







# BRITISH SOCIETY OF CLINICAL AND ACADEMIC HYPNOSIS

## NEWSLETTER





British Society  
of Clinical and  
Academic Hypnosis


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Memory: True or False?  
Peter Naish in York  
In traumatic situations  
markedly false memories may  
occur, sometimes with  
  
Might we be forming 'false'  
memories in everyday life?



TRAINING & EVENTS

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NEWS

ARTICLES OF ASSOC MEMORANDA BYELAWS CODES OF CONDUCT  
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## Excellence Theme

Picture: Our Excellent Redesigned BSCAH Website

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[www.bscah.co.uk](http://www.bscah.co.uk)

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### Editor's Introduction

Another year, another newsletter. It's been another great year for BSCAH, and having attended Council meetings, I'm positive that 2018 is going to be even better! The Council is enthusiastic, cohesive, and full of fantastic ideas of how to train health professionals in hypnosis, and encourage its use.

March saw our sex and relationships themed newsletter, and July saw our sleep theme. This issue has an excellence theme - what could we possibly follow that with? I think the only option is reframing... send me your "negative" case studies and reports, so that we can learn from them, turning your negative events into an excellent learning opportunity for everyone. Of course, even positive case studies have something we could learn from - so send me those too! Lets all learn from each other!

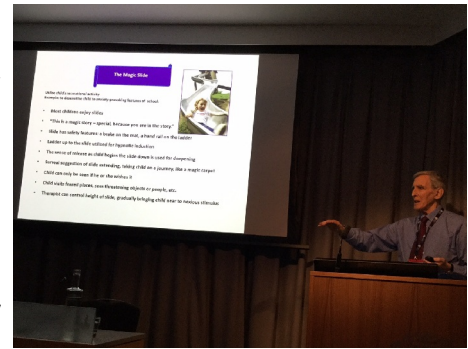
I'm so pleased that this issue is jam packed - I've even carried some articles over to the next edition! We normally print contact details on the back page - I've had to miss them out this time, but please get in touch with me if you'd like them - they're also all on our website! We've included all the upcoming diary dates on a separate flyer too! I've had to adjust the font size a little bit to squidge everything in - if you'd like a large print version, or indeed a version in a different font including those specifically designed for dyslexics, emailed to you (it may lose a bit of the formatting) please get in touch!

Charlotte Davies

[charlotte.davies@doctors.org.uk](mailto:charlotte.davies@doctors.org.uk)

## **In Memorium: David Houghton**

We are very sorry to report that David Houghton died on the 13th of October; he had suffered a severe stroke about a week earlier. David and his wife Debbie were active for many years in the hypnosis field, being members of the old British Society of Experimental and Clinical Hypnosis (one of the precursors to our BSCAH). David founded the Northern Ireland Branch, and until very recently was a regular attendee at Council meetings. He was keen that geography did not leave his Branch isolated and, as well as coming to our mainland events, he invited members to Ireland, to lecture and run workshops. Without fail, all reported back on his remarkable hospitality!



David at the RSM

When news of this sad death was circulated around Council everyone responded with variations on the theme, "What a nice man." This is not because we could think of nothing else to say; rather it is because it was such a particularly well-fitting description. David was a true gentleman and very, very nice. He was quietly spoken, and one might almost say understated, but one could not ignore him for long. Quiet he may have been, but he made his one-liners count! He had a shrewd intellect and ready wit and, when we saw that twinkle in the eye from across the Council meeting table, we knew that an amusing but insightful observation was on the way. They were valued, not just for the humour, but also for their sound reasoning. David was a clear thinker and a great purveyor of common sense. For all these reasons David will be missed. However, we will miss him mostly because he was such a nice man.

BSCAH Council

## **Memories of David Houghton**

I cannot recall now exactly when and where I first met David, but it would have been in the 1980s and either at a meeting of the council of the British Society of Experimental Hypnosis (BSECH) or at one of our annual BSECH conferences. David was a highly experienced educational psychologist who recognised the value of hypnosis in his work with schoolchildren presenting with all sorts of problems. It was therefore invaluable to have him as a Council member and the organiser of our Northern Ireland Branch.

Over the years since our first meeting, I continued to see David at our council meetings and conferences and I came to value his personal and intellectual integrity as well as his extensive knowledge of psychology generally – he was much wider read in the field than I can claim to be. Consequently there were times when I was immensely grateful to be able to consult him for his wise advice and support over some issue that I was finding bothersome and I felt unable to resolve on my own.

I have happy memories of David and his partner, and later wife, Debbie staying with us in Sheffield when we had the BSECH conference there one year, and on two occasions when Valerie and I were guests at their home in Ballymoney. David was generous and entertaining in company, humorous and with a fine sense of the absurd. I can say truthfully that whenever Valerie was considering coming with me to a BSECH and, later, BSCAH, conference she would ask, 'Will David and Debbie be there?'

On hearing that David was no longer with us I had an immediate feeling of sadness but also of loss, not just on a personal level but also a loss for all of us. He will be greatly missed.

Michael Heap

## Introduction to your Council

The BSCAH Council works to represent you, and to improve the profile of hypnosis. Many of them have been involved for a while, and some of you know them and their areas of interest. They are a very excellent resource. Here they introduce themselves to you, in case you've never met them, and in case you've forgotten how they might be able to help you! If you think Council can help you with a hypnosis project, everyone is happy for you to get in touch with them! There's been a few changes to Council, so please read down to get the updates!

The roles and responsibilities of Council members are documented on our website. We've listed them here as well, as you might be thinking of joining Council, or wondering how you can help. All current officers would be glad to speak to you about what the role involves. Everyone needs a successor - it could be you!

All officers and members of Council should:

- \* Carry out their designated duties diligently, including updating information on the website
- \* Comply with the Bye Laws, Memorandum and Articles of Association of the Society
- \* Treat colleagues with respect, maintain appropriate communication and work as a team
- \* The Principal Officers (President, Chairman, Treasurer, Secretary, Chair of Ac and Ac) will work together and with Council and its subcommittees
- \* The committee meets as and when required (e-mail, tele-conferencing or face to face).  
*Editor - this is generally February, May and November.*
- \* Supports and advises individual Principal Officers in their work
- \* Major decisions will involve consulting Council by email if it will not wait until the next Council meeting

### *Academic & Accreditation Committee (Ac & Ac)*

Role: To maintain academic standards; supervise accreditation procedures and the referral list.

- Duties:
- \* Ensure training courses cover the core curriculum
  - \* Review core curriculum from time to time
  - \* Advise on membership eligibility issues
  - \* Approve requests for diploma conversions
  - \* Advise Council on all academic matters
  - \* Receive briefs from Council and report back to Council

Ac and Ac is chaired by Jean Rogerson. Membership is kept small - members are Peter Naish, Simon Barnett, David Kraft and Ann Williamson.

### *Branch Secretaries / Representatives:*

Role: To support their Branch as locally agreed.

- Duties:
- \* produce their Branch report for Council and for the AGM
  - \* submit income and expenditure accounts to National Office
  - \* maintain their respective web site pages with guidance from the web master

The following people hold posts on Council. They all have lots of knowledge about hypnosis, and the wider world. They have a post on Council to help represent you, and they may be able to help you. Not sure if your next case is ethical to treat? Contact our Ethics Officer. Need help getting speakers for an event? Contact anyone. Need help advertising? Speak to our Communications Officer. Want to get involved? Contact us!

### **Dr Peter Naish: President and Webmaster**

President Role:

To take an overview and lend his/her experience whenever appropriate and requested.

- Duties:
- \* Chair the AGM

- \* Represent the position of the Society with outside agencies where necessary.
- \* Perform or delegate the appraisal of the National Secretary
- \* Mediate in internal difficulties

**Webmaster Role:** To maintain the website in a current status.

- Duties:**
- \* Teach designated others how to maintain and update certain pages
  - \* Remain a resource for designated others
  - \* Upload material as and when requested by Council
  - \* Ensure the website is functioning correctly at all times
  - \* Provide a link to the web designers (Consort Design)
  - \* Report to Council meetings and AGM

Following a degree in the physical sciences, Peter took another in psychology, finally moving to the Department of Experimental Psychology at the University of Oxford for his doctorate. Along the way he acquired an interest in hypnosis. This was in the era of scepticism about the subject; the hard-nosed scientific community was of the opinion that it was little more than an example of social compliance, where one person feels the need to 'go along with' the expectations of another. Some researchers went so far as to say that the whole process was so ordinary that it was misleading to grace it with a special name of its own: Hypnosis. However, Peter's research results began to convince him that there really was something out of the ordinary going on. With the advent of brain scanning that position has been vindicated; the hypnotised brain really does behave differently. Peter had a spell carrying out research for the Ministry of Defence and, among the topics he addressed, he became involved with the issue of posttraumatic stress disorder (PTSD). Intriguingly, PTSD victims tend to be highly hypnotisable, and Peter developed novel apparatus to reveal the nature of the parallels between PTSD and hypnosis. He continues to explore the links between trauma and brain behaviour.

