



BRITISH SOCIETY OF CLINICAL AND ACADEMIC HYPNOSIS NEWSLETTER



Sleep Theme

Picture: A Safe Place to Sleep?

Volume Eight, Number Eleven

July 2017

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Proofreaders Wanted!

The BSCAH newsletter is currently proofread by a very small team of volunteers. Are you a pedant? Are you good at nit-picking? Could you volunteer to proofread the BSCAH newsletter before it gets published? Email charlotte.davies@doctors.org.uk if you could help with proofreading!

Editor's Notes

Once again, time for the Newsletter has come round too quickly. This times theme is Sleep, and we've had a few useful contributions about how members use hypnosis to help with sleep. Hopefully, it'll trigger you to think about how to use hypnosis for sleep - and I'm sure you will feel compelled to send some words on the matter to charlotte.davies@doctors.org.uk for publication in the next BSCAH newsletter.

The importance of sleep, particularly amongst health professionals, is of great interest at the moment. Shift work, and night work, is a common factor affecting sleep, and one that makes it difficult to keep and develop a routine. A sleep Consultant based in London is raising evidence based awareness of this, including the value of a 15- 20min power nap. Maybe we can start to look at how hypnosis can help with poor sleep, or even, supplement the power nap. As the NHS begins to slowly realise the importance of staff wellness, is this a niche waiting for us to fill?

Follow [@DrMikeFarquhar](https://twitter.com/DrMikeFarquhar) on Twitter for some sleep related information, together with links for how Guys and St Thomas's are helping improve the health of their staff. There's also some general advice on the St Emlyns blog here - <http://stemlynsblog.org/sleep-hygiene/>. Please send us your sleep resources.

Eamonn Coveney, whom many of you will know, has recorded some hypnosis sessions to help his patients. I think this is useful for everyone - especially as staff, NHS or otherwise, could be patients too. You can access the recording at <https://soundcloud.com/user-486534099>. Send us any of your favourite sleep recordings too.

As for me, I use hypnosis to help with my sleep. Sometimes, after a busy shift at work, with complicated patients, sleep is evasive. Telling myself that I'll fall asleep in my "safe place", and then entering a hypnotic state, is a helpful way of "switching off", and sleeping.

The next BSCAH newsletter will be an excellence theme. Send us an account of your most excellent and most successful hypnosis induction, and maintenance. I look forward to being inspired by excellence!

Charlotte Davies
BSCAH Newsletter Editor
charlotte.davies@doctors.org.uk

Branch Reports

Lancs & Cheshire

We held our Branch AGM at the beginning of April. Among the topics discussed was the lack of younger members within the branch and what could be done to address this. The business section of the meeting was followed by an excellent case presentation by Candy Bamford. Candy discussed the case of a former Royal Marine and police officer who developed complex regional pain syndrome after a road traffic accident. After analgesia, nerve ablation and spinal cord stimulation, the patient was scheduled for amputation of the affected limb. However there is a high incidence of residual pain and phantom pain after amputation in CRPS, so Candy was asked to see the patient beforehand. She used hypnosis to calm the nervous system and, within hypnosis, to get the patient's affected hand moving again. After two hypnosis appointments, the patient's pain was reduced and his mood was more positive. At the third appointment Candy used a guided imagery technique called Gandor's Garden, which Candy demonstrated in a group practical session. The technique looks back at childhood, but also allows the subject to connect with someone from their real life (in trance) and listen to messages from that person. The technique is not prescriptive - the messages thrown up by the subconscious are what the person needs at that time. The patient came to see Candy post-amputation to report he had no residual pain, which is extremely rare indeed.

On 24th June we held a joint meeting with Northern Counties at The Retreat in York, entitled "Dentistry - it's all in your head". The theme was designed to be applicable to disciplines other than dentistry, with a focus on anxiety, phobia and trauma. In the morning Graham Temple gave some interesting perspectives on building rapport and the importance of language, the placebo effect, the nocebo effect and concluded with a discussion of the Emotional Freedom Technique. The demonstration of a four minute EFT intervention to reduce a chocolate craving was impressive - especially as the subject was holding a chocolate biscuit throughout! In the afternoon Candy Bamford gave a presentation on the use of EMDR for anxiety and phobia. Candy was very firm on what EMDR is and what it isn't and also the qualifications required of therapists wanting to undertake EMDR. She discussed the hypnotic techniques she uses to stabilise patients prior to starting EMDR before explaining the process (including demonstrating the light bar, headphones and vibrating pads used to give the bilateral stimulation the technique relies on) and how it works. The afternoon was brought to a close with a practical demonstration of an EMDR session to deal with phobia of dogs following a traumatic childhood incident. Feedback from the meeting was resoundingly positive and we thank Northern Counties once again for hosting this joint event.

