



BRITISH SOCIETY OF CLINICAL AND ACADEMIC HYPNOSIS NEWSLETTER



Trainees on the Mets & South BSCAH Foundation Course

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Editor's Report

We're now a third of the way through 2016, and I'm sure I'm not alone in wanting to find a way to make it go more slowly. Luckily though, the influx of articles from BSCAH members has not been slow, and we've had a steady trickle throughout the year. We've got a huge variety of articles, and snippets, and I'd really like to know which of them resonate with you? Does reading about upcoming conferences inspire and motivate you? Do the snippets about confidentiality and member news tantalise? Have our thoughts on teaching skills given you food for thought? Should the BSCAH newsletter be about hypnosis only, and are the busy branch reports the most inspiring? I look forward to hearing what you love (and detest) about the BSCAH newsletter so that I can ensure there's more of the same.

Part of my role as BSCAH newsletter editor is to attend BSCAH council, and report back any important news or snippets. There are lots of important snippets throughout this newsletter, and if you have any questions or comments on them, please let me know.

You will all have noticed that our Communications Officer, Jane Boissiere, is making sure the profile of BSCAH is raised as much as possible. We are on twitter (@BSCAH1), writing tweets to promote our activities and highlight any hypnosis reports. We are on facebook, advertising our events. We have a brand new website, with improved appearance and functionality. We are not as yet on linked in. This is an area we are exploring, but it is not as easy as it sounds! Please ensure as many of your friends and colleagues as possible know about BSCAH.

Most of you will be aware that the new website is now up and running. Any constructive comments are welcomed and if anyone has anything they think might be suitable to display on the website ie short case studies, vignettes, or useful information, please send to National Office natoffice@bscah.co.uk or to the webmaster, Peter Naish pnaish@psych2000.fsnet.co.uk.

Many members will be aware that National Office has had problems with sending out group e-mails. This has resulted in us having to set up a mailing list. This entails members having to opt in and confirm that they are happy to be on the list by replying to an invitation sent out by an automated system that does look suspiciously like a spam e-mail.

Hilary has been sending out a personal e-mail first to try and contact every member about this but despite this many have still not responded to the bscahmailing list request. Please keep an eye out for Hilary's e-mail from National Office and maybe check your spam filters if you are not receiving mail from BSCAH.

Finally, I would be really interested in knowing what makes BSCAH special to you. Is it important that we limit our membership to medical professionals? What makes a medically qualified hypnotherapist different to a lay hypnotherapist? Maybe it is our accreditation process, that supplements the diploma? It has come to our attention that some members with the Diploma were unaware that they could go on the referral list. Entry to the list is available to those with the Diploma or who have Accreditation. An annual form has to be completed and there is a CPD and supervision requirement which is not very onerous. If you are interested please contact National Office: natoffice@bscah.co.uk.

I am looking forward to hearing from all of you in the very near future.

Charlotte Davies, BSCAH Newsletter Editor

Lancs & Cheshire Branch Report

Our branch meetings for 2016 opened on 10th January. Our scheduled speaker had to pull out due to ill health, so we were very grateful to Ann Williamson, who stepped into the breach and gave a presentation entitled 'Mindfulness, meditation, ritual and hypnosis'. Ann described how ritual has been important since the dawn of mankind and how the intention, attention and mindset involved in ritual provides a bridge to the inner core, giving a resonance effect and leading to altered states of consciousness. Meditation, mindfulness and hypnosis all use ritual but to different effects. Ann described the similarities and differences between meditation, mindfulness and hypnosis and then moved on to the control of rituals and how breaking rituals in therapy can be of use eg in smoking cessation. She talked about pattern alteration to enable a mental "reset" and concluded the presentation with her poem - "Dancing on the edge of a moonbeam".

We have had an increase in numbers attending meetings this academic year, but reached a high for recent times when Geoff Ibbotson was our speaker on the topic 'New perspectives in PTSD' in February. Geoff gave an update on recent changes to the diagnostic criteria for PTSD. He said the term should be used advisedly, but felt the condition is under-diagnosed. He went to talk about the impact of trauma and said trauma is like a minimised computer file - it is easily brought back to the forefront by things encountered in everyday life. Geoff described how treatment approaches have changed over time and discussed dealing with individuals using imagery, stressing that the image must be changed before it can be moved or shrunk to reduce its impact. He also discussed using a reflective time process, a variation on time line, to look at the sensitising event. Using some examples of cases he had treated, Geoff showed the need for flexibility in treatment options. The meeting concluded with a general discussion regarding why some people do not develop PTSD after horrendous events.

Due to a regrettable oversight when booking a holiday, I missed our March meeting. Michael Capek gave a reprise of his talk on 'Biblio-hypnosis - the telling of a tale through the medium of hypnosis' which allowed branch members who had not previously heard this to have a second opportunity (like BBC iPlayer, only better!) in readiness for the sequel to the tale to be told in our autumn schedule. I still have vivid and happy memories of hearing Mike give the original talk based on the Exodus story, and the evaluation sheets from those present in March showed that participants rated the meeting as excellent. To quote: "how a story should be told", "useful to experience what patients get out of hypnosis", "personally very relevant" and "excellent meeting - can't wait for part 2!"