With his long and active interest in hypnosis Peter has been elected over the years to several relevant posts, including spells as President of the Section for Hypnosis and Psychosomatic Medicine, at the Royal Society of Medicine, and Chair of Council for the British Society of Clinical and Academic Hypnosis. He is currently President of the BSCAH. He also chairs the Scientific Advisory Board to the British False Memory Society. He was invited onto the Board, because it was known that, carelessly used, therapeutic hypnosis can induce false memories; he is often asked to serve as an expert witness in cases where false memory or the misuse of hypnosis have been alleged. Peter is a strong advocate of the public dissemination of science, and he is a regular speaker at the major British science festivals. He has also lectured at the Science Museum, The Royal Society, the Dana Centre for the Brain and 'Science on the Fringe' during the Edinburgh Festival.

### **Dr Grahame Smith: Chairman, Northern Counties Branch Representative, Ethical Officer**

**Chair Role:** To chair Council meetings

- Duties:**
- \* Facilitate Council team work
  - \* Take an active part in strategy and planning of the Society's activities and development
  - \* Discuss and agree agenda drawn up by Hon Sec for Council meetings
  - \* Represent Society position where appropriate
  - \* Address the Council meetings and the AGM

**Ethical Officer Role:**

Handle issues pertaining to ethical matters and code of conduct on behalf of Council

- Duties:**
- \* Maintain confidentiality according to the nature of the case.
  - \* Receive enquiries, correspondence, and requests on ethical matters and respond
  - \* Handle complaints about members and convene a subcommittee as and when

required for individual cases

- \* Keep Chair of Council informed regarding significant matters.
- \* Deal with minor or informal matters on an ad hoc discretionary basis, being ready to share with colleagues if necessary.
- \* Carry out tasks requested by Council or AGM
- \* Report to Council meetings and AGM

Grahame is a past president of BSCAH (and BSMDH) and has had various roles in Northern Counties Branch past and present. He was Chair of BSMDH Ac and Ac and continued to serve on the committee after formation of BSCAH, stepping down to allow the committee to refresh. He is a Council member of the Hypnosis and Psychosomatic Medicine Section of RSM.

He uses hypnosis and related techniques to help patients with a wide range of problems as seen by GPs., though now no longer practising as a doctor (de registered in good standing!). He has taught on many courses over the years. Recently mainly at Queens Oncology Centre, Hull and the Retreat, York, along with some 'Taster days'. He remains an enthusiastic organiser and co presenter of BSCAH training.

He was a GP trainer and educational supervisor for new trainers, and a prolific GP appraiser to 2011. His training includes the University of Sheffield Diploma in Clinical Hypnosis. When in practice, Grahame had an interest in quality issues and organisational audit. He was a surveyor for various GP organisational initiatives including Kings Fund (later HQS), CTQ Sheffield, and Leicester GP Blueprint.

He gained the IoD Diploma in Company Direction and was one time board member of the local Primary Care Organisation. His earlier career includes anaesthesia, part time occupational health, and work in Southern Africa. He is married with three adult offspring and a granddaughter, and is a keen motorcyclist.

### **Dr Cathryn Woodward: Hon Secretary**

Role: To contribute to Society development with a major role in organisation and delivery of Society business.

- Duties:
- \* Line manager for National Secretary
  - \* Responsible for the operation and administration of the Society; specifically National Office and the membership database
  - \* Clearing responsibility for membership applications – will refer unusual cases to Ac & Ac
  - \* Handle or oversee correspondence and enquiries
  - \* Prepare papers for Council meetings and the AGM
  - \* Organise the venue for Council meetings
  - \* Report to Council and to AGM

Cathryn has been a Consultant in Clinical Oncology at West Suffolk Foundation Trust and Addenbrooke's Hospitals since 2004, specialising in Breast and Urological cancers. She completed her Foundation Course training in Hypnosis with the Eastern Branch of BSCAH in 2012 and followed that up with the Diploma in Clinical Hypnosis and Stress Management in Stafford University in 2014. After using hypnosis with patients attending for cancer treatment, Cathryn became involved in teaching on the Eastern Counties Foundation Course and is also the Honorary Secretary for BSCAH.

### **Dr Ann Williamson: Hon Treasurer**

Role: To be responsible for financial probity and budgeting for the national Society.

- Duties:
- \* Preparation of annual accounts
  - \* Ensure compliance with charitable status and company registration requirements
  - \* Verify and approve all expense claims
  - \* Present financial report to Council and AGM
  - \* Handle funding requests



- \* Oversee the collection of membership fees and the distribution of capitation to the Branches
- \* Make recommendation to Council about the level of membership fees (usually at autumn Council meeting), ensuring compliance with direct debit rules
- \* Pay the National Secretary for work done and oversee National Office expenditure
- \* Report to Council and to AGM

Do you think you could do this? Ann is looking to step down, and would love to chat to any potential replacements. Email her for a no commitment discussion - [ann@annwilliamson.co.uk](mailto:ann@annwilliamson.co.uk).

Ann was a General Practitioner for thirty two years and has used hypnosis for more than twenty years to help her patients deal with stress and anxiety and to help them facilitate change in how they live their lives.

She is an accredited member of the British Society of Clinical & Academic Hypnosis, a certified NLP Master Practitioner and has had training in brief solution oriented therapy and other approaches. She has been involved for many years with teaching Health Professionals how to use hypnotic techniques both for themselves and within their own field of clinical expertise. She runs stress management, personal development and brief psychological interventions workshops on request, as well as seeing private clients for therapy. She has also lectured at Manchester, Chester and Salford Universities as well as in Canada and Europe. She has written three books: on stress management, smoking cessation and on brief psychological interventions in clinical practice. She is also co-editor of "A Handbook of Contemporary Hypnosis" published by Wiley in 2011 and has contributed to several other books and journals. She is also a Reiki Master Trainer and has an interest in creativity and exploring one's emotions through the arts. For more details please visit [www.annwilliamson.co.uk](http://www.annwilliamson.co.uk)

#### **Mrs Jean Rogerson: Chair of Ac and Ac and Midlands Branch Representative**

- Duties:
- \* Chair the Ac & Ac meetings
  - \* Provide reports to Council and to the AGM
  - \* Make recommendations to Council
  - \* Implement the decisions of the Ac & Ac Committee
  - \* Circulate information to the Committee members e.g. by e-mail
  - \* Bring membership queries to the Committee for consideration
  - \* Respond to external enquiries
  - \* Oversee the maintenance of the Referral List
  - \* Check that applicants for Accreditation have fulfilled the criteria
  - \* Maintain the list of Assessors and arrange any continuing training
  - \* Review applications for accreditation and allocate to appropriate assessors

Jean is a retired theatre and outpatient manager who continues to work in a breast clinic. Since becoming interested in hypnosis and seeing the benefits of utilising hypnosis as part of her practice, both with patients and colleagues, Jean is passionate about introducing hypnosis into main stream clinical practice. To this end she has spoken at numerous conferences including Royal College of Nursing, The Association for Perioperative Practice, Association of Anaesthetists Great Britain and Northern Ireland and the British Pain Society.

Jean is an associate lecturer at Birmingham City University where she teaches on the Clinical Hypnosis and Related Techniques Advanced Diploma/Graduate Certificate course. She has lectured at the University of Birmingham Medical School, Staffordshire University and Oxford Brookes University.

Jean is an accredited member of the British Society of Clinical & Academic Hypnosis and has an Advanced Diploma in Clinical Hypnosis and Stress Management.

#### **Dr Mike Capek: Development Officer & Lancs & Cheshire Branch Representative**

Role and Duties: As per Branch representative

Mike is a General Medical Practitioner in Manchester. He graduated from the University of Leeds in 1979. and passed his MRCP in 1983. In 1997 he concluded his MSc in Health Psychology from the City University. He also has an unnamed degree BA (Hons) 1st Class from the Open University based on subjects in Mathematics and the Mathematical Sciences. In addition to his role as a family physician, he is one of the clinical advisors on mental health to Manchester Health and Care Commission (Formerly Manchester Clinical Commissioning Group) and he is a GP with Special Interest at Greater Manchester Mental Health supporting the Primary Care Mental Health Teams. He has an interest in psychological well-being, mind-body interactions and medically unexplained symptoms. He is a clinical advisor to the charity, Anxiety UK.

#### **Dr Cath Potter: ESH Representative**

Role: To be responsible for keeping BSCAH informed of all relevant information and developments pertaining to ESH and ISH.

Duties \* To attend all relevant meetings in order to represent BSCAH and to act in BSCAH's best interests as agreed in advance with the BSCAH Council. (In the event of issues arising at CoR meetings where it is not possible to discuss in advance, to take a responsible view)  
\* To ensure BSCAH has a voice and vote in all relevant matters.

In return, representatives should receive financial support where appropriate, e.g. travel expenses, membership fees and congress fees.

Cath Potter qualified at Manchester Dental School in 1980 and has worked in the Community Dental Service, General Dental Practice and part time at Birmingham Dental Hospital. She recently worked for Salford PCT as Senior Dental Officer and outreach teacher and the University of Manchester as Senior Clinical Teaching Fellow for the Control of Pain and Anxiety postgraduate Diploma and MSc. Cath was one of the first people to be appointed as an outreach teacher in restorative dentistry and has supervised 4 F year students at Ordsall Clinic in Salford since the beginning of the innovative Manchester outreach programme. She has recently retired from her position as Senior Clinical Teaching Fellow in Behavioural Sciences at Leeds Dental Institute where she was year 1 lead and module organiser for a number of modules throughout the BChD curriculum. She also has a special interest in the treatment of anxious patients using hypnosis and Inhalation Sedation. Cath has recently obtained a PhD investigating the relationship between hypnosis and Inhalation Sedation.