At the moment I am filling the last couple of dates in our coming calendar of meetings. Highlights of the programme will include a different perspective on breathing techniques as a means of focussing attention - we have Sue Miller, a British Wheel of Yoga instructor as our guest speaker for that - plus a one day workshop with Lynne Tomlinson, from the Christie in Manchester. Lynne came to

speak to us last year, but had so much wisdom to share that she's been invited back by popular demand to give a longer presentation on the techniques she uses for cancer patients.

I hope members nationally are as excited as we are locally at the prospect of the ESH Congress coming to Manchester in August. I know lots of people are beavering away behind the scenes to make this meeting a great success. Lancs & Cheshire are particularly grateful to Ann Williamson as local organiser. The line up of speakers is fantastic, so I hope we will be welcoming many of you to the city of my birth. Bring the family - with great theatre, museums, shopping, restaurants and bars, plus the Peak District, the Lake District and the Yorkshire Dales all within an easy drive, there'll be plenty for them to do!

Linda Dunlop
Hon Sec, Lancs & Cheshire

Northern Counties Branch Report Summer 2017

For our 2017 York Spring Foundation Training, delegate numbers were late in picking up this year. A number were doing it as a refresher and it was very well received by both those new to hypnosis and those more seasoned. Gill Smith co-presented again with Grahame Smith. Leslie Walker, Graham Temple, and Peter Naish were popular guest speakers on Module 3. Our 2018 York dates are 27/28 January, 24/25 February, and 24/25 March.

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 lives in Edinburgh, it is still on BSCAH Northern Counties 'patch'. She is actively developing an Edinburgh section of the Branch with Jane Boissiere and has set up a peer support group.

We are currently exploring a taster day and possible team training north of York. We are running a 'Taster Day' in October for the Oncology/Haematology team at Queens Centre, Cottingham, Nr Hull. A mix of old and new hands will be attending. We have the possibility of offering a BSCAH Oncology workshop to the wider membership in due course.

We continue with around three one day meetings per year, typically at York, members of other Branches are welcome.

We have just had a well received joint meeting with Lancs and Cheshire Branch. Graham Temple gave an entertaining overview some dental techniques and EFT, and Candy Bamford gave a very informative session on EMDR.

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 will appear on the website and by email circulation as we finalise them.

Grahame Smith
grahamedsmith@doctors.org.uk
Branch Chair

Mets and South Branch Report: June 2017

The Mets and South Branch completed the Foundation Training in March 2017. Once again, we have enjoyed the teaching very much - it is so rewarding working with keen trainees. We only had a few students and we have decided to have a minimum of eight in the future; and, although they enjoyed the sessions, it would have been better for them to practise and discuss hypnosis with more trainees. Nevertheless, during Module one, and for the third year running, we had the pleasure of hearing Peter Naish speak, and work with, the students. Peter gave a comprehensive presentation on consciousness, the nature of hypnosis and PTSD. Les Brann also came down to teach during module 2 where he presented a workshop on Medically Unexplained Symptoms. The students enjoyed working with both Peter and Les, and we look forward to inviting them again. Leon and I are advertising as much as possible in order to get more students for next year. We are advertising on Google Adwords and I am doing as much as possible on social media.

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, psychologists and registered practitioners who have a legitimate reason for using hypnosis in their work. Please advertise the Foundation Training in your workplace so that we can train up younger individuals in hypnosis.

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

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We all know emotions can affect our disease perception. Another role for hypnosis maybe? This summary below, comes from the life in the fast lane website - another really useful resource.



HALL OF FAMER

Rietveld S et al. **Rollercoaster asthma: when positive emotional stress interferes with dyspnea perception.**
Behaviour research and therapy. 2007. PMID [16989773](https://pubmed.ncbi.nlm.nih.gov/16989773/)

- I love this paper, but I am not sure why. I think it has just been too long since I was last on a rollercoaster. This study explored the relationship between perceived dyspnea (subjective) and objective lung function based on emotional stress. Prior research has shown that negative stress or emotions are associated with an increased sensation of dyspnea despite unchanged objective respiratory values. The authors wondered whether the opposite – positive stress, or joyful situations – would decrease the sensation of dyspnea. They provoked this sensation by having women with severe asthma ride rollercoasters. (They prescreened the women to ensure that they all liked rollercoasters.) Immediately after the ride, at a time of positive stress, perceived dyspnea was significantly lower, despite FEV₁ measurements that were actually a little lower than baseline. In other words, positive emotions seem to decrease the sensation of dyspnea. Bottom line: Dyspnea is a complex phenomenon. Although I don't have a rollercoaster in my department, an awareness of the impacts of emotion on dyspnea could help us improve patient comfort.
- **Recommended by** Justin Morgenstern

BSCAH/BCU BSc in Clinical Hypnosis and Related Techniques

I am pleased to announce that we have just completed delivering the course to our first group of students with our partners at Birmingham City University Faculty of Health, Education and Life Sciences. Here is a sample of the feedback from our students at BCU:

"The course organisers have been fantastic in making the process of joining and starting the journey a really smooth process. A wonderful team is supporting the organization of this course. The help offered is invaluable."