We held our branch AGM on 3rd April. After 14 years as Chair, Michael Capek was succeeded by Adrian Hamill, and Ann Williamson passed the Treasurer's baton to Wevitavidanalage Michael. Lancs & Cheshire are hosting the national conference at the Copthorne Hotel in Salford Quays in June. It is fair to say that without Ann Williamson the conference wouldn't be happening - the meeting passed a vote of thanks to Ann for her efforts. We spent some time discussing how to remedy the low numbers of foundation trainees who become branch members and it was decided to run a branch meeting on the same day as the second day of module 3 in January 2017, to allow trainees to meet branch members and experience a little taste of what a branch meeting offers in terms of case supervision and further education.

Following the AGM Candy Bamford presented a very complex case of an unfortunate young man who had suffered congenital amputation of one arm above the elbow, social isolation and bullying at school (including being beaten up badly enough to fracture jaw, skull, shoulder and 3 ribs), 15

years of ineffective treatment by a psychiatrist and yet still managed to become one of the elite students at Oxford University. Unfortunately he developed testicular cancer whilst at university and had to defer his education during treatment, but luck continued to elude him as he contracted pneumonia and necrotising pancreatitis. After four years he is now physically well, but sought therapy from Candy because he is extremely anxious about returning to university, feeling he has fallen behind and dreading the social isolation and lack of support systems he encountered at Oxford previously. Candy detailed the treatment she had undertaken to date, using hypnosis and EMDR to work on the young man's multiple past traumas. Candy is now preparing her patient for the return to university, building the resources he needs to cope. She has discussed setting "to do" lists with him, using SMART criteria (Specific, Measurable, Achievable, Relevant, Time-related). As a group we discussed methods to help this young man improve his social and communication skills, to facilitate his fitting in with a new group of students.

As a branch we look forward to welcoming old friends and making new ones at the national conference in June. Ann Williamson has put together a superb programme, with something for everyone, so please come and join us in Salford. Our next branch meeting will be held jointly with Northern Counties in July when our topic will be dreams. The meeting will be held in York and is open to members outside of the two branches for a small fee - why not make a weekend of it and enjoy a mini-break in York?

Linda Dunlop
Hon Sec Lancs & Cheshire Branch

Notice to all members

The AGM of the Society will be held at the Copthorne Hotel, Manchester at 17.10 on Saturday 4th June 2016

Office	Appt.	Name	Branch Reps	To be confirmed
President:	2010*	Les Brann	Eastern Counties:	Les Brann
Chairman:	2013	Grahame Smith	Ireland:	TBA
Treasurer:	2013	Ann Williamson	Lancs & Cheshire:	Mike Capek
Hon Sec:	2015	Cathryn Woodward	Mets & South:	David Kraft
Ac & Ac Officer:	2013	Peter Naish	Midlands:	Simon Barnett
ESH/ISH Rep	2014	Cath Potter	Northern Counties	Grahame Smith
ESH/ISH Rep (non-Council)	2014	Martin Wall	West of England:	Zoita Mandila
Development Officer	2012	Mike Capek		
Communications Officer	2014	Jane Boissiere		

Calling for nominations for President, Chairman, Hon Treasurer and Ac & Ac Officer/Chair

*Officers may serve for three years and may then be re-elected for a further three years, after which time they are not available for election to that post.

**Any motions and nominations need to be in to National Office at least six weeks
before the AGM ie by 23rd April 2016**

Mets & South Branch

The Mets and South Branch is just about to complete the Foundation Training for the year. Once again, we have enjoyed the teaching very much—it is so rewarding working with keen students all of whom are excellent practitioners in their respective fields of expertise. The cohort consisted of one doctor, a registered nurse, three dentists, a student dentist, an accredited psychotherapist and a chartered clinical psychologist. During module one, and for the second year running, we had the pleasure of hearing Dr Peter Naish speak, and work with, the students. Peter gave a comprehensive presentation on consciousness, the nature of hypnosis and PTSD. The trainees—not to mention Leon and myself—enjoyed his presentation and interactive learning experiments very much indeed. Interestingly, Leon and I have watched Peter's presentations evolve over the years, each one having been specially prepared and differentiated to suit the intrinsic needs of the audience. Once again, many of the students have expressed an interest in joining BSCAH and attending lectures at the RSM. Indeed, Leon and I have been encouraging the trainees every step of the way and have talked about the importance of continued professional development.

During module one, we were also joined by Dr Charlotte Davies, a young doctor who is a member both of the Mets and South Branch Council as well as the National Council. She was involved in teaching the students and providing them with feedback during the afternoon. In addition, Jane Boissiere, our Communications Officer, visited us at the end of the second day to speak about the benefits of joining our society. The hope is that we can encourage younger members to get actively involved.