#### **Dr Martin Wall: Second ISH/ESH rep**

Role: As above

Martin qualified as a Dental Surgeon at UCH in 1973. He is President of the European Society of Hypnosis and teaches at Peninsular School of Medicine and Dentistry. He is invested in promoting hypnosis as a valuable mainstream clinical tool in Europe and beyond, and to facilitate this he has been part of inaugurating an MSc Hypnosis in Research, Medicine and Clinical Practice.

Once clinical hypnosis takes its rightful place as an endorsed clinical intervention then it can become an accepted part of the undergraduate curriculum, rather than being mentioned in passing when covering complementary therapies.

#### **Dr Maureen Tilford: Communication Officer**

Role: To deal with media matters on behalf of the Society; to raise the profile of BSCAH and to disseminate information regarding training.

Duties: \* To give first line response to media enquiries and to deal with or re-direct these as appropriate  
\* To endeavour to be proactive and to encourage other members to be as pro-active as possible in writing articles, cases etc for publication

Maureen has agreed to be our new Communications Officer. Jane Boissiere has taken a break, but you'll still be hearing from her.

Maureen graduated from Glasgow University and worked as a full time GP in Norwich for 30 years and then as a locum around the county of Norfolk for a further 5 years, retiring from primary care in 2014. Early on she became interested in mental health issues and was keen to acquire some skills.



She has a diploma in 'Practitioner With an Interest in Mental Health' from Staffordshire University She trained in hypnosis with BSMDH in London in the early nineties and became interested in using hypnotic techniques with both emotional and physical problems such as pain and skin disorders.

She is also a trustee of Eating Matters, a Norwich Based eating disorders charity and secretary of the Philosophy and Ethics Special Interest Group of the British Pain Society.

### **Dr Les Brann : Eastern Counties Branch Representative**

Role: Branch representative

'Les has recently retired as a GP but continues to practice hypnotherapy. Whilst in practice he was able to treat NHS patients - not only those on his own list but through a practice based commissioning contract for patients referred by other GPs or the local pain clinic. Unfortunately this funding was stopped following draconian cuts made by Mid Essex as they were grossly overspent (and underfunded!!) and he now has a private practice based at Baddow Hospital. Baddow Hospital is a small independent private hospital where hypnotherapy is provided not only by Les but by Karen Mackrodt and Nic Cooper as well -thus Mid Essex patients are still able to access a well qualified team of medical Hypnotherapists -albeit on a private basis.

Les and Karen ran the Eastern Counties Branch training for many years but having lost the venue following Les's retirement the training mantle has been taken on by Eamonn Coveney and Cathryn Woodward at West Suffolk Hospital - both Karen and Les continue to help with the training.

Although a strong advocate for collecting audit data, Les has found this to be less easy in the private sector compared with the NHS. Unfortunately hypnotherapy is rarely supported by the private insurers and so virtually all the patients are 'self-payers' and many can only afford a few sessions. Consequently, there is no definite 'end point' and so arranging to collect the data has become rather variable -some patients only able to afford to come for a session or two and others dip in and out of therapy as their funds allow. Do other members in private practice have the same problem?

There is, however a positive side to private practice (no not income - they charge the same per session as the NHS paid!) - by and large the patients are well motivated and have specifically chosen hypnotherapy so most do very well. Of course there are those who expect hypnosis will solve their problems without any effort on their part!

The range of problems is also similar: anxiety, depression, pain, medically unexplained symptoms, phobias etc. And the actual hypnotherapy sessions are the same privately as they were on the NHS.

### **David Kraft: Mets & South Branch Representative**

David Kraft runs a successful psychotherapy practice in Harley Street, London. He originally trained in psychoanalytic psychotherapy at the London Centre for Psychotherapy; however, after a period of time, he felt that it was important to develop a more integrative approach to treatment. As a result, he decided to train as an integrative psychotherapist and gained UKCP accreditation. David's psychiatric placement was at the Pembroke Centre—an early intervention service which is part of the Central & North West London NHS Foundation Trust. David has an MSc in Psychology from Kingston University, and is a member of The British Psychological Society. He is particularly interested in both social psychology and critical psychology and has devoted a great deal of time and energy to these subjects.

David is a Fellow of the Royal Society of Medicine and a member of Council for the Section of Hypnosis and Psychosomatic Medicine: in early 2017, he was also made Honorary Secretary for the section. In addition, David is an accredited member BSCAH where he acts as Honorary Secretary for the Metropolitan and South Branch. David is also a member of their National Council and on the Academic and Accreditation Committee.

David has been researching psychotherapy and clinical hypnosis for several years now, publishing regularly in academic journals. He has written over 25 articles on many subjects, including: phobic

anxiety, covert sensitisation, anxiety disorders, sleep disturbances, hyperhidrosis, sexual disorders, IBS, anorexia nervosa and bulimia nervosa, agoraphobia, social phobia and panic disorder.

### **Dr Charlotte Davies: Newsletter Editor (non Council post TBC)**

Role: To edit and prepare the newsletter for printing and arrange for its distribution.

Duties:

- \* Encourage and collate contributions
- \* Write the editorial
- \* Liaise with the National Secretary
- \* Prepare the print master in a suitable format for printing
- \* Send to National Secretary by designated deadline dates; otherwise arrange printing and distribution
- \* Report to Council and AGM

You all know me, as I introduced myself when I started editing the newsletter! I'm an emergency medicine Consultant in South East England, and a Council member of Mets & South. I talk about hypnosis more than I use it, and would love newsletter development suggestions.

### **Miss Zoita Mandila: West of England Branch Representative**

Zoita is a dentist based near Exeter.

### **Mr Simon Barnett: Midlands Diploma/BSc Course Leader**

Simon used to be a dentist, and is now a clinical hypnotist. He is the lead for the Birmingham University course.

### **Dr Caron Moores: Librarian (non Council post)**

Caron is a paediatric anaesthetist based in Liverpool. Her main interests are hypnosis for paediatric oncology and urgent surgery.

### **Mrs Hilary Walker: National Office Secretary**

Role: To support the Society in his/her given role

Duties: As determined in the Job Description

Hilary is our secretary, and holds all of BSCAH together. When she's not looking after BSCAH, she runs a café and has a few other jobs. If you want to know anything about BSCAH, she's a good first person to contact - if she can't help...she'll know who can!



Do you follow us on Twitter (@BSCAH1)? How do you use Twitter to support your hypnosis practice?

How should BSCAH use Twitter to communicate with you? Why not Tweet us your response - @BSCAH1

We've talked about [www.fabnhsstuff.net](http://www.fabnhsstuff.net) before - but it's worth a mention again, in this excellence themed edition. It's a great resource for sharing all of your fabulous ideas.

Why don't we all update fabnhsstuff with our excellent hypnosis projects? It was from here that I learnt about learning from excellence - or positive event reporting!

Where do you report your excellence?

<https://fabnhsstuff.net/2016/07/10/submit-greatix-not-just-datix-learning-excellence-initiative-2/>



## Council and Branch Reports

### "Communications update"

Jane has retired from her post as communications officer, and we are all very grateful to her for all she has done. She will continue to support BSCAH, and I'm sure we haven't heard the last from her! Dr Maureen Tillford will be taking over the role, and I'm sure she will continue the excellent work Jane has started. This brief report is an update from Jane.

We are continuing to provide workshops for Annual Conferences. These are proving to be successful in raising awareness of hypnosis but not translating into many NHS services or employees utilising these techniques. Funding is often refused as hypnosis is classified as complementary and alternative medicine - should we challenge this? I have drafted an email to the world health organisation, for Council to consider. Our President, Peter Naish and ESH President, Martin Wall will be amending this appropriately and taking it forward. I am enclosing it in the Newsletter as the information it contains may be helpful for those of you who are endeavouring to obtain funding currently.

