify or even remove old ideas, providing of course we remember to replace them with more positive ones.

Once an idea, even an imaginary one, has been accepted by and become lodged in the unconscious mind, it remains there until it's either modified or replaced. An example of this is the old Jesuit saying "*give me the boy and I will make the man.*" A lot of army training is based upon this principal. Training breaks down old, confusing ideas and instils new ideas of discipline and obedience. Again, hypnosis offers a short cut to this end. The modern fad of NLP works a similar trick: the NLP student is introduced to new ideas and 'beliefs' at the start of the course. These new beliefs then serve as the foundation for everything that the student learns from then on. The problem is that quite a lot of what is taught from then on is drivel.

The longer an idea remains in the unconscious, the more opposition there will be to modifying it or eliminating it. This is so true; try to have a reasoned argument with someone who has had a deeply held but erroneous belief since childhood and you may as well be talking to a wall. Once an IDEA has been accepted, it becomes a fixed way of thinking. This is how habits are formed. That is why some people always feel that they need a cigarette when they have a cup of coffee and why some people engage in ridiculous good luck rituals such as refusing to cross on the stairs or throwing salt over their shoulder if they spill some.

Once a habit has formed it remains easier to stick with it and therefore more difficult to break, for example smoking, or biting one's nails. However, each new suggestion accepted and acted upon creates less opposition to successive suggestions. Once a new suggestion is accepted by the unconscious, it becomes easier for successive suggestions to be acted upon, not only breaking the old suggestions down, but establishing a whole new pattern. The best way to do this is to start with simple, easy suggestions, for example

suggestions that a person's eyes are getting heavy and tired and want to close, before moving on to more complex suggestions. Again, this is a principle that hypnotists understand only too well.

Some physical symptoms are manifestations of purely emotional problems or ideas, for example, nervous tummy or tension headaches. Many illnesses are entirely psychosomatic and have no direct physical cause. It is important then to uncover the root cause or origin because frequently, the physical manifestation is only a symptom.

Anxiety occurring every time a person goes anywhere near a swimming pool is 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 an unpleasant or failed relationship. Whatever the root cause, it could be any number of things ranging from the predictable to the unexpected and this is where some investigation is needed.

A good way of finding out more is to ask a straightforward question such as *“do you think there was there a time in your life, perhaps a specific incident, when this reaction first started occurring?”*

Therapy is not rocket science; it is simply the interaction between two human beings in search of a solution to a problem.

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, and 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 sitting back, relaxing and just enjoying the experience! These people are known as 'difficult subjects' and there are different ways of dealing with them ranging from an explanation of what they can expect during hypnosis, to various relaxation exercises which can then serve as convincers.

The underlying theme of this chapter is that with or without hypnosis, the aim of any type of therapy is to establish *acceptable* selective thinking. In hypnosis, which presents both therapist and client with a relatively direct approach, carefully worded suggestions can make this happen quickly and effectively.

## 6. Pain Management therapy

Hypnotic Pain Management should be part and parcel of any therapist's tool box. Hit your thumb with a hammer and you'll know about it immediately. Your attention is focussed on the pain in a split second because you feel the pain in your brain, not in your thumb. So try focussing your attention on something else that will reduce the sensation of pain immediately. Taking the Lord's name in vain rarely works, but focussing on say, your beautiful grandchild coming to stay at the weekend is more likely to.

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 thousands of 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 because the affected pain receptors immediately 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 so we can whip our hand away from the burning hotplate as fast as possible in order to minimise damage. Dull aches on the other hand move at a much 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 very difficult to remember exactly what pain feels like because the brain wants us to notice pain so we can take the appropriate action immediately... and do something about the cause.

Chemicals called enkephalins, discovered by John Hughes and Hans Kosterlitz at the University of Aberdeen can block pain signals. These enkephalins may explain why pain is less noticeable if the mind is distracted or concentrated elsewhere. A good example of how this can happen is that soldiers hurt in battle seldom feel pain at the time an injury is received. They are concentrating so much on getting the job done and their own survival that 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, swearing, etc., nerves send 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 quite another to discover, too late, that the real cause was a brain tumour. It is always a good idea in these cases to ask the client if they have had advice from their doctor.

The most common forms of pain are back pains, including pains in the shoulder and neck as well as the lower back and lumbar region. These and similar conditions are remarkably 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 and dealing with pain is simply mind over matter, and yes... from here on, it's all 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 working memory and pain. This is another example of groups of neurons having a dual role or function. But to complicate matters, this particular area also seems to give preference to pain over memory.