A picture of all our foundation candidates is pictured on the front cover.

We are going to run the Foundation Training again in 2017, and probably at the same time of the year. Please plug this and invite colleagues to attend training; it would be nice to have between 10 and 15 students. Application forms are available on request: please contact me at dmjkraftesq@yahoo.co.uk. For information about the syllabus, please go to the BSCAH website or speak to me on 07946 579645. The course is open to health professionals, chartered psychologists and registered practitioners who have a legitimate reason for using hypnosis in their work.

David Kraft
Hon Secretary, Mets & South Branch
E-Mail: dmjkraftesq@yahoo.co.uk

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Remember if you are storing patient specific information on your laptops and computers (whether personal or work) the information needs to be properly encrypted. This is especially important if you are transporting data using USB sticks.

Are any of you involved in using hypnosis for couples? One BSCAH member induced a trance in both people at once, and then found it difficult as both of them abreacted very differently. What are your experiences and thoughts on couples therapy?

Abstracts from the ISH conferences can all be found online. Check them out - http://ishhypnosis.org/images/abstracts_BREMEN_2012.pdf

Foundation Experiences

Last year I completed the BSCAH Lancs and Cheshire foundation course in hypnosis run by Ann Williamson, Phyllis Alden and Linda Dunlop.

It was really good to be doing something academic again following a break from my work as a Cognitive-Behavioural Therapist where I worked for the NHS in the 1980's and 90s. More recently I have been working in France with people with PTSD and confidence issues related to horse riding. A niche market I know but there are many people out there with these problems.

Having suffered several horse riding accidents myself in the last few years with subsequent cognitive and behavioural dysfunction in that area, last year I went on a one day course aimed at helping rider confidence which included hypnosis sessions using time road, cinema technique, revisiting the trauma and positive suggestion.

I was so impressed by its effect on me that I started looking for training so that I could incorporate hypnosis into the work I already do. I was keen to find an accredited course, aimed at health professionals and was very pleased to be accepted for the BSCAH foundation training. The course was a fantastic learning experience. The balance of theory and practice was perfect. Everyone there was so friendly. It also made me see that the hypnosis I had received on that one day course could have been done differently and perhaps more safely.

My background in both psychiatric nursing and behavioural psychotherapy was invaluable and I took to the hypnosis like a duck to water. Ann told me that I was one of the easiest subjects she has seen. I also felt that I would be very happy to use hypnosis in my work. I sent several scripts to Ann for feedback which was extremely helpful.

On the course I was able to talk through with the course leaders and other students approaches using hypnosis as part of a treatment package, some of it on a group basis.

On returning to France where I live, I have been using the techniques I learned to good effect within the sphere of horse riding fears and confidence issues.

My first 3 day residential course will take place in May in Malaga Spain where I have secured the help of an ex-pat couple who already run riding holidays and were keen to work with me. I am very excited about this prospect where we will combine hypnosis, other cognitive approaches together with graded exposure to riding a horse. The course is now fully booked. I will be doing pre and post course measures and writing it up as a case study.

I hope to continue my learning in hypnosis and attend future courses run by BSCAH.

Polly-Anne Lloyd

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Jane Boisierre, our Communications Officer attends the "Westminster Forums" intermittently on behalf of BSCAH in order to raise our profile and represent our views. These forums are quite high profile as influential people both present and are in the audience.

For more details, or to attend yourself, visit:

http://www.westminsterforumprojects.co.uk/forums/index.php?fid=westminster_health_forum

~~Membership subscription will not be raised this year. It might be in future years, and athena registration might be a benefit of this.~~

Bin it or treasure it?

This article is prompted by discussions in the Hypnosis section of RSM. Gill ~~McCall~~ acquired a collection of old audio tapes of BSMDH Mets and South activities in the 1970's /80s. Gill got them professionally digitised rather than just let them moulder in an attic. There will be some golden nuggets by famous people in amongst it all, some of sentimental interest. The material is of limited educational value, particularly as it is unedited. The saga of how this is to be funded is outside the scope of this piece. This background has highlighted the whole issue of what to do about old material.

BSCAH members, myself included, do have an assortment of old stuff mouldering in our attics. I have various old books and journals, the property of old BSMDH. Some I have thrown out or passed on after due warning in past newsletters.

I have many VHS videos mainly from the 1980's, some belonging to BSMDH (so now BSCAH), and some personal property. Somewhere someone must have recordings of various conferences (I recall Geoff Ibbotson, Greg Wall, and others making these recordings). Individuals may also have their own. There will be paper material out there too, for example David Scott's collection which was in the library pertaining to the Sheffield University Diploma course.

I know there are sentimental and educational treasures in my stuff, yet I still have not got round to editing it and putting in modern format in usable small chunks.

There are potential consent issues. This could apply to presenters, and certainly to demo volunteers and any patient material. We have already lost use of and destroyed many Accreditation cases due to outdated or absent consent.