*"I am writing to request information and clarification regarding the WHO classification of hypnosis. It is currently classified as being "Complementary" rather than a "Mainstream" medical intervention.*

*The WHO states that Complementary Medicine:*

*"refers to a broad set of health care practices that are not part of that country's own tradition and are not integrated into the dominant health care system."*

*It is interesting to note that hypnosis appears to be excluded from every dominant healthcare system in the world and this is puzzling. That is the reason why I have decided to request your advice initially, as it is a World Health issue.*

*Psychotherapy is accepted in the UK and most other countries as being a part of our tradition and is integrated into the healthcare system. As hypnosis is defined as a being a psychotherapeutic intervention, on what basis has it been excluded and classified differently? <https://en.m.wikipedia.org/wiki/Psychotherapy>.*

*Surely, either all forms of psychotherapy should be considered to be "Complementary" or none. To discriminate in this way, by specifically categorising hypnosis differently from all other psychotherapeutic interventions, would appear to be unjustified. I am concerned and puzzled by this apparent mistake.*

*The House of Lords report (2000) is unhelpful as they state that no definition of "Complementary and Alternative Medicine (CAM) could be agreed. (<https://publications.parliament.uk/pa/ld199900/ldselect/ldscitech/123/12303.htm>)*

*Thus, when setting up their inquiry they decided not to begin with a precise definition of CAM. Instead they began with a list of therapies which they thought were commonly considered to fall within the field of CAM. It is unclear how both hypnosis and counselling came to be included on this list. Interestingly, despite the CAM classification given to Counselling, it is still widely available on the NHS. Further evidence, perhaps, of discrimination against hypnosis.*

*Definitions given in the House of Lords report*

*Counselling stress therapy — A series of psychical therapies that attempt to help patients to work through their thoughts and to reflect on their lives so as to maximise wellbeing.*

*Hypnotherapy — The use of hypnosis in treating behavioural disease and dysfunction, principally mental disorders.*

*My concern is that because hypnosis is classified as being a CAM therapy by the NHS and the WHO, it is virtually impossible for an NHS employee to obtain funding to train in hypnosis. Funding to use hypnosis in an NHS setting is rarely available except occasionally for IBS and insomnia. In order for the profession to learn more about it's possible role in the management of many conditions, particularly in the area of mental health and Functional Disorders, we need to bring it back under the "professional umbrella". Currently hypnosis is being used widely in the community by practitioners with no medical background. Good research evidence is needed to ascertain both benefits and side effects but this cannot happen without funding. I remain puzzled as to why it is not accepted as being mainstream when the history of psychotherapy indicates that Hypnosis was the foundation on which many of the more recent "acceptable" interventions are based. I do not believe hypnosis to be better than other*

psychotherapeutic interventions, I simply believe it should be on an equal footing. Sadly, there still seems to be some prejudice and fear surrounding the use of hypnosis based on misunderstandings, possibly perpetuated by stage hypnotherapists.

Hypnosis can of course also be of value in acute medical settings to relieve anxiety and pain pre-procedurally. The history of its use in anaesthesia is well known. All health care professionals would also benefit from a greater understanding and knowledge of the unconscious mind and how the language they use during their consultations can affect health care outcomes. Training and further research in all of these areas is needed but this is significantly and increasingly adversely affected by the CAM classification.

I would be very grateful for your advice as to how this error can be rectified."

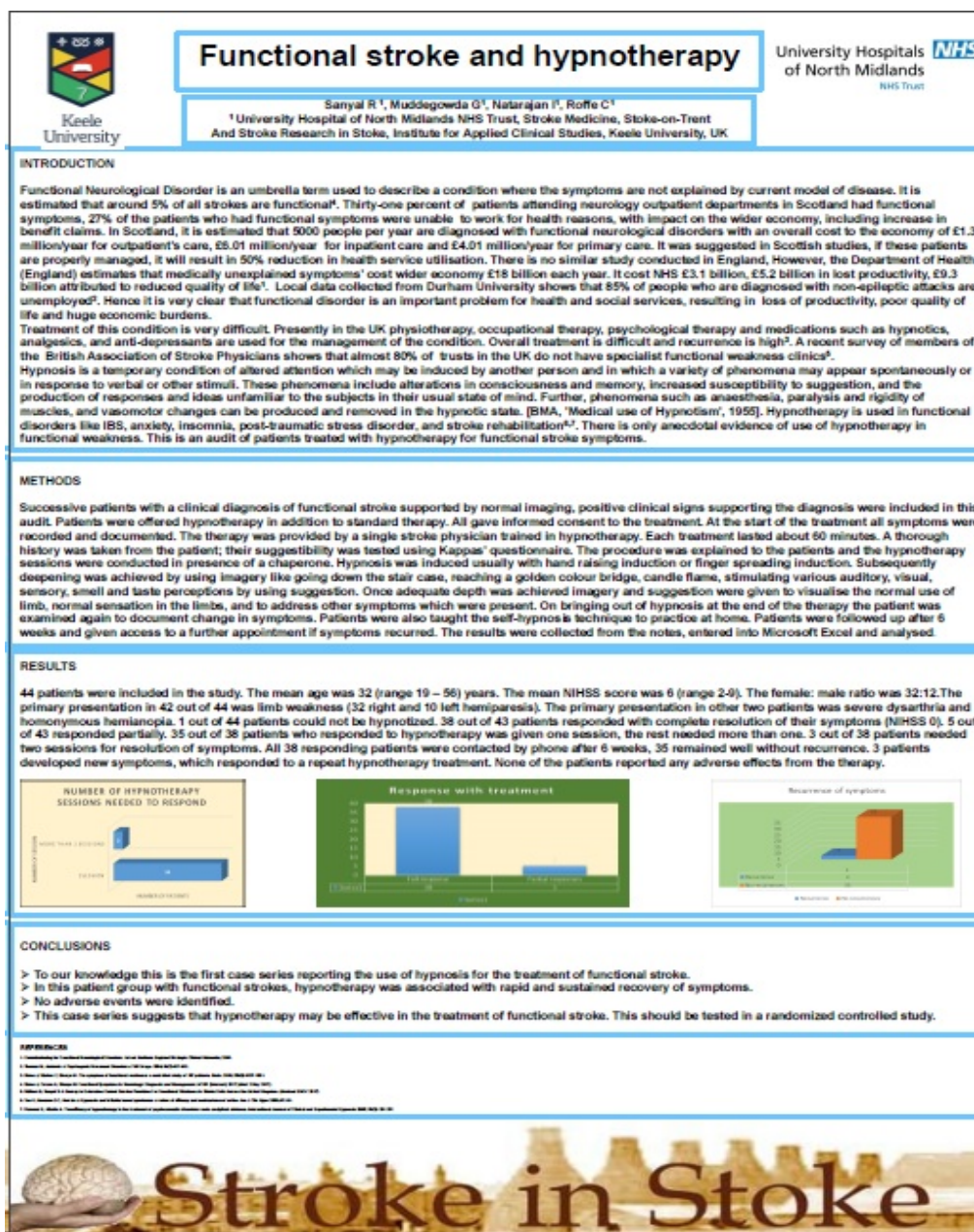
Good "Communications" are vital and something that we all should be doing whenever an opportunity arises. If you attend a Conference then please take the opportunity to ask the question "Why are hypnotic techniques not being utilised or researched by the NHS?" NICE Guidance has been given for the use of Hypnosis for IBS. This is a Functional Disorder. Functional disorders are estimated to cost the NHS 3.5 Billion a year and account for approximately 50% of Hospital OPD appointments. Learning more about the unconscious mind and how to prevent nocebo effects could dramatically benefit Western healthcare systems.

No one, at the conferences I have attended, has yet been able to adequately answer this question but you will be surprised to discover that colleagues will approach you at the intervals to ask you more about this topic or to let you know that they too use hypnotic techniques. This is your opportunity to let them know about BSCAH.

The theme of this edition of the Newsletter is excellence and I would like to highlight the work of Dr Ranjan Sanyal, Stroke Consultant for his excellent work with patients suffering from Functional Strokes. His poster below is self explanatory. If I had not asked a question at the Functional Neurological Conference in Edinburgh earlier this year then I would never have met him!

Jane Boissiere

For a larger print version of the poster, please contact Charlotte (the editor) - [charlotte.davies@doctors.org.uk](mailto:charlotte.davies@doctors.org.uk), Jane ([admin@bscah.co.uk](mailto:admin@bscah.co.uk)).



## **Eastern Branches**

Since Les Brann and myself left the GP practice where our hypnosis base was last year we are no longer as prolific in organising meetings and other branch events. It is more difficult to organise things as we do not see each other as often as we did.

Our foundation training has now moved to the West Suffolk hospital in Bury St Edmund and is organised by Eamonn Coveney.

I am sure we are not the only branch that has dwindled with this regard to organising events but after a very enterprising and successful 8 years of doing so, I as secretary, find it difficult to gather the same momentum.

Paul Slater has done a presentation at the Association of Anaesthetists a couple of weeks ago about modern hypnosis. There was an author there who had written a book on mesmerism in the 19th century so we did a joint presentation. He's also done another workshop at the AAGBI and we've got a one day training course planned for February.

Karen Mackrodt

## **Midlands**

The Midlands Branch has continued to be involved in the promotion of learning and sharing experiences in hypnosis. During the last 6 months the first cohort of students have completed the New Advanced Diploma Course and the second cohort have started. The work to facilitate, promote and deliver this course has been endless and has involved nearly all of the Midlands Branch Committee.

The Midlands Branch had its AGM, followed by the first education meeting of 2017. Both of these events were attended by a small number of the Midlands Branch Members, and the order of business altered to reflect the small number of attendees.

In keeping with the adoption of new technology the meeting was quorate using a mobile phone on hands free to engage a distant member unable to be present.

The educational section of the meeting enabled the sharing of clinical involvement in hypnosis with colleagues present and Jim Moorhouse, Jenny Page and Jean Rogerson all presented experiences which were viewed as extensions of the use of hypnosis for the benefit of clients with varied problems.