"Even though I have been using hypnosis in my own practice for years, I have learned so much in the first 2 days of the course that I have come out of 'the closet' as it were.

I have a renewed confidence and am practicing hypnosis in front of colleagues now openly!

I highly recommend this course...."

"This course is what I have been waiting for"

We are so excited by the response from this year's group and are in the process of gearing up to start with a new group in September. It has been a steep learning curve to bring the course up to the academic standards that level 6 requires but we are not resting on our laurels and are working with BCU to bring the course up to 60 credits at Masters Level (7) for those seeking to integrate hypnosis into a Masters degree.

Here are the dates for next year's course:

Module 1 Fri/Sat 15/16th Sept 2017

Module 2 Fri/Sat 24/25th Nov 2017

Module 3 takes place over 4 days:

Fri/Sat 9/10 Feb 2018 and Fri/Sat 9/10th Mar 2018

At the time of writing there are still some vacancies for Sept 2017. For more details please visit BSCAH website www.bscah.com/training



Best Wishes,
Simon Barnett,
Course Leader
on behalf of the teaching team
and BCU

ESH 2017

Well – not long to go now!

We have two workshops pre-Congress: Peter Naish and Geoff Ibbotson join forces to talk about hypnosis and past trauma and Camillo Loredio from Italy will run a workshop on working with families. We are also offering an introduction to hypnosis run by Les Brann for those new to the field.

We have over 300 delegates registered for the main Congress so far and a wide variety of presentations in the programme covering topics from pain management to helping with anxiety and past trauma, from dentistry to cancer care. We have some of our own well-known speakers such as Prof Leslie Walker, Martin Wall, Zoltan Dienes, Peter Naish, Mike Gow, Stuart Derbyshire and Michael Heap and many famous names from Europe as well such as Prof Faymonville from Liege, Veit Messmer from Germany, Claude Virost from France, Walter Bongartz, Prof Ulrike Halsband and Matthias Mende to name but a few. With more than a hundred presentations the difficulty will be in choosing which ones to go to!

We have a vibrant social programme with a harpist playing during a welcome drinks reception on the Wednesday evening, and on Thursday we have a Northern evening featuring ESH's own talent show during a buffet dinner followed by a ceilidh, which will be great fun. On Friday we have our Gala Dinner with our magician working his magic beforehand and around the tables, followed by dancing to a jazz band.

BSCAH will be holding its AGM 12.40-13.40 on the Saturday during lunchtime....

And last but not least -the Hilton have invented a couple of special cocktails to celebrate ESH 2017; *The Mesmerist* which consists of Capucina Cachaca, Mount Gay Black Barrel, Guava & Coconut Water and *Heap's Headbanger* - made from Gin, Lemon, Pineapple, Raspberry Syrup & Grand Marnier. I have tasted them both and they are both delicious!

There is still time to book your place at this exciting event.... Just go to www.esh2017.org

Hoping to see you there

Ann Williamson
Chair Organising Committee ESH 2017



XIV ESH congress

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

23th - 26th August 2017



Communications Report 2017

The new BSCAH website has had some teething problems but various alterations to improve it are underway. We are indebted to Hilary Walker for all her hard work in dealing with these issues.

The Newsletter has gone from strength to strength and is both an enjoyable and educational read. Charlotte Davies is our talented editor who has successfully introduced a different theme for each edition. Gathering articles remains a challenge, so please do continue to contribute especially if you have some interesting cases or tips to share.

The Twitter input provided by David Kraft is invaluable. He is a wonderful source of information as he has a considerable fund of knowledge. In addition, he is always ready to help with any request. He has recently contributed to the Wikipedia Hypnosis page and is currently exploring the use of Google Adwords for the Mets and South Branch.

Charlotte Davies also kindly looks after our Facebook page although volunteers to assist would be appreciated. She's on facebook as Charlotte Griffiths, just incase you were confused.

LinkedIn is not currently active. This is a shame as it could be a valuable advertising platform. Volunteers welcome.

Our workshops at the Association of Anaesthetists of Great Britain and Ireland (AAGBI), Annual Congress and the British Pain Society, Annual Scientific Meeting have been well received. As a consequence, we were invited to provide two workshops for the AAGBI Congress this September and have applied to do a further workshop for the BPS ASM in May 2018. In addition we will be providing the AAGBI with a One Day Workshop in London in February 2018. Thanks are due to our excellent speakers Paul Slater, Jean Rogerson, David Rogerson and Sue Peacock.

Ideally we would like to provide similar workshops at other Annual Conferences such as the British Dental Association, the Royal College of Nursing, the British Psychological Society or the Chartered Society of Physiotherapy. If you attend an Annual Specialist Educational Event which provides workshops or parallel sessions and might be interested in hypnosis, I would be grateful if you could let me know.