Under what circumstances could material that the speakers thought at the time was strictly for medical and dental audiences be made available on the internet? Should we have some respect for assumptions made as to the audience, or say time has moved on and perhaps we do not need to be too 'precious' about it on behalf of those who have gone before us? Would they be delighted or horrified? There are also technical obsolescence issues. These could soon apply to CDs and DVDs for computers, and to file formats however stored.

All this is a bit downbeat. I really am keen that old material should be reviewed, and some preserved for practicable use whether for nostalgia, or, even better, if of some current educational value.

Payment for time involved is highly unlikely to be viable, most of it would have to be a labour of love, albeit with some necessary monetary expenses and possible technical help. The work would need to be shared somehow among 'enthusiasts'.

There would need to be a sense that it was all worthwhile. But is it?

It does take an inordinate amount of time to distil realistically usable content. There remains a balance to be struck between demand/interest and effort/expense. We have tended to think that heavy expense and time is not justified, but it could be time to test the water again. What do you think?

Should we endeavour to enthuse people to unearth what they have and make it accessible to members ?

Would it be an exciting venture, a can of worms , or a dead duck ?

Grahame Smith
grahamedsmith@doctors.org.uk

Functional Disorders

These conditions are a major part of the NHS workload with patients presenting at every department in the General Hospitals. They cost the nation billions and are a source of immense suffering for the patients, their families and the professionals involved in their care who end up feeling demoralised. The money and the mental energy of the staff saved by managing these patients more effectively, could transform the NHS.

Both mind and body are affected so integrated care is essential. At present, patients are frequently discharged from hospital with no diagnosis, no explanation and no help. They have physical symptoms and resent a psychiatric referral. Doctors and patients feel hopeless and helpless. Negative suggestions of "Medically Unexplained Symptoms" seed fear and patients wrongly believe that, with no diagnosis, there will be no cure and hence life long suffering.

Treatment in the General Hospital for the "diagnosed condition" of "Functional Disorder" is necessary (and should be funded by the DGH, not taken from the Mental Health Budget) as the presentation is with physical symptoms. Referral to the psychiatric services causes a delay in treatment and misunderstandings about aetiology.

Escalation of the disability (vicious circle) could be minimised by immediate diagnosis, education and multifaceted interventions. Each speciality could develop a multidisciplinary team to provide the appropriate interventions for the common functional disorders which present in their Out Patient Departments or are admitted as emergencies. The cross fertilisation of information which develops by combining staff from different backgrounds with a common goal increases understanding and reduces stigma. As patients can develop new symptoms at any point there needs to be access to specialists with knowledge of the physical as well as the psychological aspects of the condition.

See the links below to examples where this has already been shown to be effective:-

Jon Stone (Consultant Neurologist) and Alan Carson (Consultant Psychiatrist) provide a service for Functional Neurological Disorders in Edinburgh

https://www.researchgate.net/publication/290492800_Explaining_functional_disorders_in_the_neurology_clinic_A_photo_story

<http://www.neurosymptoms.org/>

Peter Whorwell has developed a service for Functional Bowel Disorders in Manchester (Nice guidance approval for the use of hypnotherapy for IBS based on his research.)

<http://ibs-care.org/news.html>

http://ibs-care.org/pdfs/ref_143.pdf

There are now also dermatologists and psychiatrists collaborating to develop Psychodermatology services.

<http://www.atopickindisease.com/articles/BehaviouralDermatology>

Unfortunately, these clinics are usually treating patients at a late stage. If therapies were available in every outpatient department, treatment would be quicker and morbidity reduced as once the condition is chronic it is much less easily treated.

Problems with NHS funding for training staff and developing new interventions is the NICE guidance "Catch 22" ie NHS will only fund treatments and training for interventions with NICE guidance approval. In this event, no evidence can ever be gathered for the evidence base required for NICE guidance. Pharmaceutical companies can commission trials for new medications but who will fund the research required for the new psychological interventions which IAPT are being encouraged to utilise but, as yet, are not "evidence based"? CBT does not suit everyone! Sadly, despite the IAPT interventions, antidepressant prescriptions and the suicide rate have increased.

A greater understanding of the psychological aspects of illness (facilitated by multidisciplinary teams) needs to be developed across the NHS and society as a whole.

Jane Boisierre

Is it really medically unexplained?

One of the interesting things about the phrase “medically unexplained” is that it still offers some hope. At the time of diagnosis, the symptoms are medically unexplained - it might be we haven't yet discovered the cause either globally or in our patient, or indeed that there isn't a cause. Whilst the specialists investigate, our priority needs to be in helping our patient to manage their symptoms, whilst keeping our eyes open for some medical diagnoses that might be missed.

Today, we will focus on carbon monoxide poisoning.

Carbon monoxide poisoning is common, and when it happens acutely and suddenly, it can kill people. The department of health estimate that 4,000 people each year attend the emergency department with carbon monoxide poisoning, and of those 200 are hospitalised and 50 die each year. But what about those with a more chronic, low level exposure?