A summary of this meeting is below:

Jim brought a case from his experience in the prison service where he had come across a patient who was voluntarily mute. This person had been lying face down refusing all food and fluids for approximately two days and also resisting health assessment and intervention. He had refused to communicate with other members of prison staff and was subsequently moved to the medical unit. Jim explained that he had come across this situation before and offered to try to speak to the prisoner who was lying face down in his bed. Jim just spoke to him using simple phrases to encourage relaxation and enhance what appeared to be a trancelike state, having used words and phrases to give the prisoner an opportunity to step back from his current voluntary protest. As Jim walked away he left the prisoner with a message that it was okay to change his behaviour and resumed eating and drinking. During the episode Jim did not raise his voice, talked in sentences that were short and enabling, therefore allowing the prisoner good opportunity to move forwards without confrontation or losing face. This encounter was successful as within 15 minutes the prisoner sat up and asked for something to drink initially and then some food. The success of this the particular intervention raised the awareness of both staff and prisoners to the use of hypnosis in a prison setting and subsequently a further prisoner



approached Jim to gain his support in an issue related to sleep, which was also met with a successful outcome.

Jean has been actively involved in teaching hypnotherapy techniques to members of clinical staff at her place of work. She had recently been demonstrating Elman techniques to a group of radiographers and within that group a member was identified who was due to have an investigation but had anxiousness about it. Jean described an event following her session, where a senior radiographer engaged with the member of the group who required investigation and took them through from entering the room to completion of the investigation using hypno therapeutic techniques. Jean had participated in the interaction, supporting the senior radiographer with the written phrases and subsequent ego strengthening which was a very good example of see one, do one, and we're looking forward to the next step which will be teach one.

The activities undertaken in different settings were discussed and Jenny discussed the work she was doing with sixth form students at a local school. She has experience of the anxiousness and self doubt experienced by sixth form students and has become involved with groups of students using guided imagery as well as language techniques to support the development of personal skills to manage the pressures of revision and stress around sitting the exams. As an adjunct to this work Jenny has also been working with staff members to help them gain skills to enable time and workload management. Both of these activities have brought individual rewards and successes through the use of hypnotherapeutic techniques.

The open discussion about the examples used raised further comments about clinical experiences. The technique of time line and its value was discussed at length including the reasons for partial success. Jim had outlined a further example of intervention where he ran through the time line process with his client and there was no resolution of the clinical symptoms or change in behaviour. The process and the level of dissociation were outlined and it was suggested that the initial event identified by the client was not the primary event so the timeline did not reach the cause so treatment wasn't effective,

The presence of an "initial event" was highlighted by Trevor in relation to patients with anorexia and may in fact be the reason why physical therapies without appropriate psychological interventions are not likely to succeed.

In closing the meeting there was full agreement that the philosophy of the Society in supporting people to learn the use of hypnosis for self management was successful and could be opened to wider groups through the diploma course run by the Midlands Branch.

The Midlands Branch continues to take the message about hypnosis to other groups and organisations. This year, Jean Rogerson, Paul Slater and David Rogerson ran two successful workshops in Liverpool at the AAGBI to 32 international delegates from as far afield as Australia. The sessions were well received and one of the questions asked was "why are we not all using hypnosis and hypnotic language?"

Jean has also spoken at the British Pain Society with a short presentation on the use of Hypnosis in Pain Management. Jim Moorhouse has also been "spreading the word". Jim took a presentation to the Northern Branch late in 2016 outlining his "Work with Young Offenders"

Kath Kinmond delivered a paper at the ESH congress in Manchester in August on 'Introducing hypnosis'. She discussed the challenge (& ethical issues) of introducing and using hypnosis with clients and used 2 cases as examples: "one client who was very open to using hypnosis & to whom I used the term 'hypnosis'. One client who was resistant to using hypnosis. So, I named the techniques I used as 'Relaxation' 'Guided imagery' & 'Timeline'. Both clients benefited immensely from the work but the presentation focused on the professional & ethical concerns



of not using the term 'hypnosis' with client 2, - though I believe the therapy for both was client-led, which is central to the way I work”.

The second educational meeting of 2017 was attended by 17 professional colleagues, two of which had taken advantage of the invitation to bring a fellow professional with an interest in hypnosis. The meeting was held at Compton Hospice Education Centre in Wolverhampton on 09/09/17, and was chaired by Jean Rogerson and Jim Moorhouse. It was timetabled for two hours but comments and discussions took the meeting to 2 ½ hours. The meeting was entitled “Sharing Our Experiences” and three presenters brought experiences with clients from their area of clinical expertise. They have kindly summarised their presentations to share with all our colleagues.

*Presentation 1: Sara Llewellyn*

Person Centered Expressive Arts Therapy (PCEAT) incorporating elements of clinical hypnosis. Sara spoke about the 2 year training she has just completed in PCEAT and focussed on a workshop she offers from a series of Natalie Rogers Workshops entitled 'The Creative Connection', these workshops are designed to help a person reflect on themselves and their lives at the time of attendance. This workshop used the metaphor of a tree and the end result, on canvas at least, was a piece of Expressive Art which depicted the client's interpretation through colour, shape and texture of themselves. A communication from themselves to themselves via the medium of art materials and a variety of exercises led by Sara including;

- A rich multi sensory visualization, a time of group bonding using movement and music (non verbal exercise),
- Step by step creation of the canvas painting throughout the day
- Taking time to record observations and feelings in a personal journal, one to one time with Sara as needed during this time of self exploration,
- a Creative Writing exercise and then
- a time of reflection and the opportunity to change what has been created and what has been written in the story
- Somatic exercise to promote positive change
- Concluding with a tree cleansing visualisation including ego strengthening.

She spoke during questions about the importance of safety in the visualisations and the need in her opinion for BSCAH's training which she felt was an extremely important element of her work with clients.

*Presentation 2: Sally Kent, Community Dentist*

Hypnosis and Communication Techniques within Community Dentistry

I am a dentist working with special care adults and children: learning disabled, medically/physically compromised, anxious/phobic patients and people with mental health problems. The techniques I learned on the BSCAH/BCU course have been invaluable in improving communication- the informal aids to rapport building, informal use of hypnotic stories and relaxation with Nitrous Oxide/Oxygen sedation, and the NLP communication techniques I use on a day to day basis. E.g.:a teenager with severe anxiety who had been through the CAMHS system, and was unable to engage with the usual techniques- the use of NLP, imagination and other communication techniques took her, over time, from tears outside in the car park to happy dental patient with much improved oral health. Less often I use formal hypnosis, but “rewind technique” has proved very useful in cases where CBT has not proved to be the full answer. Relaxation and reframing in trance have also proved very useful. The techniques learned are also useful in managing staff and reducing my stress level!

*Presentation 3: Louis Raggoo Senior Nurse. Delivered by Michel Raggoo, General Practitioner*

*Simple techniques, effective results. The experiences of a young-thinking mind on mature shoulders.*

Louis Raggoo: RGN, RMN, RLDN, 40 years experience as a senior nurse in both the NHS and private sector. Currently working at an ECT suite in the NHS and an independent acute mental health hospital. Completed foundation training with BSCAH and this year completed the Clinical Hypnosis course at Birmingham City University.

Case 1: 27 year old female care support worker requesting smoking cessation having not had any success from interventions from her GP. I advised her to gradually cut down and when she was ready to stop smoking to get rid of all her cigarettes and related products. I gave her one session of hypnosis during which I emphasized the negative effects of smoking and made an analogy with smoking with fog. She gave up successfully and at 6 months was still a non smoker.

Case2: 33 year old male patient at an acute mental health hospital. He wished to stop smoking because of his previous history of lymphoma. I gave him a few sessions of hypnosis treating his underlying anxiety which lead him to smoke as well as some specific smoking cessation interventions. He remained a non smoker at discharge having had leaves at home.

Case 3: 36 year old male senior case support worker who had had a lifetime of a number of episodes of diarrhoea prior to going out. I spent some time getting to understand his problem from his point of view. I gave him a number of sessions of hypnosis relating his bowels to water flowing under a bridge and him using stones to control the flow of the water and therefore his bowel movements. At 1 year follow up he was virtually asymptomatic.

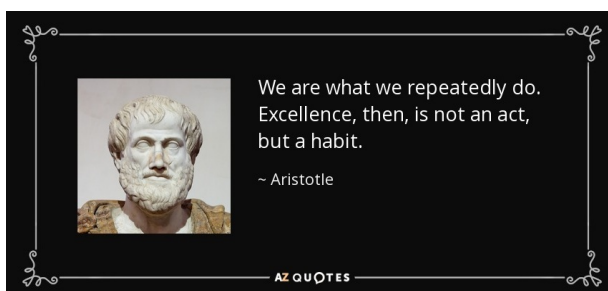
Lessons I have learnt from these cases: Patients need time to be listened to and to understand them and their problems, recognising when a patient is ready for each stage of treatment, using imagination and autosuggestions and keeping the process of hypnosis simple can give effective results.

The discussion and comments through the presentations are probably summarised well in Louis Raggoo's last paragraph, which was recognised by all.

I would like to offer my thanks to Jean, Jim , Sara, Sally Loius and Michel ,as well as all our colleagues who took time out of their weekends to join us in what was a very stimulating and supportive meeting.

The theme of this report has been one of Education, Sharing Experience and Promoting the use of Clinical Hypnosis in different professional areas. I would like once again to thank all the Members of the Midlands Committee, those participating and Branch and National Society Members for their interest, their support and their hard work in supporting both Branch and The National Society.