During the year we have also provided one day workshops in Edinburgh and Manchester and talks for medical students in Leeds and SAS Psychiatrists in London. Meeting other healthcare professionals and asking questions at Medical Conferences where the attendees are possibly unfamiliar with the potential benefits of hypnotic interventions can be a valuable way of raising awareness of this subject and is another important part of our work.

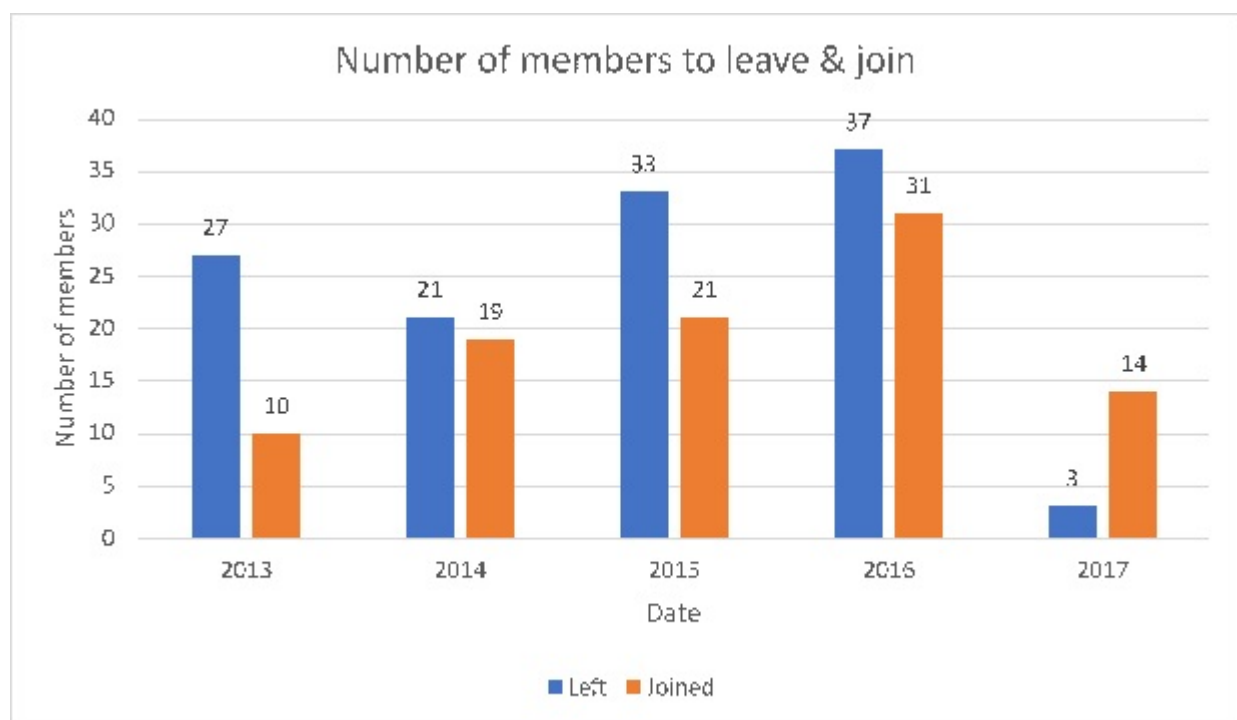
I am aware that all of our members are communicating with colleagues and giving talks to various interested groups around the country, too many to list here. We now have some BSCAH Business cards available. Do ask Hilary Walker if you would like some for the interested colleagues you may meet.

Our links with the Hypnosis and Psychosomatic Section of the Royal Society of Medicine have strengthened and more collaboration with them and the British Society of Medical and Dental Hypnosis, Scotland will be beneficial. Our common aims are more likely to be achieved if we work together.

The voluntary post of Communications Officer was first created 3 years ago and during that time we have made some progress but far less than I would have liked. The ideas are good and I am aware of how we could be improving but it is simply impossible for a retired doctor with few media skills and limited time to achieve all that is required. Despite the considerable help from colleagues, I believe that we cannot develop further without paid help from a professional with the relevant knowledge and skills.

Dr Jane Anne Boissiere
Communications Officer, BSCAH

Annual Report- Secretary and Honorary Secretary AGM



As you can see from the chart the common pattern in previous years is that more members have left than have been joining. There has been a big push towards the marketing of BSCAH over the last few years with a new website, social media, database, workshops, exhibition stands etc. The figures for 2016 looked promising. Even with the minor issues with the online payment system and online membership forms the gap between those leaving and joining was (as a percentage) less than in previous years. In 2017 only 3 have decided to leave the Society whereas we have had 14 join. I would like to infer that the marketing and new website has had an effect in increasing numbers. (Don't forget that the

previous years are Dec to Dec and we are only in July so there is time for the figures to change drastically). BSCAH will be looking into search engine optimisation and Google Adwords over the next 6 months which should give us a larger online presence.