Carbon monoxide is a colourless, odourless and tasteless gas. It was one of the first gases used by the Nazis. It is produced when there is not enough oxygen for complete combustion. Traditionally, poorly maintained gas appliances were the biggest cause, but many other things do cause carbon monoxide exposure including:

- * Electrical appliances - especially if they are dusty, and poorly maintained
- * Wood burners, and stores of wood
- * Charcoal - including in disposable barbecues. BBQs inside a tent is not a good mix
- * Cars - if the catalytic converter is cold, carbon monoxide will be produced
- * Shisha smoking

Carbon monoxide is also produced naturally in the body, as a product of haem breakdown.

We are not sure how carbon monoxide exerts its toxic effects. We know it binds irreversibly to form carboxyhaemoglobin (COHb), shifting the oxygen dissociation curve to the left, and making it harder for the body to release oxygen. It also impairs other proteins, and binds to platelets so that nitric oxide gets released. There has been some animal research - dogs have been made to inhale COHb 65- 70%. They died. Other dogs had 2/3 of their blood removed, and replaced with COHb blood - they were fine. Our normal haemoglobin is 150, and if we have a haemoglobin of 75 g/dl, we are fine. This is equivalent to a COHb level of 50% - which is near fatal. This doesn't all quite add up, and nor do the symptoms.

Symptoms of CO poisoning include headache, nausea and vomiting, vertigo and weakness.



Chronic poisoning however, may go undiagnosed for a while. The published symptoms are:

Chronic fatigue
Emotional distress
Memory deficits
Difficulty concentrating
Sleep disturbances
Vertigo
Neuropathy

Paraesthesias
Recurrent infection
Polycythaemia
Abdominal pain
Diarrhoea

You can see why carbon monoxide poisoning as a cause for these symptoms is often rarely identified!

Diagnosing carbon monoxide poisoning is not easy. It has a short half life, meaning it disappears from the body very quickly. If you have a high carbon monoxide level at home, by the time you get to hospital, it will probably be normal. It can be diagnosed by a specific carbon monoxide meter, which specialist ambulance crews have. Clinical signs like cherry red mucous membranes are not reliable and should not be used.

The HPA recommend we use the COMA questions - detailed below:

Use the Health Protection Agency's 'COMA' acronym (Finlay et al, 2012) **and ask the following:**

- C** for Cohabitees & companions - is anyone else in the house affected (including pets)?
- O** for Outdoors - do your symptoms improve when out of the house?
- M** for Maintenance - are any heating appliances properly maintained?
- A** for Alarm – do you have a carbon monoxide alarm?

I often advise my patients to get an alarm. You have to be quite specific, as some people think carbon monoxide and fire alarms are the same thing - they are not.

Digital carbon monoxide alarms that give you a value on how much carbon monoxide there is are the best type to get. Auditory alarms only sound if there is 50ppm of carbon monoxide for 60 minutes. The current guidelines say that we should be exposed to less than six ppm over twenty four hours. You can see how even with chronic low levels in the house, an alarm might not sound.

The Royal College of Emergency Medicine Carbon Monoxide lead recommends "Fire Angels" - easily available online.



Charlotte Davies

Strange Coincidences

When I was invited to give a talk on hypnosis by the British Dental Association in Neston, The Wirral, I was delighted to accept. Little did I know the strange and fantastic coincidences that were about to unfold!

While preparing my presentation, I had been thinking about Dr James Braid, who popularised the terms hypnotism and ultimately hypnosis, deriving it from Hypnos the Greek god of sleep. Braid was the first person to identify that mesmerism was not in fact due to magnetism, but was in fact due to hypnotic suggestion.

Braid is therefore probably one of the most important figures in the history of hypnosis. He is in fact considered as the 'father of hypnosis'. Dr Braid was born in Scotland but ultimately lived and died in Manchester.

As I prepared for my hypnosis talk, I wondered about where he may be buried. Was he brought back to Scotland? Was he buried in Manchester? It would be a nice little fact to include in my hypnosis presentation in Neston. Surely 'Google' could tell me.....

I was in disbelief when the results pages loaded. He is buried in Neston! The exact same small town I was travelling to to give the hypnosis talk I was preparing!

Braid's son, also called Dr James Braid was the town doctor in Neston and by 1860 (25/03/1860) when his father died, he was already a widower (his wife dying aged only 27) and 2 out of 3 of his children had died. When his father died, he had him buried in one of the family grave plots he had obviously had to purchase in Neston. James junior in fact was buried with his father when he himself died 6 years later.

I contacted the church (St Mary's and St Helen's) and they told me they had details of the Braid graves and a map. My wife Juliet and I arrived at the church on 26th Nov only a few minutes before sunset and met Terry from the church. We searched for a while but gave up due to failing light. I then realised later on at our hotel that we had been looking in the wrong place!