Shamsh Suleman  
Chairman, Midlands Branch



## Lancs & Cheshire

Lancashire and Cheshire members were delighted to welcome delegates to the ESH congress in Manchester. We were treated to presentations of a really high standard across four days of the conference. There was wide choice of workshops and seminars - sometimes it was very hard to decide which to attend, such was the calibre of speaker. Thanks need to go to the organising committee for an excellent event, with special mention to Ann Williamson and Cath Potter for their hard work locally to ensure the conference ran like clockwork.

Sadly we had only a select few members attending the first Branch meeting of the academic year in September, when Graham Temple gave us a talk on emotional freedom techniques. Those of us who were present were particularly interested to hear how EFT can be used to improve eyesight.

Our published speaker for November was unable to speak due to ill health. The Branch is very grateful to Michael Capek who was able to step in at short notice and deliver a great talk entitled "Four types of thinking: do we need a new paradigm?" Mike's premise was that clinicians cannot use the type of thinking employed for a physical complaint for mental health issues. He went on to discuss new ways of thinking when dealing with psychological or psychosomatic problems and the need for clinicians to move imperceptibly between styles of thinking as the demands of the consultation dictate.

Our next meeting will be in January, when we join delegates attending module 3 of our foundation training. At present the topic is flexible and will be selected to match the needs of the trainees. We have struggled to drum up numbers for our foundation modules this year and will need to discuss this at our branch AGM in April.

Linda Dunlop, Hon Sec, Lancs & Cheshire Branch

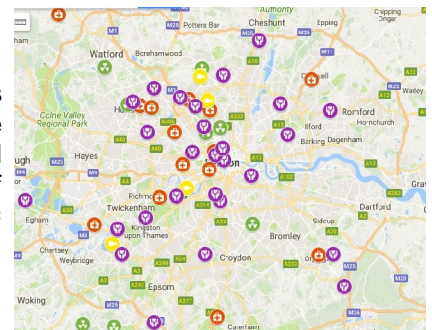
## Mets and South

The Mets and South Branch had some excellent feedback from the Foundation trainees last year: Leon Gevertz, Peter Naish, Les Brann and I enjoyed meeting and working with the students for what was a successful three-weekend course. We are concerned, again, that there has only been a small number of enquiries for the 2018 Foundation Course. Advertising in this day and age is an extremely complex task. The BMJ and the BDJ are too expensive, and plugging events on social media is hard work. We set up a Google Adwords campaign in June this year and we have had very few enquiries. I have contacted my consultant at regular intervals in order to make amendments to the advertising strategy; however, I have to admit that my knowledge of these systems is lacking and Leon and I are going to discuss further options for next year. My hope is that Mike Capek's idea of employing an expert marketing consultant will come to fruition: he or she will be able to provide us with expert and up-to-date advice on advertising.

We are going to run the Foundation Training again in 2018, starting in February. 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. For information about the syllabus, please go to the BSCAH website or speak to me on 07946 579645. The course is open to doctors, nurses, dentists, chartered psychologists and registered practitioners who have a legitimate reason for using hypnosis in their work.

David Kraft, Hon Secretary  
[dmkraftesq@yahoo.co.uk](mailto:dmkraftesq@yahoo.co.uk)

In these images showing where Mets and South members are situated, the markers in purple indicate chartered psychologists working in a range of clinical and/or academic fields. Red = medical Doctor. Green = Dentist. Yellow = Allied Health Professional.



## Northern Counties

We had a 'Taster Day' on 7th October for the Oncology/Haematology team at Queens Centre, Cottingham, Nr Hull. A mix of old and new hands attended. The workshop was co presented by Gill Smith and Grahame Smith. Fiona Gilbert presented a superb case history, complete with radiotherapy mask props! Claire Hebblewhite ably organised and promoted the day, which was very well received.

We could hold a BSCAH Oncology workshop for the wider membership in due course as and when topics become coordinated nationally.

Our 2018 York Foundation training dates are 20/21 January (a change from early original Module 1 date), 24/25 February Module 2 , and 24/25 March Module 3 . Experienced colleagues are again welcome to consider this course as a refresher.

For the 2017 York Spring Foundation Training, delegate numbers were late in picking up. As yet it is rather sluggish for the 2018 one, but we hope some from the taster will apply. We also hope that website changes will help.

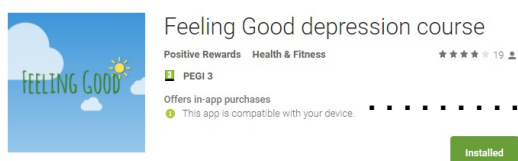
We are fortunate in having low expenses at The Retreat in York and sufficient Branch funds to provide meetings free to our Branch members, and nominal fee to others, as a benefit of membership of BSCAH. Thanks to Dan Round for facilitating this.

Gill continues to develop an active Edinburgh section of the Branch with Jane Boissiere, and has set up a peer support group. There is a cordial relationship with BSMDH Scotland, hopefully there may be more scope for this.

We are currently exploring providing a taster day and possible team training to the north of York.

We continue with around 3 one day meetings per year, typically at York, members of other Branches are welcome. We usually have a joint meeting with Lancs and Cheshire Branch in the summer.

Our next Branch meeting is 18 November 2017 with Peter Naish on the nature of memory and specifically drawing on his expertise on false memory. Fuller details are on the flyer recently distributed.



The Foundation for  
Positive  
Mental Health

Grahame Smith, Branch Chair  
[grahamedsmith@doctors.org.uk](mailto:grahamedsmith@doctors.org.uk)

### Happiness Advice

Self help for mental distress is a priority. The Foundation for Positive health has an app, which can deliver self help, and monitor anonymously, depression (PHQ9) and anxiety (GAD7) levels at week 0 and 7 weeks later.

Downloading the app is free. Health professionals who have a licence or have attended training have a voucher code to unlock the whole programme.

Have you used this? What do you think of it?

Academic Life in Emergency Medicine (AliEM) is one of my favourite websites for EM. I also love their book reviews, and I loved their review of "The Happiness Advantage" by Shawn Achor.

I love the way the reviews are so detailed that you don't need to read the book. But even more than that, I loved the book. I loved how it explained how being happy does have an advantage. My favourite study in here - the cleaners losing weight experiment. Want to know more? You'll have to read the book! <https://www.aliem.com/2013/10/the-happiness-advantage/>



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#### AliEM Bookclub: The Happiness Advantage

October 11th, 2013 | Book Club | 6 Comments

By: Teresa Chan, MD





## Student Fairs

On Friday 10th of November, Emma Rae Rhead, Jane Boissiere and I set up a stand at the Speciality Careers Fair at the Royal Society of Medicine. By all accounts, it was a fun and exciting evening and we, all three of us, thoroughly enjoyed talking to the students. What was lovely was the fact that there were not only individuals in their final year, but there were also students from each year of study. In addition, there were some psychologists interested in various behavioural approaches in clinical practice. And, there were also a few A Level students hoping to pursue a career in either medicine or psychology.



From my perspective, it was an interesting exercise because, although some of the questions were rather simple, they required a depth of knowledge and understanding of hypnosis from both theoretical and clinical perspectives. Indeed, many of them challenged us with questions like, 'Is hypnosis a proper field in psychology?', 'How can doctors incorporate hypnosis in their work?' and, 'What evidence is there to show its efficacy?'. Interestingly, many of the students seemed to indicate that they thought hypnosis was a relatively new approach; however, all three of us were able to use our understanding of evidence-based medicine in hypnosis research to persuade many of our listeners as to the benefits of this powerful treatment modality. We also were able to outline, briefly, the history of its use from Mesmer, to John Elliotson, James Braid all the way through to the beginnings of the British Society of Dental Hypnosis (1952) and The Dental and Medical Society for the Study of Hypnosis (1955).



Importantly, for both societies, armed with leaflets and business cards, we had the opportunity to advertise not only the Section of Hypnosis and Psychosomatic Medicine but also the postgraduate training in the UK—namely, the courses run by Bournemouth University and Birmingham City University—as well as the BSCAH Foundation Training. We look forward to the David Waxman lecture in December and hope to have secured a few more young minds who will use hypnosis in the future...

David Kraft

### Negative case reporting

We've talked a lot about positive events, and excellence, and how recognition helps motivation. Occasionally though, negatives are just as important. Why didn't things work? We would like you to think about some of your hypnosis sessions that haven't worked as you'd planned, and let us know what happened, what didn't happen, and why you think it didn't happen.

My first negative case report is when I tried a non trance approach with a stressed out 15 year old, with functional pain, awaiting a mental health appointment. I used the "hand technique", and she burst into tears. Why? I'm not sure. I'd still try it again!

### Foundation Course Dates

Eastern - 27/28 January 2018 • 24/25 February 2018 • 7/8 April 2018

Lancs & Cheshire - 11/12th Nov 2017 • 9/10th Dec 2017 • 13/14th Jan 2018

Mets & South (London) - Sat/Sun 3rd & 4th February 2018 • Sat/Sun 24th & 25th February 2018 • Sat/Sun 24th & 25th March 2018

Northern - 20/21 January • 24/25 February • 24/25 March 2018

The foundation course gives you a really strong core knowledge of hypnosis. If you haven't attended a foundation course yet, why not book for 2018? If you're a BSCAH member without a foundation course, and you're not going to book a foundation course, why not tell us what is stopping you?