We are trialling the online payment system for the next Lancs & Cheshire foundation training and if that works it will be rolled out across the Branches for them to use it for their training and events.

I wish to encourage our present members to move over to the online credit/debit card system in December. Direct debit and cheques will be phased out completely over the next few years. More information on this will be available when you receive your renewal letter in November/December.

Council have decided that BSCAH will not be bidding for the 2021 International Society (ISH) Conference due to the fact that the volunteers at each Branch and Council members are busy with other things at the moment.

If you wish to volunteer some time to help with marketing/accounts etc. please contact me at National Office.

BSCAH has decided to put on extra days training following the Foundation training for all members. Each Branch will run a different topic and National will run some as well. If you are interested in participating in training events please contact Ann Williamson (ann@annwilliamson.co.uk).

May I extend a big thank you to those that completed the members survey. My apologies to those who wanted to do it but technology wouldn't allow it! Those who have volunteered their time through the members survey will be contacted in due course by their branch or National Office when required.

The website is going through some major changes again at the moment. It won't affect members but if you have any ideas on how to improve/change the website please let me know.

I have had some BSCAH Business cards printed and they are available to members for the purpose of promotion and marketing BSCAH. If you are attending an event/conference where you think you may have the opportunity to promote BSCAH please request some at natoffice@bscah.co.uk.

If anyone is interested in becoming Accredited or going on our referral list please contact me (natoffice@bscah.co.uk).

Please ensure that National Office has your up to date contact details (especially your email address). I have a lot of members who I cannot contact via email which means they are not receiving any information from myself or their branches. National Office has a mailing list which everyone needs to join. If you do not receive any emails from mailinglist@bscah.co.uk please contact me at natoffice@bscah.co.uk and I will sort it out for you. It involves me sending out an automated email which you must open and click on the link provided.

Hilary Walker
National Office Secretary

Ac & Ac Away Day

On 20th May 2017 fourteen of us, including Ac & Ac met in London to try and develop an integrated educational pathway (including Introductory Days in Clinical Hypnosis, further basic or Foundation training, special interest modules, Accreditation and the Advanced Diploma).

After discussion of various formats, it was decided to keep the current three weekend format for the Foundation Training. It was thought that the content should be kept fairly generic and that maybe the modules should be more spaced out. Cross pollination between professions was thought useful; but because of the lack of training courses in the summer months it was suggested that National could organise a training course then if there was demand following a Taster day.

It was stressed that training dates are needed for advertising at least a year in advance so that clashes can be avoided.

A post training evaluation form was agreed and will be used by all Branches at the end of their Foundation Training and it was agreed that a certificate of completion of the Foundation training should be issued by National after the standardised evaluation form has been received at National Office.

We also need to decide which elements of the current Core Curriculum should be covered in each module so as to give greater consistency between Branch trainings and to facilitate future Accreditation by Royal Colleges, as well as the potential to complete modules at different times. This is to be finalised via e-mail.

It was agreed that we should change the name of the Foundation Training but should delay this until we have sought marketing advice. Hilary to approach Media Trust, Charity Commission and NVCO for advice on where to get this advice. Suggested so far are: Clinical Hypnosis – Principles and Practice; Clinical Hypnosis and related techniques – Principles and Practice; Hypnosis Training - for Health Professionals by Health Professionals. Do you have any ideas?

Articles in populist journals/magazines and offering of talks to patient groups and organisations could help generate demand for hypnosis but we also need the health professionals to be trained to fulfil that demand.

We need to promote and organise more masterclasses and further training because at present there is not a lot for new Trainees to access. Each Branch will be asked to choose a topic from Pain; Psychosomatic Disorders; Habit Disorders and Addictions; Hypnosis with Children; Past Trauma and PTSD; Oncology and Terminal Care; Loss and Bereavement; Use in Gynaecology and Obstetrics for 2018 and National to attempt to fill gaps. Ac & Ac to organise this for 2018.

Following on from the Member's survey we now have a pool of more than thirty members willing to give time to take part in Introductory Days and presentations at Conferences, which is very heartening. If you haven't responded yet and would like to help please do get in touch. If you are aware of any Conferences coming up over the next year or so where you think BSCAH could ask to present a workshop or where, as a member, you could apply to run one, then again please contact me. Financial help may be available.

A prospectus is being composed and once finalised will be put on the website as a download, available once someone has entered their e-mail address. BSCAH now has business cards advertising our training, website and contact details and if you would like some to distribute please contact National Office.

Looking forward to seeing you in Manchester at ESH 2017

Ann Williamson

Sleep – perchance to dream

Peter came to see me because he had been having disturbed sleep from recurrent nightmares. This had been happening on and off since he was quite young (he thought 7 or 8) – he was now 23 years old. He never recalled the nightmares, or only fleeting half recollections but would wake up screaming or in a sweat. He had been brought up by his aunt and uncle as his parents had died in a car accident when he was two. He reported that he had had a happy childhood and had a good relationship with his aunt and uncle who, incidentally had had no children of their own. He had vague memories of his parents but thought they were probably the result of people having talked about them. We had quite a discussion about memory and how our minds confabulate to produce a coherent 'story' which one may need to work through therapeutically but may not be the historic truth.