Bright and early the next morning, Juliet and I returned to search again. We only had a short time as I was due to give my talk on hypnosis, although the venue was very close by, just a few minutes by car. We soon discovered the grave, and uncovered the moss from his name to confirm this was in fact the right grave. We also found the grave of his daughter in law and grandsons close by.

In an additional twist of fate, I also discovered that the date we 'rediscovered' the grave and that I then gave my talk on hypnosis was actually the 174th Anniversary of Dr Braid's very first public lecture and demonstration of hypnosis in Manchester (27th November 1871).

It was a real honour to rediscover his grave on such a significant date. I took some video of us finding the grave and plan to visit the farm where he was born too and record more. I hope that the video will be of interest to anyone studying hypnosis. It will hopefully be ready early in the new year.

I also own a copy of Braid's original book on hypnosis published in 1843 (which he inscribed 'with compliments of the author' and presented to Dr James Young Simpson) who has also signed his own name inside.

Mike Gow

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If you are attending a conference, whether hypnosis, medical or even psychology, why not put BSCAH as your society. This will then be printed on your name badge, and is a good conversation starter and a way of promoting BSCAH.

Powerpoint Presentations

We use powerpoint presentations a lot in our work, and as advanced communicators, we need to be careful about whether powerpoint is working for us, or against us.

1. Background

Just because we can have multicoloured backgrounds and pictures, doesn't mean we should. A plain white background can be tiring on the eyes - often an off white blue, purple or green can be more restful. What do you think about these backgrounds?



2. Text

It's tempting to have lots of words on a slide, but this makes them hard to read. Colours and fonts? Look at the example - do you think it works?



3. Bulletpoints

Powerpoint automatically bullet points everything - is that right? Do you have to bulletpoint everything? Ask yourself if you really need the bulletpoint.

4. Content

We have a habit to put everything we can on our slides, cramming it in if needed. But why do we do this?

Are we writing the slides as a prompt for us, so we can read them out (in which case speaker notes would be better) or as an aid for the student learning? What do you think about the slides on the right - do they make the point better than text could?

5. Delivery

Remember, that a good presentation needs three good things - a story or information, good supportive media or slides, and outstanding delivery.

Visit <http://presentationskills.blogspot.co.uk/> for more details.

Charlotte Davies



BSCAH Conference 3rd – 5th June 2016

We are looking set to enjoy an interesting and stimulating conference at the Copthorne Hotel in Manchester. For those that arrive on the Thursday evening we will be hosting a drinks reception with free wine and beer from 18.00 - 20.00. Whilst we catch up on each other's news, we can also enjoy listening to our harpist, Maxine Molin-Rose.

On Friday we have an interesting programme kicking off with setting the scene for audit and research and what we need to do to get hypnosis more widely accepted into the NHS. We have our two guest speakers, Prof Zoltan Dienes and Dr Quinton Deeley talking about research into meditation and hypnosis and belief, followed by Kathryn Kinmond, a former Diplomat, talking about the integration of hypnosis into counselling. We round off the day's programme with further discussion on the R&D theme and a short 'how to do it' guide to social media.

At 18.30 we board a boat for a scenic three hour trip on the Bridgewater canal, through Pomona lock, to Castlefield docks and enjoying the best water views of Manchester, Trafford, Salford Quays and Media City. Whilst on board we will enjoy a superb buffet dinner before returning to our hotel at around 21.30.

On Saturday, if you are a keen athlete and love the water, you may like to join Cath Potter in an early morning swim in the Quays at dock 9 at 8am!

During the day we have guest speaker Professor Maynard, Dr Philip MacMillan and Dr Graham Temple all giving us the benefit of their experience in both motivating and building confidence in patients and in ourselves so we can all give of our best.

At 17.10 we will be holding our AGM which needs to finish promptly because at 18.45 we have David Smith, the magician some of you may remember from Chester, casting his magic as we enjoy a pre-dinner drink. The Conference Dinner will start at 19.30 and we may finish the evening with some in-house entertainment and some dancing. If you would like to help out on the entertainment side please contact me (ann@annwilliamson.co.uk) so that I can plan the programme.

Sunday morning we will have two more guest speakers, Dr Chris Bundy and Dr Anna Chisholm joined by our own Dr Mike Capek talking about how to motivate and improve patient compliance using techniques from motivational interviewing and hypnosis.

The conference will be concluded by Dr Mark Chambers talking about the power of words and how to use language effectively; something of relevance to all of us!

Ann Williamson (Conference Organiser)

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News from the membership: Paul Berry has had a Diploma conversion. Antonio ~~Serrino~~^{Serrino} was successful in his application for Accreditation after interviews by Peter Naish & David Kraft.

Contemporary Hypnosis and Integrated Therapy is our journal. If you have any articles that could be accepted, speak to the editorial board. There should be an ~~article~~^{article} in press soon.

What do you do with this paper newsletter when you have finished reading it? Why not leave it in your work waiting room, so your colleagues can hear about, and learn about BSCAH and hypnosis? Pin it on your work noticeboard? We'd like to hear your recycling stories.