## **Excellence in Hypnosis**

### **Musings on 'Excellence'**

What constitutes excellence? Does it mean winning? Does it mean being the best? The fastest? The kindest? The most successful?

I think it rather depends on the context, so maybe I will focus on what I feel excellence is in the therapeutic context. I think excellence is being able to have good rapport with your client, holding them in non-judgemental, compassionate regard.

I think it is understanding why you use the words and the techniques you use in different situations, and having the flexibility to rapidly adapt to the responses of your client.

I think it is in caring deeply for your client as a fellow human being but not feeling attached to any particular outcome for them; allowing them to set their goals, to achieve them or not. Giving encouragement but not feeling personally responsible for the outcome.

I think it is trusting yourself. Knowing that even if consciously you are unsure of how to proceed, your unconscious mind will direct what you say and what you do, if you allow it to.

I think excellence is not being afraid to admit when you get it wrong and having the courage to try again. I think it is acknowledging that we are all work in progress and that we never stop learning from each other.

Everyone is excellent at some time, in different places and at different things!

Ann Williamson

### **Excellence in Hypnosis**

What is excellence? A very useful definition (which is close to a definition of quality) is that excellence is "an attitude of constant improvement".

How do we improve? Traditionally, we learn - from information sources or from people. We also learn from feedback. Hypnosis, like many skills, is partly learned intuition ("Thinking Fast and Slow: Kahnemann, 2011). Intuition is a process whereby humans make rapid assessments. It can be trained when situations are regular and repeatable, and allow the outcome of the intuitive behaviour to be known, and used to feed back and refine the intuitive behaviour. Taking steps to identify outcomes, and consciously learning from them, improves our intuition.

A less traditional and faster way to achieve excellence is through modelling. We can identify people we feel have "got it right" and model their behaviour. There are two ways of modelling – the first is through a process of imitation. As we continue to imitate, we can delete behaviours that are merely idiosyncratic to the person we are modelling, leaving only those that are effective.

The second way to model is to analyse what the model person is doing. Again, it is important to leave out what is merely idiosyncratic behaviour, and to get to the core of what they are doing – but in this case, this is by working out their values and beliefs which produce their behaviour, and modelling these. It is also important to work out their strategies – what is the sequence of thoughts and actions which they run to produce the desired behaviour? This cognitive approach can be faster than imitation. Also the exercise of identifying values and beliefs, and the resultant strategies, makes the learning more detailed and useful.

We can use hypnosis as a tool to make modelling more effective. Understanding the model person's values, beliefs and strategies means we can produce an image of what we are trying to achieve. This image can be used under hypnosis in guided imagery to produce a new version of ourselves. Creating an anchor to this image is a fast way to recreate the model person's behaviour in real time. The hypnotic trance state improves access to the unconscious mind, making it easier and more effective to improve and achieve excellence.

Paul Berry

If you're a health professional who wants to improve your clinical skills by learning the theory and application of hypnosis you may like to do the advanced diploma / graduate certificate / BSc in Clinical Hypnosis and related techniques. You will learn how to develop communication and personal stress management skills working in a busy clinical setting. This programme is delivered by BSCAH in collaboration with Birmingham City University. The programme is mapped to the National Occupational Standards for clinical hypnosis. Please see our website for further details [www.bscah.com](http://www.bscah.com).

Dates starting September 2018: 14th-15th Sept 2018, 23rd - 24th Nov 2018, 8th - 9th Feb 2019, 8th - 9th March 2019



## **A Search for Excellence**

### **Musings on Being a BSCAH Member**

Reflecting on your request for feedback about excellence I felt drawn to put together some thoughts about BSCAH itself, and about our journal Contemporary Hypnosis & Integrated Therapy and its sister publication the BSCAH newsletter, some of which, in part at least, might be echoed by other members.

As a clinical scientist, counsellor and practitioner of hypnosis, I decided in 2013 to undertake further and updated training with the Lancashire & Cheshire Branch of BSCAH. This was in preparation for my undertaking a major piece of hypnosis research with Liverpool John Moores University as part of my doctoral studies. Despite some anticipatory concerns about how comfortable I might feel about going back into the “school room” again, I thoroughly enjoyed my three training weekends in Warrington led by Ann Williamson and Geoff Ibbotson. The excellence of professionalism, enthusiasm and friendliness shown by Ann and Geoff along with the companionship of my fellow trainees all served to make my first contact with BSCAH truly excellent. Subsequently I have found this same degree of excellence of training and of peer support regularly demonstrated and maintained when attending BSCAH seminars and workshops across the country.

An additional benefit from membership of BSCAH is of course access to the Society’s journal, Contemporary Hypnosis & Integrated Therapy and to the Newsletter, the format and contents of both of which I find to be of excellent high quality. In its continued search for excellence, the Journal has undergone two previous changes of name before arriving at its current title. The second change in 2011 was especially innovative and highly apposite, in that it introduced the phrase “Integrative Therapy” into the journal’s title. Under its new name the Journal is now attracting an increasingly wider range of contributors and papers, as our excellent Editor, Peter Naish discusses in his 2014 editorial. This new title for our journal is an excellent choice as it identifies hypnosis as an integrative therapy, and in doing so acknowledges three important integrative characteristics of hypnosis that I believe will empower and energise the future application and the efficacy of clinical hypnosis.

The first of these characteristics, as Matthias Mende discusses in his guest editorial in 2011, is the facility of hypnosis to be able to integrate and re-associate what have increasingly become disconnected aspects of health and wellbeing management (Mende, 2011). This hypnosis does by identifying and bringing together emotional and psychological considerations and resources, prior personal history and experience, and current physical, intellectual, cognitive, emotional and spiritual aspects of the individual. This approach is able to empower clients and patients to develop their own self-help tools that will enable them to enhance and optimise their future health and welfare - surely an excellent use of our hypnotic skills. The increasing number of clinical papers appearing in the Journal clearly suggests that the authors of such papers do perceive the Journal as a suitable publication for the dissemination of papers on the clinically integrative nature of the hypnosis.

The second aspect of the integrative hypnosis story, which the Journal is beginning to highlight, is the potential that hypnosis has for working synergistically with other counselling and psychological therapies, and hence to become fully integrated clinically and academically with these other therapies. The use of hypnosis in conjunction with cognitive behavioural therapy, as cognitive hypnotherapy, has been strongly advocated by Alladin (2014), whilst Palsson & van Tilburg (2015) have reported their use of hypnosis alongside guided imagery.

Other suggested roles for hypnosis is as an adjunct to person-centred counselling, to guided imagery, and in combination with psychotherapy, mindfulness, motivational interviewing, emotional intelligence, and similar therapeutic approaches. Papers on such topics are numerous but already Contemporary Hypnosis & Integrated Therapy is beginning to attract its share (Alladin & Amundson, 2011; Barry et al, 2017; Lorieo, Di Leone & Zullo, 2011; Meunke & Draeger-Muenke, 2011).

However, although this use of psychological modalities in combination can often result in significant therapeutic benefits I feel that this approach needs to be used with care, for two significant reasons. Firstly, some clients and patients might feel concerned or confused to find that hypnosis, a still contentious modality, has been included in their otherwise standard therapy

without their being fully aware of this fact. Secondly, a major element underlying the efficacy of hypnotherapy is the “magic” and the myth that has continued to surround hypnosis over the 200 years since Mesmer’s time (Meyerson, 2014) and which is easily lost when hypnosis is used merely as an add-on to another therapy. Such a “mix and match” approach may not therefore always be advantageous and could lead to consequential loss of hypnotic efficacy (Entwistle, 2017).

Mende (2011), Guest Editor John Gruzelier (2011) and our own Peter Naish (2014), have all alluded to a third integrative role for hypnosis that the journal is in an excellent position to potentiate. This is in helping to bring together the disparate medical, scientific, psychological and therapy professionals whose clinical work or academic research utilises or contributes to the field of hypnosis and therefore to the aims and interests of BSCAH. The increasingly wide range of contributors and papers appearing in the Journal, from across the fields of medicine, dentistry, psychiatry, psychology and hypnosis theoretical and research does seem to suggest a degree of comfort about the journal’s new title on the part of those submitting such papers.

It will be obvious by now that I see the Society’s Journal as eminently placed to promulgate the concept of hypnosis as a fully integrated modality, and an excellent means of doing so. Additionally, as a scientist, a person-centred counsellor and a long time practitioner of hypnosis and acupuncture, and more recently as an academic researcher in hypnosis, I find much in this excellent Journal that is very relevant to my professional and academic life. Despite Michael Heap’s well-observed concerns and appositely entitled 2011 paper “Does Clinical Hypnosis Have Anything to Do with Experimental Hypnosis?” (Heap, 2011), I find that reading through the contents pages of each issue can at times have for me, something of the remembered redolence of exploring my Christmas morning stocking as a child, of making one exciting discovery after another.

The self-affirmed aims of “Contemporary Hypnosis & Integrated Therapy” as stated on the inside cover of the Journal reference its role in providing “a forum for the ... discussion of hypnosis theory, research and professional practices”. Also, to its being a journal that sees itself as one “which encourages innovation in therapy and scientific perspective ... as well as complementary interventions” and which “views hypnosis as part of an integrated therapeutic approach”. Excellent aims indeed for the Journal of BSCAH and its membership, and for the European Society of Hypnosis in Psychotherapy and Medicine - and all excellently fulfilled, I believe.