He had been to university studying architecture and was progressing well on his chosen career path. He said he felt a bit shy at times and didn't currently have a girlfriend but he did have several male friends at work and one old friend from his university days. He was a keen fell runner and often went running at weekends. He enjoyed listening to music and had learned to play the guitar when he was younger although he hadn't done so for a while.

He struck me as a pleasant and well-adjusted young man who was keen to see if he could learn to 'control' his nightmares. We talked about how maybe his mind, in sleep, was trying to deal or work through something and I suggested that we might not need to know exactly what it was but that we could perhaps help his unconscious to resolve the problem so that he no longer 'needed' to have nightmares.

At the first session, as well as taking his history, I induced hypnosis by suggesting that he re-experience part of his favourite run and then suggesting that he find himself in his special calm place, real or imaginary. Having given some ego strengthening suggestions he re-alerted and he said he was surprised at how easy he had found it. Capitalising on this we repeated his imaginary run and whilst in his special place I talked to Peter's 'unconscious' and suggested that because we were going to work together to help Peter, his 'unconscious' mind could perhaps continue working in Peter's dreams without giving him any conscious distress.

At the second session, four weeks later, Peter reported that he had still had a few broken nights but not as many as usual. I set up ideo-motor signalling and 'talked' to Peter's 'unconscious' mind. I established that (a) his unconscious mind was working on something and (b) he was not prepared to let this come into consciousness. Working in this metaphorical way (with Peter's unconscious mind) I enquired if there was anything that was needed to help resolve the difficulty and Peter shed a few tears and said he felt as if he needed to be hugged. I suggested that maybe a younger part of himself needed comforting and that he could perhaps imagine taking that younger part of himself to a calm happy place and give him a hug and comfort him.

When he said that he felt 'Okay now', I then lifted his arm (after getting permission to do so) and suggested that it would only drift back down to his lap as his unconscious really learnt that 'whatever the problem had been (implying resolution). Peter had come through it and it was in the past, so please could he dream the dream and bring it to a good conclusion as his arm drifted down'. This took several minutes and Peter was obviously processing internally. When his hand reached his lap, I asked if anything further needed to be done and got an ideo-motor 'No'. I then thanked Peter's 'unconscious' for helping him resolve things. I suggested that Peter find himself by his pool of resources where he could find a stone to represent the work he had just done and add it to his pool, seeing it there on the bottom with all his other strengths and abilities. Peter could then make connection with his pool in some way and integrate all those resources within himself before re-alerting.

We made another appointment for two weeks time but Peter rang the day before to say he didn't think he needed it as he hadn't had any nightmares since our last session. We left it that he could contact me again whenever he needed to but that was three or four years ago now and he hasn't rung me yet.

This was an interesting case as I obviously thought that the death of his parents was probably something to do with his nightmares but because his nightmare never came into conscious awareness we were unable to do more than speculate. Working with the metaphor that Peter's unconscious mind was working on something it seemed the right way to explore using ideo-motor movement to help him resolve it. He felt very hot and flushed when his arm came down to his lap and, in my experience, this signifies some internal release. Dreaming the dream to a happy ending seems a useful method with nightmares which typically stop at the horror rather than running to the end of the 'story', but this can only be done once the underlying problem driving the nightmare has been addressed, in this case, comforting his younger self.

Ann Williamson

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Are you inspired to learn more about Dreams? There's a workshop at the ESH conference just for you!

D.R.E.A.M. : a hypnotic model for dream work

Jane Turner

Can you interpret dreams? An answer to this question lies in the hypnotic model for dream interpretation: D.R.E.A.M., which I have developed thanks to my work with clients in psychotherapy and recent research about working with dreams in the therapeutic setting.

This will be explored in the workshop. Details
<http://www.esh2017.org/session-2-abstracts#2.7>

Sleep: Our Best Friend

Though sleep is called our best friend, it is a friend who often keeps us waiting! Jules Verne

Judith came along to see me complaining of longstanding insomnia; she often took many hours to fall asleep and if she did fall asleep at a reasonable time she almost always woke a few hours later and had difficulty getting back to sleep. Aged thirty-four, she was single and worked in middle management in a firm in Manchester. She enjoyed her job but had found the re-organisation over the years had left her struggling to keep doing her job the way she felt it should be done. She felt time pressured and stressed a lot of the time. She told me she had always been a bit of a worrier and had had a poor sleep pattern since her teens when her mother had been ill and she had been attending college.