Using fMRI scans, the researchers found that when pain was applied to volunteer's 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 hypnotists 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 (name, rank, serial number, that sort of thing) when you are being subjected to severe amounts of pain by an overbearing German.

Pain can be blocked by telling yourself it doesn't exist. We can 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 imaginations to manage or numb pain or change our perception of the pain.

Managing pain uses 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 would correspond to the size of the affected area, and a colour. Most people choose an angry red or bright orange but the precise 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 'paling' the colour from say, an angry red to a cold, pale blue.

his technique works best by first getting the client to give the pain a number from one to ten and then counting down 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 a minute.

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 prefer 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 comes into the picture, the effect is even more dramatic. The idea here is that the subject is taught to retrain their own brains to manage pain.

This happens in two stages. The client is first taught how to use 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.

## 7. Stress Management

It is said that we live in an increasingly stressful world. I beg to differ on that point. I was brought up in a family where both my grandfather fought in World Wars and my father flew in the RAF in the Second. All endured hours of sheer terror as young men tried to kill each other on an almost daily basis. There was strain on civilians at home as the bombs rained down night after night. In the First World War, the cure for stress was a firing squad; in the Second... well, there was no cure. Both parents and grandparents endured many years of food rationing and none of the conveniences we take for granted today.

So stress has to be viewed against the background of historical perspective, although admittedly, the stresses and strains of the twenty-first century are different than those of



the last. Whereas historically, stress was experienced only in short bursts, today, the stresses and strains of the modern world are often constant and unremitting... which makes them never ending.

Stress releases stress hormones. In the case of emotions of fear, hormones are produced in the brain. This is important information for the hypnotherapist. It's easy to dismiss the notion that 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 a client has learned the relaxation processes which, as in the case of pain management 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 even easier than pain management and it's quick, effective, really simple and costs nothing.

Given today's compensation culture, the word 'stress' has come to mean that the problem, or the source of the problem, is someone else's fault. There are therapists who make their living seeing stress clients over long periods of time, making lots of appointments and stretching the treatment out unnecessarily. Therapists who take this sort of money from clients are known as 'stress bandits' and should be ashamed of themselves. Clients smart enough to see through the mumbo jumbo may be told they are 'in denial.' Stress is so closely linked to loss of energy, loss of enthusiasm and loss of confidence that it's often underrated as the debilitating disease 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 always has to be taken into account if both etc client and the therapist is to tackle it effectively. The information encoded in an individual's genes dictates 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 pumping out cortisol. Rising levels of cortisol in turn tell the hypothalamus to put your built-in 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 has 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 within a few hours of waking are unusually 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 all too often overwhelm the system and an individual's choices suddenly seem, at least subjectively, to be limited. That causes more stress... and so an insidious vicious circle is established which if left untreated can degenerate into an insidious vicious circle. Behavioural psychologists call this 'Learned Helplessness.'

In an unnecessarily cruel experiment, mice were given a mild electric shock 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 unblocked again, the mice failed to make use of it and became resigned to their fate. This is as good an example as any of learned helplessness and it happens to humans too. If a person is beaten down too many times in life, they eventually just give up. Learned helplessness is evident in abusive marriages, in the workplace and on the sink estate. Now you are aware of what it is and how it's caused, you will probably start noticing it a lot more.

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, when what used to work well no longer works at all, an individual's ability to reason is undermined. It is the job of the therapist to ensure that a person's awareness of their learned helplessness is the first thing on the agenda. The nervous system has a built-in bias toward learned helplessness in the face of unremitting and unrelieved stress. Once it is out of the way, one can move forward to finding more natural ways of dealing with it. Here are some of them:

1. 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 smack in the mouth 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 interest or a hobby for example — can distract the mind from the mundane irritating activities that caused the stress in the first place.
5. Getting regular sleep is important because irregular sleep patterns cause metabolic imbalances and increase the risk of heart disease.
6. You can't beat a healthy diet, so fresh fruit and vegetables should be part of your diet. Fresh fruit and vegetables contain antioxidants and vitamins that counteract the inflammatory proteins the body produces when you are under stress.
7. Social isolation, caused by a loss of confidence induced by stress can potentially be psychologically damaging but is something that can easily be rectified by visiting friends and just going out a bit more.
8. If you think you are stressed as the result of persecution by a particular individual, then make up a 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.
9. At least as effective as therapy is the old adage 'a change is as good as a rest.' In a lot of cases a change might be the answer because there's nothing worse than relentless

drudgery. So maybe a few days away will leave you refreshed and ready to climb back on the treadmill. Or maybe just turn your back on the treadmill once and for all and try something more challenging.