Complementing the Journal is the Society’s Newsletter, currently, bravely and excellently edited by Charlotte Davies. It can be a thankless job running a newsletter as I can still remember from my own experience. The role of the editor in chasing up regional representatives in order to collate the Society’s news and views, squeezing in reports submitted at the very last minute, and encouraging the membership to support, participate and contribute to their own publication, can be a frustrating and depressing one. However, if this is part of Charlotte’s experience, then none of her agony and angst shows through in her editorials, all of which seem brimming with enthusiasm and good humour, and are always a pleasure to read.

I find the compact size of the Newsletter preferable to the more usual A4 size of most similar publications and like the innovative nature of having a coloured illustration on the front cover chosen (often with humour) to match the academic theme featured within. Each number of the Newsletter contains a wealth of interesting reading, with news about the Society’s activities across the country, individual members’ experiences and practices, clinical and academic reports and updates about courses and seminars on hypnosis. All in all, providing an excellent read with which to pass the time, be entertained and be enlightened, whilst on my regular train journey from my Liverpool home to my Manchester clinic, thanks to the excellent Charlotte.

So for me at least, excellence abounds unrestrained throughout my experience of the British Society of Clinical And Academic Hypnosis, and may it ever remain so in the future.

(References available on request from the Editor)

Paul Entwistle

The RSM offers a series of sessions about hypnosis. Why not pop to London for a long weekend, and finish it off learning about hypnosis? There will be plenty of BSCAH members at the RSM meeting - and some of them may even be able to offer London based accommodation. Get in touch with us and see how we can help! Next up - 11<sup>th</sup> December, David Waxman memorial lecture. [www.rsm.ac.uk/events/hyk01](http://www.rsm.ac.uk/events/hyk01)

## Excellence

What does excellence mean and why does it matter? Let's take a moment to think about this.

I did an off-the-cuff mini survey of ten random people and asked them the same question. Six out of ten described it as perfection, three had no clear idea and only one knew the actual meaning, which according to the Oxford English Dictionary, is 'the quality of being outstanding, or extremely good.' In contrast perfection is described as 'an action, or process of improving something, until it is flawless.'

So, does it really matter if we use excellence and perfection interchangeably, especially as it seems that many of us assume that excellence and perfection are driven by the same mental processes. If we delve deeper and consider research from various sources, we find that perfectionism and excellence are driven by different attitudes, motivations, emotions, and have different behavior patterns behind them.

Failure to distinguish between them may lead to different outcomes in a person's performance, whether it be in their career, family life, or other situation. And of course, this is also crucial in the successful communication, diagnosis and choice of therapy in a clinical situation.

So, what drives a person who is looking for excellence compared to a person looking for perfection.

When someone is looking for excellence, they generally have strong motivations and a desire to accomplish tasks to the best of their abilities. They have positive emotions and a belief that they will succeed. Their goals are supported by passion, which is in itself the fuel of enthusiasm, energy, motivation and perseverance. They focus on the task at hand, but keep an open mind about new ideas, or opportunities. They are willing to learn and try new approaches without the fear of failure, or criticism. Any accomplishment brings feelings of satisfaction, they feel comfortable with themselves and this gives them an unstoppable desire to achieve even more.

In contrast, people looking for perfection are driven by unrealistic expectations, negative emotions and a desire to prove that they are always right.

Perfectionism has been referred to as 'normal and neurotic, both presenting high performance, but neurotics fail to experience satisfaction.'<sup>1</sup> Other descriptions include perfectionist to be self-centered, where they expect perfection from themselves; out-centered where the expectation of perfection is on others; and the socially centered perfectionist who is always looking to please others.<sup>2</sup> Perfectionists are more prone to be affected by anxiety, stress, eating disorders<sup>2,3</sup>, they tend to express destructiveness and are prone to obsessive-compulsive disorder<sup>4</sup>. A correlation has also been found with substance abuse, as well as suicidal depression<sup>5</sup>. However, there are also some beneficial traits linked to perfectionists such as possessing more competitive qualities<sup>6</sup>.

All these theories and assumptions indicate that perfectionists will only accept a 'product or outcome, free from any fault'. They will not consider anything less, regardless of the situation, sacrifices, or consequences that may be required to attain such 'perfection'. They are easily frustrated by the never-ending imperfections, doing things as a 'must,' and are constantly looking for acceptance. They are always on the defensive, with rigid irrational expectations. Frequently they have damaged self-esteem and self-image since they are afraid of being criticized, or rejected. They tend to be obsessed, and have a controlling and judgmental attitude, both towards themselves and others. Having difficulty to feel satisfaction, they are restless, preoccupied with negative thoughts and emotions. With time they become angry and aggressive, either physically or mentally, as a defence to cover up their own perceived inadequacies and unrealistic expectations.

Being aware of these contrasting qualities and recognizing the different mind sets that lie behind excellence and perfectionism, is paramount to assessing the thoughts and emotions behind someone's behavior, and being able to respond to them in an effective way. In fact, this may be the contributing factor to successful communication in both private and professional scenarios. This is especially significant for hypnotherapy since a suggestion of perfection, rather than excellence applied to an undiagnosed 'perfectionist' may reinforce the urge of performing tasks flawlessly and can lead to a failure in therapy. Instead, expressing the importance of having positive emotions behind any goal or task, may be the magic element in creating a successful outcome with feelings of satisfaction, even if it is a 'zig-zag' way. A desire driven by passion projects a much stronger picture of what we want to accomplish to the unconscious mind. In return the unconscious mind will release resources to accomplish this goal.

For me, excellence is a powerful and elegant noun expressing the mindset of achieving something better than ordinary. It is one of the most effective tools in securing satisfaction from life and it is an excellent way to compliment someone, especially children and youth when they have shown outstanding effort and achievement. One of my favorite quotations is by Monica, A. Frant, PhD that 'Excellence can best be attained by giving up the demands of perfectionism.' I would just add that any performance embraced with passion, the powerful source of creativity and determination, has the potential of achieving excellence.

Barbara Powers

### Don't hide your light under a bushell!!

Do you fancy being Hon Treasurer? This is a Council post so you would need to attend three or four Council meetings a year on a Saturday and usually held in London. (These meetings are very friendly and quite fun and includes lunch, and chatting afterwards over a drink or two!) Reasonable travel expenses are reimbursed. The role involves overseeing the accounts – checking the bank statements against an income and expenditure spreadsheet that either you or National Office can keep up to date and keeping receipts and invoices on file. It also involves logging onto the bank account to authorise payments when necessary. A short financial report is submitted to Council and a more comprehensive one to the AGM. In early December the Hon Treasurer needs to oversee National Office sending out a letter to members notifying them of the subscription rates and when this will be debited from their direct debit or credit card. This usually goes out with the December Newsletter to save on postage. In January the accounts need to be gathered together with the supporting documentation and sent to our Accountants.

If you fancy giving it a try do please get in touch.... [ann@annwilliamson.co.uk](mailto:ann@annwilliamson.co.uk)

### The Hand Technique

One of the workshops I attended at the ESH conference was on Rapid Induction. They defined rapid as induction with <3 min, and instant <1min. I enjoyed this session too, and was glad to hear that they feel that in acute emergencies, consent is less than compulsory. They also talk about consent being implied in stage hypnosis, but also that consent is not given for covert (marketing / government) or street (nefarious) hypnosis.

Suggestibility tests can turn into induction. Imagine your hands glued together. Try to pull them apart. Then breathe. The patient can then be deepened!

One of the other techniques I found really useful was not to induce trance. Ask the patient for their hand, and take the weight of their hand. You may need to encourage them to let you take the full weight. Then draw some channels on their hand, saying words along the lines of:

"I'm drawing and creating some channels on your hand. These channels can be as deep or as wide as you need them to be.

Everything not important for your wellbeing, any cares or worries, can fall into these channels, and fall out.

Anything not important for your wellbeing. And they can be taken away".

At this point you can make a show of throwing away everything that has fallen out. I've tried this technique on many people, and all agree their hand feels "weird" afterwards! I haven't been able to find a name for this technique - but I think it's really useful!

### Positive Events

Many of you will have heard of positive event reporting, also known as favourable event reporting (FERF), Greatix, Datix, IRIS (Improving Resilience, Inspiring Success). We've just started rewarding excellence at my workplace.

The evidence suggests it makes us focus on the positives, and makes staff feel much more appreciated. Appreciated staff have more motivation. It is not an expensive idea to set up.

Why not do something similar at your workplace? It doesn't need to be a formal scheme - you could just say well done to someone every day. Using "non violent communication" as suggested by Marshall Rosenberg in his book of the same title, you might state you noticed someone making a worried patient a cup of tea (observation). Then you might say it made you feel reassured that they cared so much (feelings). You could go on then to express your needs, and some requests!

### BSCAH and RSM Joint Conference

Hypnosis in practice and theory – towards a synthesis of academic and clinical protocols. Saturday 7 July 2018 to Sunday 8 July 2018.

This should be a fantastic conference, where the RSM and BSCAH will work together to learn about hypnosis! We hope to see you there.