She had had a reasonably happy childhood with no great traumas but had found it distressing when her mother fell ill with breast cancer, although happily the outcome of her treatment had been successful. She enjoyed going to the gym but had been cutting down the number of times she went as she felt too tired after work a lot of the time. She had a good circle of friends but always felt that she wasn't as successful as they were and was an expert at self-criticism.

On her first visit, after discussing standard sleep hygiene such as having a routine before sleeping and not drinking caffeine near bedtime, I induced hypnosis using an eye roll followed by progressive muscular relaxation and suggested she find herself in her special, peaceful place which was a beautiful garden. She really enjoyed this so I repeated this induction and suggested she develop imagery for discarding negative feelings and connecting with more positive ones. She liked the idea of a bonfire so we went with that and using the colour blue to link her with the calmness she felt in her garden. I gave her some ego strengthening suggestions and also suggested that each time she did her self-hypnosis it would get easier and quicker to access a feeling of calmness. She promised to practise every day for five or ten minutes and I suggested that if she did it at bedtime she could set the intention of falling asleep and waking in the morning feeling refreshed and then imagine falling asleep in her special place.

On her second visit, two weeks later, she reported that she had had a few better nights but was feeling very angry at her boss who she felt had treated her and some colleagues unfairly. She was ruminating about this and felt even more of a failure than usual as she hadn't stood up to his bullying behaviour.

She was enjoying doing her self-hypnosis and felt that, overall, she had felt a bit calmer most of the time; until the incident with her boss.

I felt we needed to address several issues and discussed these with her. Firstly, I felt she would benefit from learning 'Silent Abreaction' where she

could use imagery of smashing up a rock that represented the anger that she wished to be rid of, maybe that which she couldn't express to her boss and which was only making her feel bad. She enjoyed doing this and she went into her garden to gather feelings of calmness afterwards. I suggested that she could do this at work if needed by taking herself to the toilet and doing a quick self-hypnosis session using the imagery as we had done in the session.

Secondly, I demonstrated how she 'saw' or represented her boss in her mind's eye compared with someone she felt neutral towards, and took her through an exercise where she changed the sub modalities of the image. From being very 'in her face' and 'larger than life' she shrank down the image of her boss and put it further away which she felt was helpful. She also imagined her boss as a puppet with all the people above him pulling his strings and said she almost felt sorry for him!

Thirdly I felt we needed to address her self-criticism and suggested that before the next session she wrote down some things she felt she did well or had done well in the past. I also took her through the process of developing a confidence or 'good feeling' anchor which she decided would be pressing her right index finger and thumb together and accessing a golden light flowing over her.

We also discussed how it might be worth exploring the problem she had had as a teenager when her sleep pattern first became disturbed and decided we would do this on the next session.

Finally, I taught her the 'Mirrors exercise' where she stepped into her image of herself the way she wanted to be, the Judith she was becoming.

Two weeks later she reported that she was definitely doing better and feeling more calm and confident. She had quite often fallen asleep using her self-hypnosis but still found she was waking up in the early hours for a while.

We talked about how counterproductive 'trying' to get back to sleep was and I suggested that she should spend a little while focusing on each part of her body (Yoga sleep) or do her self-hypnosis and wander around her special garden. If she was still awake, I suggested that she get up and make herself a milky drink before going back to bed and maybe read for a while before doing her self-hypnosis and imaging going to sleep in her garden.

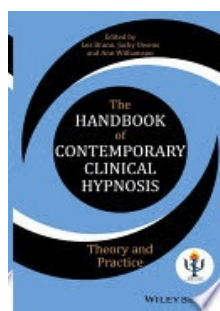
We talked about the time when her mother was ill and Judith said she had been very distressed and worried but felt unable to talk to her parents about how she felt. She felt responsible for her mother at night because her father worked night shifts, so she felt she had to listen out in case her mother called for her. We used time road imagery for Judith to float back over 'whatever was relevant to the development of her insomnia' and afterwards she reported that it had indeed been the time when her mother was ill. I suggested that however distressing that time was, she had come through it, and Judith now, in her future, had experience and insight, so that she was

her own best therapist. She could let her younger self know that she and her mother were okay, she didn't need to keep on the alert at night anymore and that that younger self could let go the burden of anxiety she had been carrying because Judith could protect and hold her... I talked about how Judith could comfort her younger self who had been so worried and distressed, maybe drawing on love and compassion from a higher self or universal source. Once Judith indicated that she had completed what she needed to do I suggested she float back to the present dealing with any related incidents that her mind directed her to along the way, re-iterating that she could let go anxiety from the past that was no longer serving any useful purpose. I then suggested that she see herself in the future the way she wanted to be, feeling calm, confident and more able to cope...