## 8. Insomnia

When it comes to insomnia, the relaxation techniques of hypnosis are just perfect. Listening to an induction on CD last thing at night with the light turned off is the perfect time to practice relaxation, and followed by a few simple positive suggestions, before you know it, you'll be fast asleep. It works every time!

There is another technique I recommend to clients which doesn't involve hypnosis at all but seems to work with most people. Lying in bed unable to sleep? Try this simple exercise. In your mind, visualise all the things 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's an unusual and tricky task which 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 even realising it.

## 9. The health benefits of listening to music

If you're *really* stressed, forget about therapy... start listening to some decent music.... not the mind numbing, thumping, meaningless rubbish that passes for 'music' these days, 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 five hundred years ago?

Before Bach came along, music consisted of a rather uninteresting diet of plainsong, music without harmony, just a 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 weren't monks. But Johann Sebastian Bach changed all that forever and every piece of music written since 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. Nor did it touch the hearts of billions of human souls in the way that a well written and performed song can. Music can be uplifting, depressing, even shocking, but like some great indefinable yet irresistible force, it can affect our moods as well as our emotions and it can do this quickly and effectively.

Music stimulates imagination, it paints pictures, it brings film to life... movies without music would be lifeless. Music is mankind's greatest achievement. When we hear a waltz, we dance, when we hear choral music, we exalt, when we hear a Mass, we think of prayer, when we listen to a military band, we imagine marching to battle. 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.

But 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 signal of the time and caused outrage. Beethoven 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 experience feelings of desolation and loneliness, or the relentlessness and brutality of war embodied in Shostakovich's Leningrad Symphony. For some light relief, enjoy the cartoon absurdity of Darius Mihaud's Le Creation du Monde. Great music is one of humanity's most meaningful inventions.

It's only in the last eighty or so years that music has become so readily available to everyone at the touch of a button. Before the twentieth century, music was in the main the preserve of the wealthy. Kings and Emperors maintained orchestras and bestowed patronage to composers, while only the wealthy attended concerts and recitals.

With the opening of the music halls, twice nightly performances of popular songs meant that ordinary people could experience music. But it was the invention of radio and the gramophone — more recently, the Walkman and iPod — that music has become instantly available to all. Look around you and somewhere someone is listening to music on a device that fits in their pocket, the sound quality amazing!

Interest in classical music is growing in a market which has traditionally been dominated by factory produced rock and pop. The latest offerings of the music industry are usually set at seventy-two beats per minute, the same formulaic sixteen bar phrases and if you're lucky, a key change for the final chorus. The depressing majority of modern music does nothing for the imagination, presents the minimum of intellectual challenge and is generally as mindless as the people addicted to its background noise.

Music can mean revival, healing, revitalisation and it can help put people back on the right track. The potential library is virtually limitless and some of the very best modern music has been written for film. Composers like John Williams, Jerry Goldsmith, James Newton-Howard, Franz Zimmermann, regularly produce music that stands up in its own right — magnificent, heartwarming, stirring... and inspirational. Music in the major key reinforces positivity. Music in the minor key can convey sadness or menace.

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 patient's psychological state and thus acts as a boost to the body's own immune system.

There is an 'affirmative action' between the brain and the immune system. Music positively influences hormones, decreases the stress hormone cortisol, and improves immune markers. 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 bars of music? No tablets three times a day, no injections, no drugs, just a few of your favourite melodies.

The advantage that Mozart has over Boyz-R-Us is that the structure of Mozart's music is so flawlessly mathematical and 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 one is 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. This is a much more healthy option than the imagination-stunting regular deafening beat of the disco! Classical music is like a rollercoaster ride. No two phrases are ever exactly the same because classical music, like the human body, is a living entity with ups and downs, variety, excitement and the sheer joy of life.

Open your mind to music, because the right music for the right occasion can exert a more powerful influence than any instruction manual. In short, music can aid recovery...! So get some while it's free!

**So there you are... all the ways I have found useful. I hope you find them useful too!**