XIV ESH congress

hosted by
British Society of Clinical & Academic Hypnosis (BSCAH)

23th - 26th August 2017



Hypnosis – unlocking hidden potential

Tools for communication, health and healing in the 21st century

Arrangements are progressing well for ESH 2017. A super early bird rate of £325 (approx. 455 Euros) is now available for registrations made until July 2016 and the conference fee includes all lunches and refreshments during morning and afternoon breaks. A reduced fee is also available for students and those from countries with a low GDP (see list on www.esh2017). Rooms have been reserved at various hotels with a spread of prices so if you don't wish to stay at the conference hotel there will be other possibilities available. So book your place soon!

The call for abstracts will be going out to all ESH constituent societies within the next few weeks, with a deadline of 31st October 2016. All types of papers, from clinical case studies, clinical research, theoretical papers and experimental hypnosis research, as well as clinical workshops, are welcome. Papers and workshops should fit into the main theme – Hypnosis- unlocking hidden potential or the three sub-themes of the conference; Communication, Health and Healing. Poster Presentations, which are a great way to display research, case studies and even techniques, are welcomed from those in the early stages of their career, as well as from more established practitioners.

As well as Prof. Walter Bongartz, Prof Elizabeth Faymonville and Assoc. Prof Stuart Derbyshire we have some new Keynote speakers booked: Professor Ulrike Halsband; Dr Claude Virot and Dr. Veit Meßmer. Members of the ESH Board and some notable speakers from the UK such as Prof Leslie Walker and Dr Michael Heap have also agreed to contribute and details will soon be up on the website.

We will be offering a Pre-congress Foundation Training workshop for those new to hypnosis run by experienced UK Trainers.

There will also be an advanced workshop 'Healing Past Trauma' run by Dr Geoff Ibbotson and Dr Peter Naish, looking at the science behind why hypnosis works and a methodology using dissociated imagery. This workshop will be suitable for anyone experienced in hypnosis who works with patients with past trauma.

Lunch and refreshments will be included for participants and these workshops will run from 9.30-13.00 because at 13.30 we will be organising a public and media event looking at the contrasting ways that hypnosis is portrayed in the media and its actual clinical application in practice, which will finish at 15.00.

The Congress proper will open at 15.30 on Wednesday 23rd August with an opening welcome by the President of BSCAH and a keynote address from the ESH President Dr Consuelo Casula. There will a plenary session (TBA) followed by a Drinks Reception from 18.30 kindly sponsored by the Hilton Deansgate.

Here to whet your appetite are a few topics that are going to be presented:

Since 2000 Prof Halsband has been the president of the Scientific Advisory Board of the German speaking societies of hypnosis (WBdH). In 2004 she was awarded the Milton Erickson prize for her research in hypnosis. She researches the efficacy of hypnosis and meditation in normal subjects and in patients with specific phobias and anxiety disorders. Functional magnetic resonance imaging (fMRI), positron-emission-tomography (PET), and electroencephalography (EEG) provide proof for the detectability of physiological state changes as correlates to different states of awareness, consciousness or cognition during hypnosis. She will also report on her work with the use of hypnosis in dental phobia and performance anxiety which demonstrate that hypnosis is a most powerful and successful method for inhibiting the reaction of the fear circuitry structures.

Dr Nicole Ruyschaert from the ESH Board will show how the neuroscience data of psychotherapy, matched with clinical experience, demonstrate which processes are required for promoting health and wellbeing. She will show how therapeutic interactions in hypnosis mobilize hidden potentials in both the therapist and the client.

Hypnosis may be used very effectively to treat side-effects (nausea, vomiting, fatigue, negative body image and pain): to improve coping and to enhance quality of life during and after cancer treatments, and to prolong survival. Leslie G Walker, Emeritus Professor of Cancer Rehabilitation at the University of Hull, UK who continues to carry out research and give invited lectures, will discuss these applications. He will also focus on the research into the psychoneuroimmunology of breast, brain and colorectal cancers.

Should there be laws about who may use hypnosis? Should hypnosis be used for the interrogation of witnesses in criminal investigations? Can hypnosis be used to make people commit crimes? Can a hypnotised person be unable to resist assault by the hypnotist? Can false memories of sexual abuse be created by hypnosis? How does one assess a claim of psychological harm due to hypnosis (including stage hypnosis)? Is hypnosis as it is applied in the clinical context the same as hypnosis as it is investigated in the laboratory and on which theories of hypnosis are based? All these questions and more will be ably addressed by Dr Michael Heap, a clinical and forensic psychologist from Sheffield UK who has taught and practised hypnosis in the UK, Europe, Canada and the USA for more than 38 years.

So, as you can see, we already have much variety in the topics being presented and soon we can share even more exciting news with you as more speakers get booked and the scientific programme takes shape.