At our final session Judith reported great improvement in her insomnia and felt generally that she was 'on the right track'. She also felt that her 'good feeling' anchor was helping her at work and that doing her self-hypnosis regularly she found easy and enjoyable. To 'finish off' our sessions we looked at the list of positive things that we hadn't had time to address at the previous session and discussed the positive intent of self-criticism. I took her through the 'Compassionate Friend' exercise where Judith identified a recent event where she had been very self-critical, identified an image to represent that self-critical part of her psyche, and listened to what it had to say. We discussed the feelings that engendered and then identified an image for, and listened to, that part of her who knew how to be a good, strong and compassionate friend. We discussed how that made her feel about the same event and I suggested that she could practice this every day for a while about different events until she developed the habit of hearing her compassionate friend as much, if not more than, her critical part.

This relatively simple case nicely illustrates how insomnia is 'set' within a context, all of which needs to be addressed for effective treatment. It also demonstrates that each session needs to be tailored to whatever has occurred with the patient. On session one I did not know that we would need to address anger and bullying but this clearly was uppermost in Judith's mind at the second session. I always find it useful to have a final session after the definitive work has been done just to check that there is nothing else needed at this particular time.

Ann Williamson



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The mirror technique is used a lot in hypnosis. It is described fully in the handbook of contemporary clinical hypnosis, pg 160, with a preview available here: <https://goo.gl/hzEQXg>.

Other results from a "google search" are less hypnosis specific, and suggest talking in front of a mirror to your reflected self.

How do you use the mirror technique?

Book Review

This review is an introduction to "The Mesmerist", just to whet your appetite (and make you want that yummy sounding cocktail made for the ESH conference). A full review will be appearing in CHIT.

If you've ever wished that stage hypnotists would stop sensationalising hypnosis, but at the same time felt that its merits were not sufficiently publicised, then Wendy Moore's *The Mesmerist* is for you! In fact it's even more for you, because the publishers have agreed to give BSCAH members a discount; that can't be bad.

The book is principally about the Nineteenth Century physician John Elliotson, but takes in all sorts of fascinating, scene-setting material. It began by mentioning both the medical and entertainment sides to hypnosis, because Elliotson tried to do both – and came unstuck! It didn't do him any favours with the medical profession at all and, as Wendy Moore points out, the echoes of that rejection by orthodoxy are probably still heard in the prejudices of today.

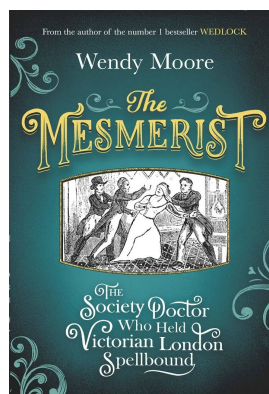
If that was all there was to Elliotson it would have made for a shorter and far less interesting book. In truth, Elliotson did much good too, both for his patients and for hypnosis (or Mesmerism as it was still being called). I won't write more, because a full review of the book has been prepared by Paul Entwistle, and will appear in the next issue of *Contemporary Hypnosis*. I will just end by offering a couple of quotes from Paul.

"Moore has managed to produce an entertaining as well as erudite and informative account."

"All in all, this proved to be an immensely interesting book, both as a biography of a noted figure in the early development of hypnosis, and as a meticulously researched account of a highly significant 20 years of medical history during which two major London hospital medical schools were founded and one of the most famous of medical journals The Lancet began its life."

Peter Naish

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Members of BSCAH may order copies of *THE MESMERIST* for the special price of £16 (rrp £18.99) by calling 01903 828503 and quoting ref no: PB144.

UK postage & packing free, for overseas postage add £1.60.

Amazon seems to have a better deal with the publishers than BSCAH.

Wendy Moore is a freelance journalist and author.

Opening up the BSCAH Referral list

BSCAH has a very small list of Accredited members, or those with the Diploma, that are willing to take referrals. We are primarily a Society that supports the training of health professionals in hypnosis rather than running a referral list facility for members of the public but inevitably we get enquiries and our referral list is embarrassingly short.

One possible solution was to allow all members to have their name on the list with the rider that membership does not indicate any particular level of training in hypnosis and that those with BSCAH Accreditation or the Diploma are starred. This is not a constitutional matter as such, but because of its importance, Council felt that a motion should be brought to the AGM to this effect so that members can vote on it. If you have any thoughts on this that you wish to contribute please contact National Office.

Motion

We propose to open the Referral List up to all BSCAH members who wish to be included. It will be stated that these are members of BSCAH and although all members are qualified Health Professionals, no level of training in hypnosis is implied. Members who have the Diploma or who have obtained Accreditation will be starred to indicate this.

Proposed Ann Williamson

Seconded Peter Naish

The AGM of the British Society of Clinical & Academic Hypnosis will be held between 12.40 and 13.40 at the Hilton Deansgate on Saturday 26th August 2017

If you wish to attend and are NOT attending the ESH 2017 Congress please let National Office know if you wish to be included for lunch which will be served during the meeting.



The RSM hypnosis section runs many events. September's event looks interesting - book your place now!

<https://www.rsm.ac.uk/events/HYH04>

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