Ann Williamson (Conference Organising Committee Chair)

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Be a reflection
of what you'd like
to receive. If you
want love, give love.
If you want truth,
be truthful. If you
want respect, give
respect. What you
give out will return
to you.

www.PositiveOutlookBlog.com

Is this statement true in hypnosis? If you want tactile feedback do you offer tactile suggestions?

Is <https://positiveoutlooksblog.com/> a useful blog to refer some patients too, for daily doses of positivity.

What resources do you direct your patients too?

Are there two manifestations of hypnosis?

Academic objective hypnosis and clinical subjective hypnosis?

Clinicians, do you sometimes wonder why this indispensable clinical tool is often dismissed by 'Cochrane Reviews' with the time honoured phrase ...there is insufficient evidence to recommend hypnosis as a specific treatment for...

Academics do you despair at the lack of analytical understanding of your clinical colleagues?

All is not lost!

Join us in a pioneering project to build bridges, share understanding, and promote all the remarkable aspects of this valuable facility.

A proposed MSc in Clinical and Academic Hypnosis - A joint development between Bournemouth University and The Section of Hypnosis and Psychosomatic Medicine, Royal Society of Medicine.

This course aims to teach best practice in the application of hypnosis in a clinical and research setting. It will also provide training in rigorous experimental and neuroscientific techniques used in the study of hypnosis. By bringing together existing and future clinicians and future academic researchers the course aims to bridge a gap between applied and more theoretical applications of hypnosis.

Core outcome objective include:

- The ability to lead, promote and participate in scientifically robust clinical research to effectively promote hypnosis to health service management;
- The ability to initiate and generate research that has relevance for clinical practice;
- The ability to integrate hypnotic techniques into a range of medical, dental and psychotherapeutic settings, to enhance outcomes;
- The ability to critically assess relevant research papers.

To register an expression of interest and to receive further details please in the first instance contact:

Dr. Martin Wall Chair Training Committee Hypnosis & Psychosomatic Medicine Section Royal Society of Medicine martinwall1@mac.com

Or

Dr. Ben Parris Head of Research and Principal Lecturer in Psychology Department of Psychology Faculty of Science and Technology University of Bournemouth Poole Dorset BH12 5BB bparris@bournemouth.ac.uk

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It is standard good practice not to include testimonials on websites. Whilst this is tempting, it is difficult to maintain patient confidentiality even if patients have given consent for their testimonials to be used. BSCAH recommends you do not have testimonials on your website.

When googling for "hypnosis quotes" it is interesting what you find. Do you agree with the quote on the right? Is it an accurate representation?

Most people walk through the world in a trance of disempowerment. Our work is to transform that into a trance of empowerment.

~ Dr. Milton H. Erickson ~

Clinical and Experimental Hypnosis

In November 2015 I was privileged to be invited to a conference held in Barcelona by la Asociación para el Avance de la Hipnosis Experimental y Aplicada (AAHEA; the Association for the Advancement of Experimental and Applied Hypnosis), and the II GT Hipnosis Clínica del COPC (Clinical Hypnosis Workgroup, of the Col·legi Oficial de Psicologia de Catalunya). The website of the AAHEA is at <http://www.aahea.net/somos/>. The website for (Clinical Hypnosis Working Group, of the Col·legi Oficial de Psicologia de Catalunya (Spain) is at <http://hypnos-cat.blogspot.com.es/>. The meeting took place at the Col·legi Oficial de Psicologia de Catalunya from Friday 27th to Saturday 28th.

The conference featured interesting talks on a range of applications of hypnosis (including a presentation on mindfulness) but regrettably I have no knowledge of Spanish so had to excuse myself (and of course I filled my time in with sightseeing).

On Friday I gave the conference inaugural lecture entitled 'Clinical and experimental hypnosis: Are they the same?'. This examined how experimental and clinical hypnosis have grown apart and asked the question 'Is it time for an amicable divorce?'. Included also was a discussion of the role of the hypnotic induction in clinical hypnosis and how clinicians can tailor it to the patient's presenting problem. On Saturday afternoon I presented a workshop on legal, medico-legal and forensic issues based around my own casework. This covered:

- * claims of crimes being committed due to hypnosis
- * 'recovered memories' of child sexual abuse
- * the use of hypnosis in police investigations
- * allegations of sexual assault during hypnosis
- * claims of negligence against stage hypnotists

There was plenty of time for a very lively Q&A and discussion session. I can send further details of the lecture and workshop to anyone interested.

My visit to Barcelona was a very rewarding and memorable experience. I was overwhelmed by the warmth and generosity of the conference delegates and my hosts Antonio Capafons and José Fernandez (who proved an able translator). Let us hope that BSCAH and AAHEA will engage in more collaborative ventures in the future.

Michael Heap



Himmelfarb J et al. Kidney International 2002; 62: 1524

Different people view things in different ways, as emphasised by the "elephant" picture on the right. The video "donkey balls" <https://www.youtube.com/watch?v=p9IYTxExXP> also emphasises how important it is to ask people "why" and "what were you thinking". Do you do this as part of your pre hypnosis history taking?



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